Drug Treatment Court Referral

INFORMATION

Referral Date: _____ **In Custody?** Yes ☐ No ☐ GSO ___ HP ___

Name: _____ **Date of Birth:** _____

Attorney: _____ **Phone Number:** _____

Referral Source:

_____ JUDGE _____ DISTRICT ATTORNEY _____ PUBLIC DEFENDER _____ PRIVATE ATTORNEY

_____ NCDAC _____ COURT SERVICES _____ TREATMENT PROVIDER _____ SELF/FAMILY _____ OTHER

Is the referred individual 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 DTC by the assigned ADA? ☐ Yes ☐ No

Consented to by: _____, ADA
Signature of ADA

Is the referred individual currently on probation, parole or post-release? Yes ☐ No ☐ Unknown ☐

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.

High Point	**Greensboro**
Olivia Brown	Christina Dehart
High Point Courthouse Room 345	Greensboro Courthouse Suite 250
336.641.3026	336.641.3038
obrown@guilfordcountync.gov	cdehart@guilfordcountync.gov