



ATLANTIC JUDICIAL CIRCUIT DRUG COURT
REFERRAL FORM

SID#: _____

Name: _____ Date of Referral: _____

Physical Address: _____

Telephone Number(s): _____ Alternative: _____

Date of Birth: _____ Race/Gender: _____ SSN: _____

Married/Separated/Divorced: _____ If married, person's name: _____

Highest Level of Education Achieved: _____ Please state if you NEED your GED & you can obtain it while in this program at no cost to you.

Currently Employed: _____ If yes, Employer Name: _____ Yearly Income: _____

Current Pending Case No.(s)/Offenses: _____ County of Case(s): _____

Bond Status: _____ Community or Jail? (If in JAIL, Name of Jail) _____

NOTICE TO BE GIVEN TO DEFENDANT BEING REFERRED TO AJC DRUG COURT PROGRAM:

The Atlantic Judicial Circuit Drug Court Program is a 24 month, judicially supervised, intensive outpatient drug treatment/alternative sentencing program offered by the Superior Courts serving the Atlantic Judicial Circuit. The program serves non-violent, felony-level offenders whose criminal behavior is driven by drug addiction. You will be required to adhere to a daily curfew, maintain gainful employment, and attend weekly drug court sessions. The program consists of 18 months of intensive outpatient treatment, and 6 months of aftercare. The 24 months are divided into 5 phases. Participants are expected to attend group treatment sessions weekly in all phases & 3-4 community support meeting per week. Each participant will attend individual sessions with a Primary Counselor, meet with a Case Manager for assistance with job searches, employment requirements, housing, education, scheduling and financial budgeting. Participants are subject to drug screens up to 6-7 days per week and are therefore charged \$55.00, or more, for confirmations (contested results) throughout treatment for drug screen costs. There are fees for treatment cost related to drug court which are required to be paid by participant as well (\$2,000 to be paid over a 24 month period).

Prior to being considered for the program: The Defendant's criminal background (*GCIC/NCIC*) will be checked as the first part of the eligibility process, and if found to be eligible, the Defendant will then obtain an alcohol & drug assessment, and clinical evaluation as the second part of the eligibility process, (at no charge to them), whether they are incarcerated or in the community. If the Defendant is found **not to be eligible** for the program through either the criminal background check or the assessment/evaluation process, the Defendant's attorney will be notified that the referred Defendant was not accepted into the AJC Drug Court Program. If the Defendant meets all the eligibility requirements above mentioned, the Defendant and attorney will go over the requirements of the AJC Drug Court Program as well as the AJC Drug Court Contract, prior to them being accepted into the program. Defendant will come to the first available court date (the very next Monday 8:30 am) with the signed Drug Court Contract and meet with the Judge, and will start treatment and the program that very day.

I, _____, (print name) understand and express by my signature below, that I have been provided counsel prior to my referral being submitted for consideration to the AJC Drug Court, and that the AJC Drug Court Program requirements have been explained to me by my attorney prior to my agreed upon participation in the Drug Court Program; this _____ day of _____, 20 _____.

By: _____

Defendant's Signature

By: _____

Advising Attorney Signature

Attorney's Contact

Information: _____

Please print name if signature cannot be read: _____

Telephone: _____

Email address: _____