



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

Date: \_\_\_\_\_

## 406<sup>TH</sup> 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