

Drug Court Program Referral Form

QUALIFYING FACTORS

1. Clinical Eligibility Criteria

- A) The person has been diagnosed as substance dependent and completed a drug/alcohol assessment by a certified license provider.
- B) The person is able to understand and comply with program requirements.

2. Other Eligibility Criteria

- A) No physical or mental health issues which might hinder participation in the program. (will be reviewed on a case-by-case basis).
- B) Must be a resident of Mercer County.
- C) The defendant is receptive to receiving treatment.
- D) Must be a defendant in a case on the Mercer County Common Pleas Court criminal docket.
- E) Judge has the sole discretion in the admissibility to the Drug Court Program.

3. Legal Criteria

- A) The person is charged with a pending Mercer County felony offense less serious than a felony of the second degree which is not a drug trafficking offense higher than a felony of the fifth degree, a sex offense, a felony OMVI, or has a mandatory prison sentence;
- B) The person is serving a Community Control Sanctions sentence for which there is a Notice of Violation of Community Control Sanction Sentence pending; or, upon recommendation of Probation Officer, has agreed to participate; or
- C) The person is sentenced to Drug Court as part of Community Control Sentence, including one imposed through the granting of judicial release.

Referred by: _____ Date: _____

Referral Name & Contact: _____

Background Information

Personal Information (please print)

| | | |
|---|-------------|--|
| Name (Last, First, and Middle Initial): | DOB: | Age: |
| Street Address: | City: | Zip Code: |
| Home Phone: | Work Phone: | Race: |
| Social Security No: | Aliases: | Gender: M <input type="checkbox"/> F <input type="checkbox"/> |

Court Information

| | |
|--|--------|
| Incarcerated: Y <input type="checkbox"/> N <input type="checkbox"/> | Where: |
|--|--------|

Reason for Referral: _____

