

Wood County Drug Court Referral Form

For Drug Court Team Only
Referral approved for Drug Court YES NO
Assessment Date: _____
Assessment Diagnosis: _____
Final Approval: YES NO
Possible 1 st Drug Court Date: _____

Referral's Name: _____

Referral's phone number: _____ Referral's Birth date: _____

Referral's address: _____

Date of Referral Presentation: _____ Social Security #: _____

Attorney name: _____ Attorney Phone number: _____

Probation agent: _____ Probation Phone number: _____

Insurance: (for treatment purpose) _____

What Charges are pending? _____

Does the client have any criminal record and specifically a record involving violence towards others? (Yes No) if yes explain _____

If the current offense is possession with intent to deliver or delivery of a controlled substance, what information is available to demonstrate the candidate is not a high-level drug profiteer? _____

What is the candidate's history of substance abuse? _____

Have there been previous drug and alcohol assessments and if so what is the diagnosis. The candidate must be a drug abuser or drug dependant as defined by the protocols used by Wood County Unified Services? _____

What is the AODA treatment history, if any? _____

Are there mental health issues? Has there been any mental health assessments? _____

What is the candidate's life situation:

Single Married Divorced

Children: yes no If yes, how many: _____

Social Services: yes no Social worker name: _____

Current living situation: _____

Employment: _____

Education: High School grade level ____, other Education _____

Driver's license: yes no Is reliable transportation available? _____

Resided in Wood County for 6 months or more: **YES** **NO**

If less than 6 months please explain the situation. _____

NOTES: _____
