

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

da-veteranscourt@dgcoks.gov

