



Lookout Mountain Judicial Circuit Drug Court Program Referral Form

IS YOUR CLIENT APPROPRIATE FOR THE DRUG INTERVENTION PROGRAM?

1. Does your client appear to have or admit to having a substance abuse addiction?
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 origins. Complaints may be made to the Seventh District Administrative Office of the Court.

Date of referral: _____

Please email form to: gneal.lmjcdc@gmail.com

Referral Information:

Name: _____

DOB: _____ SSN: _____

Address: _____

City: _____ Zip: _____

Phone: (H) _____ (W) _____ (C) _____

Translation services required: ____ Yes ____ No If yes, what type of services? _____

Race/ethnicity/origin: _____

Reason for referral (ie. substance use issues, mental health symptoms or history, DFCS involvement, delinquent child support):

Current legal charge(s):

Currently incarcerated: ____ Yes ____ No If yes, where? _____

Arrest date: _____

Probation Officer assigned: _____ Probation charge(s): _____

Phone: _____ Fax: _____ Email: _____

Referring agency:

Signature and Title of Person making Referral

Phone: _____ Fax: _____ Email: _____

LMJC Drug Court
PO Box 1726
LaFayette, Ga 30728
706-639-0899

June 2022



Lookout Mountain Judicial Circuit Drug Court Program
Referral Form

Drug Court Office use only

Date referral received: _____

<u>Prosecution Initial Review</u>	<u>Defense Attorney Review</u>
SID: _____	Consultation date: _____
GCIC review date: _____	Interested in program: ____ Yes ____ No
Eligible: ____ Yes ____ No	Comments: _____
Comments: _____	_____
_____	_____
_____	_____

<u>Clinical Assessment</u>		
Date: _____	Meets clinical eligibility: ____ Yes ____ No	
Comments: _____		

LS/CMI Score _____	TCUDS Result _____	TCU-CTS Result _____
AUDIT Result _____	ASI Result _____	NEEDS Result _____
SASSI Result _____		
Additional assessments: _____		

<u>Team Review</u>	
Referral review date: _____	Approved for program entry: ____ Yes ____ No
Enrollment date: _____	____ Pre-adjudication ____ Post-adjudication ____ Probation Revocation
Comments: _____	

LOOKOUT MOUNTAIN JUDICIAL CIRCUIT DRUG COURT APPLICATION

THE LMJC DRUG COURT PROGRAM is designed to offer sentencing alternatives to offenders whose offenses are related to their addictions. This program serves a limited number of defendants and is therefore very select in choosing participants. If you feel that you are a candidate for this program, please complete the following information and quickly return the form to your attorney, jail personnel, or drug court staff. **DO NOT CALL THE OFFICE.** Your case will be reviewed and you will be contacted by your attorney before your court appearance. Please be aware that the program is very strenuous and requires determination and dedication on your part.

NAME _____ DOB _____ GENDER _____

ETHNICITY/RACE _____ OTHER NAMES USED _____ SS# _____

ADDRESS _____ CITY _____

WHO WILL RESIDE AT THAT ADDRESS WITH YOU? _____

TWO PHONE NUMBERS WHERE YOU CAN BE REACHED _____

CURRENT CHARGE(s) _____

ARE YOU ON PROBATION OR PAROLE? _____ WHERE? _____

NAME OF PROBATION OR PAROLE OFFICER _____

DO YOU OWE FINES OR FEES? _____ HOW MUCH? _____

DO YOU OWE RESTITUTION? _____ HOW MUCH? _____

HAVE YOU APPLIED TO DRUG COURT PREVIOUSLY? _____ WHEN? _____

HAVE YOU EVER BEEN TREATED BY PSYCHOLOGIST, PSYCHIATRIST, OR COUNSELOR? _____

NAME OF DR. OR COUNSELOR _____

HAVE YOU EVER TAKEN ANY PRESCRIBED MEDICATIONS FOR ANXIETY, DEPRESSION, STRESS OR MENTAL PROBLEMS? _____ IF SO, WHAT MEDICATIONS/DOSAGES? _____ ARE YOU CURRENTLY TAKING THESE? _____

ARE YOU CURRENTLY RECEIVING DISABILITY BENEFITS? _____

HAVE YOU RECENTLY APPLIED FOR DISABILITY BENEFITS? _____

PLEASE EXPLAIN WHY YOU THINK DRUG COURT IS APPROPRIATE FOR YOU:

HOW FAR DID YOU GO IN SCHOOL? _____ DO YOU HAVE A GED/DIPLOMA? _____
DATE RECEIVED _____

DO YOU HAVE A DRIVER'S LICENSE? _____ IF NO, WHY NOT? _____

DO YOU HAVE A JOB? _____ EMPLOYER? _____

WHERE HAVE YOU WORKED PREVIOUSLY? _____

WHO IS ELIGIBLE? *Only persons with an addiction to drugs, which has led them to commit offenses, are eligible for the program.*

HAVE YOU EVER BEEN CHARGED WITH THE FOLLOWING?

*MANUFACTURING OF DRUGS, SEX CRIMES OR VIOLENT OFFENSES? _____
WHEN? _____

*PLEASE LIST ALL ARRESTS/CRIMINAL HISTORY INCLUDING DISPOSTIONS AND DATES:

WHAT DOES THE PROGRAM REQUIRE? The drug court program is a 19- 24 month program based on education and lifestyle changes. Participants are required to attend several meetings weekly and pay \$25 Drug Court fees each week. These meetings include an intensive counseling program. In addition, they are required to drug test at least twice per week and attend court up to four times per month. *A potential participant must be employed or actively seeking employment on a full time basis.* Requirements are lessened as the participant achieves clean time and demonstrates success in other areas. Failure to comply with the rules of the program can result in jail time, community service, residential rehabilitation and dismissal. Participants dismissed as unsuccessful may have the balance of their probation revoked to the state penitentiary.

I HEREBY ATTEST THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I understand that any false statements in this application may be the basis for dismissal from the program, which may result in the balance of my probation being revoked to the state penitentiary. I understand that being a part of the Drug Court entitles me to less due process rights than those of citizens who are not in the Drug Court. This can mean that I would have a shorter time span between an infraction and the sanction that the court imposes. The Drug Court seeks to impose penalties as quickly as possible after any rule or policy violation.

REFERENCES TO BE CONTACTED BY DRUG COURT (list name, relationship to applicant, and phone number):

REFERENCE1 _____

REFERENCE2 _____

APPLICANT _____ DATE _____

ATTORNEY FOR APPLICANT _____ DATE _____

RECEIVED BY DRUG COURT STAFF _____ DATE _____

O.C.G.A 16-10-20 A person who knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact; makes a false, fictitious, or fraudulent statement or representation; or makes or uses any false writing or document, knowing the same to contain any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of state government or of the government of any county, city, or other political subdivision of this state shall, upon conviction thereof, be punished by a fine of not more than \$1,000.00 or by imprisonment for not less than one nor more than five years, or both.