



SUBMIT REFERRAL TO:
 Drug Court Administrator
 4101 Juarez
 Laredo, TX 78040
 Phone: 956-523-4654
 Fax: 956-791-6325
 Email: drugcourt@webbcountytx.gov

Date: _____

406TH JUDICIAL DISTRICT TREATMENT COURT REFERRAL FORM

CHECK ONE: DRUG COURT PROGRAM

VETERANS TREATMENT PROGRAM

Defendant's Name: _____ Gender: ___ Race: ___ DOB: _____

Address: _____ Phone: _____ Email: _____

Is Defendant currently incarcerated? Yes No

Is Defendant released on bond? Yes No

List Offense(s): _____

List Corresponding Cause No. (*Booking No. if no Cause No.*): _____

_____ *This offense is (check one):* pending filing; filed, pending plea; a conviction, pending revocation

_____ *This offense is (check one):* pending filing; filed, pending plea; a conviction, pending revocation

*****ACCEPTANCE CONSIDERED SOLELY FOR ABOVE LISTED OFFENSE(S); IF OTHERS, SEPARATE APPLICATION NECESSARY*****

ADA Assigned: _____ Defense Attorney _____
 Phone No.: _____ Check one: Public Private

REFERRAL MADE BY: (*may be contacted to update on status or help in locating*)

Name: _____ Phone: _____

The eligibility criteria for the acceptance into Drug Court Program are: **Defendant must be age 17 or older at time of above offense(s), a Webb County resident, addicted to/dependent on drugs and/or alcohol, mentally and physically capable of participating in an intensive outpatient program and not presently charged with committing an offense(s) involving a weapon or resulting in serious bodily injury.** Considering the eligibility criteria, are you aware of any disqualifying circumstances? Yes No. If yes, briefly explain:

Please check one:

- DEFENDANT CURRENTLY AWAITING JUDGEMENT/SENTENCING
- DEFENDANT CURRENTLY ON COMMUNITY SUPERVISION
- DEFENDANT CURRENTLY ON AN ACTIVE MOTION TO REVOKE /ADJUDICATE GUILT

OFFICE USE ONLY: _____

Defendant is: Cleared, if PTD, judicial confession required Cleared as condition of probation Court Ordered Rejected

Reasoning/Office Notes: _____
 Next Court hearing in _____ court, set for the _____ day of _____, 20_____.

Referral No. _____ Received Date _____

Updated 06/27/2018