

MONTGOMERY COUNTY RECOVERY COURT REFERRAL

Referral Date _____

Referred By: _____

Attorney for Defendant: _____	Next Court Date: _____
Drug(s) of Choice: _____	Client in JAIL? <input type="checkbox"/> Yes <input type="checkbox"/> No

Name _____

Social Security # _____

Address _____

Date of Birth _____

City, State, ZIP _____

Age _____ Sex _____ Race _____

Contact # _____ Home Cell

Alternate Contact # _____
(name / relation)

Employed - Yes No If yes, name of employer _____

Is defendant currently on probation? Yes No If yes, who is the Probation Officer? _____

How do you believe this person could benefit from Recovery Court? _____

Current Charge(s) _____
Case Number (s): _____

Bring completed referral to Recovery Court Coordinator - 3rd floor of Courts Center Suite 316 (or) fax to 648-2989. For questions, call (931) 648-2240.

***** DO NOT WRITE BELOW THIS LINE *****

Date Received _____ Method: _____

Comments: