

Douglas County Specialty Court Referral Form

Date

Specialty Court Program

Recovery 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/Counties.				

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

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

Behavioral Health Court - dabhc@dgcoks.gov

Recovery Court - dadrugcourt@dgcoks.gov

Veterans Treatment Court - da-veteranscourt@dgcoks.gov