



DELIVER FORM TO:

M. Carter or L. Aye
4101 Juarez
Laredo, TX 78041
Phone: 956-523-4962

406TH JUDICIAL DISTRICT

Check one **DRUG COURT PROGRAM** **SOBRIETY TREATMENT PROGRAM** **VETERAN'S TREATMENT PROGRAM**

Date: _____

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

Cause No. _____

Which court has assigned case? (Circle one) CCL1 CCL2 D1 D2 D3 D4 Other: _____

*****NOTE: the above-mentioned defendant will be considered for the acceptance to the Program solely on the case/cause number mentioned above unless otherwise notified, in writing by the District Attorney's Office.

Charge(s): Felony _____ Misdemeanor _____ Specify: _____

ADA Assigned: _____ Defense Attorney: _____ Public/Private
Phone No. _____ Phone No. _____

Defendant's physical/ mailing Address/Phone No. _____
Is the Defendant currently incarcerated? Yes No
Is the Defendant released on bond? Yes No

REFERRAL MADE BY: (please include the name and phone number to advice of referral status)

Name _____ Phone () _____

The eligibility criteria for acceptance into Drug Court are that the Defendant must be: **17 years of age or older, a resident of Webb County, addicted to/dependent on alcohol and/or other drugs, capable of participating in an intensive outpatient program, and the offense must be non-violent in nature.** Considering the eligibility criteria, are you aware of any circumstances that may make the Defendant ineligible for Drug Court? Yes No

If yes, please check one:

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

OFFICE USE ONLY:

Cleared to proceed with Qualification _____
 Rejected due to Disqualifying Factors _____
 Accepted _____ Defendant Agrees Does NOT Agree _____
Date Reason
 NOT Accepted _____ Reason: _____
Date

Defendant's Signature _____

Office Notes: _____

Court Ordered Referral No. _____ Received date _____