

**FULTON COUNTY DRUG COURT
Referral Form**

Date of Referral _____

Applicant's Name _____ DOB: _____

Address _____

Phone # _____ Alternate Phone # _____

Is in custody? _____ Next Court Date _____

- Admits Alcohol/Drug Abuse or Addiction.
- Fulton County Resident.
- Age 18 or older.
- No violent felonies or sex offenses per statute.
- Willing to participate in program and treatment.

Pending Charges / Case #(s) _____

Referral Statement _____

Person Referring _____ Phone # _____

** Submit form to the Drug Court Officer at the Fulton County Probation Office who will confer with the State's Attorney, and if tentatively approved, then the probation Drug Court Officer will screen the participant for eligibility.*

Approved by Fulton County States Attorney: _____ (Name) _____ (Date)

Date received by Probation _____ CHRI req. _____

Date of Screening _____ Date Staffed _____

Outcome: _____

