

Douglas County Specialty Court Referral Form

Date: _____

Specialty Court Program:

☐ Drug Court ☐ Behavioral Health Court ☐ Veterans Treatment Court

Proposed Participant's Name: _____ DOB: _____

Last 4 digits SSN: _____ Age: _____ Gender: _____

Race: _____ Hispanic or Non-Hispanic _____

Primary Language: _____ Military Service ☐ Yes ☐ No Branch: _____

Case Number(s): _____

Current Charge(s): _____

Is the Proposed Participant currently in custody? ☐ Yes ☐ No

Is Proposed Participant on active probation, parole, diversion, or post-release? List County/Countries.

Does Proposed Participant have any other pending, (municipal, or out-of-State) cases? Status:

Current/Proposed Address: _____

Phone Number: _____ Alternative Number: _____ Email: _____

Referral Made By: _____
(Name) (Title) (Phone #) (Email)

Provide brief Summary of why the Proposed Participant is a good candidate for Specialty Court:

Screening Criteria:

☐ Yes ☐ No Does Proposed Participant reside in Douglas County?

☐ Yes ☐ No Does Proposed Participant admit to abusing substances (drug(s) and/or alcohol)

☐ Yes ☐ No Does Proposed Participant have serious or persistent mental illnesses?

☐ Yes ☐ No Does Proposed Participant have Douglas County Felony/Misdemeanor Charge or Felony Probation pending?

If applying for Veterans Treatment Court, please answer the following:

☐ Yes ☐ No If residing outside of Douglas County, does the Proposed Participant have transportation to Douglas County AND qualifies for VA health services?

☐ Yes ☐ No Does Proposed Participant have traumatic brain injury related to military service?

☐ Yes ☐ No Does the proposed participant have a copy of their DD214? If so, please submit with this referral.



Email completed form to: dabhc@dgcoks.gov

dadrugcourt@dgcoks.gov

daveteranscourt@dgcoks.gov