Faribault-Martin-Jackson Adult Drug Court

Referral Form

Step 1 - Application (This Section is Completed by the Prosecuting Attorney, Defense Attorney or Probation)

☐ Faribault ☐ Martin ☐ Jackson

Defendant's Name: _____ Birth Date: _____

Male: ☐ Female: ☐ Is Def in Custody _____

Address: _____

Phone No.: _____ Defendant's Attorney: _____

Court File No. _____ Charge(s): _____ Date of offense: _____

Case Status: Pretrial ☐ Post plea ☐ Probation Viol. ☐ (attach psi & assessments) Plea Date _____

Referred By: _____ **Date Submitted**: _____

Send Application to: Attorney's --Drug Court Coordinator, Beverly Snow / Probation & Defense Attorney's send to Prosecuting Attorney for review

PLEASE ATTACH THE COMPLAINT AND RULE 15 TO REFERRAL

Step 2 –Preliminary Review (Completed by Probation and Prosecution)

PROBATION OFFICE	**PROSECUTOR'S OFFICE**
Review Date: _____ By: _____	Review Date: _____ By: _____
FMJ County Resident: Yes ☐ No ☐	Disqualifier Present: Yes ☐ No ☐
Willing to Participate: Yes ☐ No ☐ ☐ Maybe	
Preliminarily Approved: Yes ☐ No ☐	Preliminarily Approved: Yes ☐ No ☐ If No, go to Step 4
Comments:	Comments:

Step 3 – Chemical Dependency Assessment

Assessment Referral Date: _____

Chemically Dependent: Yes ☐ No ☐ Chemically Abusive: ☐ Yes ☐ No

Recommendation: Inpatient ☐ Intensive Outpatient ☐ Halfway House ☐ Other ☐ _____

Funding: Rule 25 ☐ Insurance ☐ Self-pay ☐ Unknown ☐ Completion Date: _____

Step 4 – Team Screening (Completed by Coordinator or Prosecutor)

Date of Determination: _____

APPROVED: YES ☐ **NO** ☐

If denied, state reason (check all that apply):

- ☐ Violent History
- ☐ Disqualifying Charge:
- ☐ Unwilling to Participate
- ☐ Previously Entered Drug Court Program
- ☐ Less than one year probation time remaining
- ☐ Undocumented Alien
- ☐ No Chemical Dependency Issues
- ☐ Unable to Comply (lack of transportation)
- ☐ Other:

Comments: