



DRUG COURT REFERRAL FORM INSTRUCTIONS

Please process the Drug Court Form as follows:

1. Complete and sign the Drug Court Referral Form;
2. Attach copies of all pending criminal complaints and probable cause affidavits to the Drug Court Referral Form;
3. Forward entire packet to:

Drug Court Administrator

1110 Victoria St, Ste. 205

Laredo, TX 78040

Phone: 956-523-4873

Fax: 956-523-5888

AUTOMATIC DISQUALIFYING FACTORS

A. An Offender currently on probation OR having a prior conviction within the past 10 years for any of the following offenses is ineligible:

- Murder
- Aggravated Assault
- Rape
- Sexual Assault
- Theft by Extortion
- Burglary (F1)
- Gang Affiliation
- Arson (and related offenses)
- Robbery (F1)
- Voluntary Manslaughter
- Assault by Prisoner
- Kidnapping
- Statutory Sexual Assault
- Incest
- Indecent Exposure
- Involuntary Deviate Sexual Intercourse

B. **NO** individuals charged with Illegally Possessing a Firearm will be accepted.

C. **NO** individuals will be accepted if the amount of drugs possessed or delivered (per transaction) exceeds the amounts consistent with personal use.

D. **NO** individuals with an extensive criminal history will be accepted.