Gregg County Criminal Drug Court Referral Form

Date: _____ Defendant's Name: _____

Case Number(s): _____

Are these new charges? ___Yes ___No VOP? ___Yes ___No

Is the defendant currently in jail? ___Yes ___No

List Charges: _____

Defendant's most CURRENT address and phone number: _____

_____

Referral Made By (please place a check in the appropriate box AND include the names and phone numbers of the other parties so that we may advise them of this referral):

☐ Judge: _____ Phone: _____

☐ Defense Counsel: _____ Phone: _____

☐ Prosecutor: _____Phone: _____

☐ Probation/Other: _____Phone: _____

Brief summary of why you believe the defendant is a candidate for Drug Court:

_____

_____

_____

You may attach a separate form if you wish to provide additional information.

Eligibility Criteria:

___Yes ___No Does applicant reside in Gregg County? If not, where? _____

___Yes ___No Is applicant addicted to/dependent upon alcohol and/or drugs?

Drug of Choice:_____

___Yes ___No Does applicant have transportation to Drug Court and treatment sessions?

Type of Transportation?_____

___Yes ___No Is applicant willing to participate in Drug Court?

___Yes ___No Is applicant physically and mentally capable of participation in intensive outpatient treatment?

Further explanations of any "no" answers may be submitted on additional pages.

___Yes ___No Are you aware of any circumstances that may make the defendant ineligible for Drug Court?

If yes, please explain briefly:

_____

May we schedule and send the defendant for his/her eligibility assessment and treatment evaluation with the Drug Court counselor and probation officer? _____ Yes _____ No

Criteria for Participation

I understand that I will be required to submit to/complete the following requirements if I am accepted into Drug Court and have acknowledged my understanding by initialing each requirement.

____1. Remain alcohol/drug free. This includes narcotics (opiates) and mood altering drugs (Benzodiazepines- Klonopin/Clonazepam/Xanax, etc), CBD/THC, all other illicit/illegal drugs

____2. Submit to random and frequent urinalysis and/or breath alcohol testing.

____3. Appear in Drug Court weekly.

____4. Report to probation officer weekly.

____5. Attend group counseling one time per week. (3 hours)

____6. Attend individual counseling one time per week. (1-hour minimum)

____7. Gain and/or maintain employment.

____8. No alcohol or drugs may be present at your residence. It must be completely drug/alcohol free.

____9. Submit to a curfew and acknowledge that curfew checks will occur, sometimes late into the night. (Curfew- Phase One/Two – 10pm-6am) (Curfew- Phase Three/Four- 11pm-6am)

____ 10. Submit to random and frequent urinalysis and/or breath alcohol testing.

____11. Complete 90 AA/NA meetings in the first ninety (90) days after acceptance, and as directed thereafter, but in no eventless than three (3) times per week.

____12. Obtain a sponsor.

____13. Will not leave Gregg County without permission from the Drug Court Team (Phase One) / Will not leave Gregg or adjacent counties without permission from the Drug Court Team (Phase Two-Four)

____14. Maintain residence in Gregg County throughout Drug Court and aftercare.

____15. Complete a year of aftercare following discharge from Drug Court.

____16. Participate in an Alumni Group following discharge from Drug Court.

____17. I understand that the frequency of some of the requirements might be increased should it be in the best interest of rehabilitation.

I UNDERSTAND THE CONDITIONS OF DRUG COURT AND WISH TO BE CONSIDERED.

Defendant: _____ Attorney: _____

*****124th cases require the judge's approval for interview before being forwarded to the Drug Court Coordinator.*****

Approved? ___ Yes ___ No Judge Charles' Signature: _____

This completed form must be faxed to: Gary Davis / Donald Turner
Fax Number: (903) 757-7151

OR

E-Mailed to donald.turner@co.gregg.tx.us or gary.davis@co.gregg.tx.us

TREATMENT TEAM USE ONLY:

Approved:
Judge: ___Yes ___No
Treatment Provider: ___Yes ___ No
District Attorney's Office: ___Yes ___No
Probation: ___Yes ___ No

_____ Approved _____ Denied If Denied, reason:

_____

Defendant ordered into program from bench: ___ Yes ___ No ___N/A

Gregg County Criminal Drug Court does not discriminate on the basis of race, color, national origin, religion, sex, disability, and age in reviewing participants for acceptance into the program or in the delivery of services to participants.