

# Drug Treatment Court Referral



## INFORMATION

Referral Date: \_\_\_\_\_ In Custody:  No  Yes in \_\_\_ GSO \_\_\_ HP

Defendant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Attorney Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Referral Source: \_\_\_ Judge \_\_\_ District Attorney \_\_\_ Public Defender \_\_\_ Private Attorney  
\_\_\_ NCDAC \_\_\_ Court Services \_\_\_ Treatment Provider \_\_\_ MHAT \_\_\_ Self  
\_\_\_ Other: \_\_\_\_\_

Is the Defendant A Current Resident of Guilford County?  Yes  No  Unknown

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Other Contact Information: \_\_\_\_\_

## COURT INFORMATION

Pending Charge(s):  Superior Court  District Court  Both

ADA Assigned to Pending Charge(s): \_\_\_\_\_

Have the Pending Charge(s) Been Approved for MHC by the Assigned ADA?  Yes  No

Consented to by: \_\_\_\_\_, ADA

Signature of ADA

Is the Defendant Currently on Probation, Parole, or Post-Release?  Yes  No  Unknown

**\*\* If the Defendant is on Parole or Post-Release, They are Ineligible to Participate in DTC. \*\***

PPO's Name: \_\_\_\_\_

## ADDITIONAL INFORMATION

Treatment Provider (if known): \_\_\_\_\_

Drug Treatment Court Referrals Should be Submitted to the Respective Case Coordinator via  
Email, Fax, or In-Person:

<p><b><u>High Point</u></b> Kia Hines High Point Courthouse, Room 344 <a href="mailto:khines@guilfordcountync.gov">khines@guilfordcountync.gov</a> (O) 336-641-3026 (F) 336-885-0845</p>	<p><b><u>Greensboro</u></b> Matthew Lovell Greensboro Courthouse, Suite 250 <a href="mailto:mlovell@guilfordcountync.gov">mlovell@guilfordcountync.gov</a> (O) 336-641-3038 (F) 336-641-3037</p>
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