LOOKOUT MOUNTAIN JUDICIAL CIRCUIT DRUG COURT PROGRAM
REFERRAL

IS YOUR CLIENT APPROPRIATE FOR THE DRUG INTERVENTION PROGRAM?

1. Does your client appear to have or admits to having a substance abuse or addiction problem?
2. Is your client a NON-VIOLENT offender without current violent charges or previous convictions for violent offenses?
3. Is your client currently being charged with a drug offense that **does not** involve trafficking, distribution or manufacturing of drugs?

If you answered **YES** to **ALL THREE** questions, your client may be eligible for the LMJC Drug Court Program. Services are provided and admissions/referrals are made without regard to race, color, religious creed, ancestry, gender, sexual orientation, disability, age or national origin. Complaints of discrimination may be filed with the Seventh Administrative District Office**.**

You may email referral form to Gretchen Neal at gretchenneal@lmjc.net
Or
Mail to 108 E. Villanow Street, LaFayette, Ga 30728

<table>
<tr><td colspan="2">Defendant's Full Name:</td><td>DOB:
/ /</td><td>SS #:
/ /</td></tr>
<tr><td>Defendant's phone number # :</td><td>Defendant's address:</td><td colspan="2">Defendant's Emergency contact name and phone number:</td></tr>
<tr><td>Date of Arrest:
/ /</td><td>Charge(s):</td><td colspan="2">Drug(s) Involved:</td></tr>
<tr><td>Currently on probation?
☐ Yes ☐ No</td><td>If on Probation, what County:</td><td colspan="2">If on probation, for what charges:</td></tr>
<tr><td>Agency Submitting Form:

☐ Judge
☐ Probation
☐ Law Enforcement
☐ Attorney/Public Defender
☐ Other_____</td><td colspan="2">Pending Case Numbers and Charges:
_____
_____
_____
_____
_____
_____</td><td>Currently incarcerated?
☐ Yes
☐ No

Has attorney?
☐ Yes
☐ No

If yes, please provide attorney's name/contact information:_____
_____
_____</td></tr>
<tr><td colspan="4">Subject is believed to be an abuser of the following controlled substances: (Check all that apply)
☐ Alcohol ☐ Cocaine ☐ Heroin ☐ Marijuana ☐ Methamphetamine
☐ Prescription medication ☐ Other: _____</td></tr>
<tr><td colspan="4">Additional Comments:</td></tr>
</table>

_____ _____/_____/_____
Signature of Person Making Referral **Date**

_____ _____/_____/_____
Signature of ~~R FC~~DC Coordinator **Date Referral Received**