

Drug Court Referral Form

Personal Information

Last Name: _____ First Name _____

Address: _____ City: _____

State: _____ Zip: _____ Phone#: _____ Date of Birth _____

Race _____ Ethnicity _____ Sex Assigned @ Birth: Male Female Intersex

Social Security Number _____ Drivers License Number _____

Marital Status: Married / Single / Divorced / Widower Living as Married

Spouse Name _____ Number of Children _____ Pregnant? N/A Yes No

Are you a Veteran? N/A Yes No Branch of Service: _____

Education

Highest Grade Completed: _____ Current School: _____

Reading Problem: Yes / No Writing Problem: Yes / No

Employment

Source of Income: _____ Employer: _____

Occupation: _____ Insurance: Yes No Company: _____

History

Current Charge: _____ Attorney: _____

Other Cases Pending: Yes No Out of County Case? Yes No (If yes, list under comments)

Currently on Probation? Yes No Officer _____ Parole? Yes No Agent _____

Primary Drug of Choice: _____ Secondary Drug of Choice _____

Health Issues: Yes No Diagnosis: _____ Current Medication _____

Mental Health Issues: Yes No Diagnosis _____ Current Medication _____

410 Eligibility Referral? Yes No

Comments: _____

Signature: _____ Date: _____

Please Fill Out Both Sides of This Form

DCRPM Revised 01/17

WILL COUNTY DRUG COURT PROGRAM

CONSENT FOR DISCLOSURE OF CONFIDENTIAL SUBSTANCE ABUSE
INFORMATION & CONSENT FOR DRUG TESTING

DRUG COURT REFERRAL

I, _____, hereby consent to communication between the Will County Drug Court Program, and the presiding Judge and the drug court team for the purpose of determining my eligibility and/or acceptability for substance abuse treatment services and my treatment attendance, prognosis, compliance and progress in accordance with the drug court program's monitoring criteria.

Disclosure of this confidential information may be made only as necessary for, and pertinent to, hearings and/ or reports concerning my current charges.

I understand that by signing this form I am consenting to drug testing as part of the application process and as compliance with my bond.

I understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective termination of my involvement with the drug court program for the current charge. This includes, being declared unacceptable for the program, discontinuation of all court and/or probation supervision upon my successful completion of the drug court requirements OR upon sentencing for violating the terms of my drug court involvement.

I understand that any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations, which governs the confidentiality of substance abuse patient records and that recipients of this information may redisclose it only in connection with their official duties.

Date

Name

Signature

Signature of Defense Counsel

**COMPLETED FORM MUST BE RETURNED TO THE OFFICE OF THE
DRUG COURT COORDINATOR**