

**THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF VIRGINIA
DRUG TREATMENT COURT PROGRAM**

Referral for Program Eligibility

Date:

To: U.S. Probation Office
P.O. Box 1563
Roanoke, VA 24007-1563
Dennis_Gardner@vawp.uscourts.gov
(540) 857-5180

From:

E-mail/Phone:

Subject: Drug Treatment Court Program Referral

I hereby refer the following defendant to the Drug Treatment Court Program:

Name: _____ Phone: _____

Defendant's Address or Location: _____

Defense Counsel: _____ Phone: _____

AUSA: _____ Phone: _____

Case Number: _____

Current Charge(s): _____

Pretrial or Post-conviction Status: _____

Pretrial Motion or Trial Date: _____

Criminal History Summary:

Does the criminal conduct appear to be motivated by substance abuse and/or dependence issues? If yes, please explain:

Does the defendant have any active or prior restraining/protective orders? If yes, please explain:

Is the person a lawful resident or citizen of the United States?

Is the defendant currently working as an informant for the Government? If yes, has the defendant completed cooperation with the Government?

Is the person willing to accept responsibility for the offense? Is he or she willing to provide (prior to graduation) the government with all the information and evidence the defendant has concerning the offense(s) that was part of the charges alleged?

Any history of mental health issues? If yes, please explain current status:

BASIS FOR REFERRAL: Please include any pertinent information that will assist in determining if this individual is a suitable Drug Treatment Court Program referral, including: (1) whether he or she has reliable transportation for regular treatment appointments, court hearings, and self-help meetings; (2) any prior or current treatment for substance abuse; and (3) his or her commitment to drug treatment and the program's strict demands.