

Sixth District Drug Court
 G Garfield G Kane G Piute G Sanpete G Sevier G Wayne
REFERRAL FORM

Section 1. Referral

I nominate the following person as a candidate for Drug Court.

Name: Address:	Telephone: How long at this address?
Age: DOB: Female Male	

Pending Charges:
Arresting Officer:

I believe this person is a candidate for Drug Court because:
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Signed on _____, 20____. **X** _____
 Printed name:

Section 2. Review by County Attorney’s office: G No objection. Date: _____ Initials: _____

Section 3. Investigation by Drug Court Team.

The “rap” sheet shows:	The person is addicted to:
<input type="checkbox"/> Sex offense <input type="checkbox"/> Production of controlled substance <input type="checkbox"/> Distribution of controlled substance <input type="checkbox"/> Violence charge involving a weapon <input type="checkbox"/> Assault / aggravated assault / Domestic violence <input type="checkbox"/> Other: Explanation:	<input type="checkbox"/> Alcohol <input type="checkbox"/> Cocaine <input type="checkbox"/> Marijuana <input type="checkbox"/> Methamphetamine <input type="checkbox"/> Heroin <input type="checkbox"/> Other: Explanation:
<input type="checkbox"/> The person has a history of mental illness <input type="checkbox"/> The person has communicable diseases Explanation:	

Signed on _____, 20____. **X** _____
 Printed name:

Section 4. Decision of Drug Court Board

<input type="checkbox"/> Approved. The case manager will be _____	<input type="checkbox"/> Not approved Explanation:
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Signed on _____, 20____. **X** _____
 Printed name:

Copy to **G** Prosecuting attorney **G** Defense attorney **G** Program analyst **G** Case manager