

Drug Court Program Referral Form

QUALIFYING FACTORS

1. Clinical Eligibility Criteria

- A) The person has been diagnosed as substance dependent and completed a drug/alcohol assessment by a certified license provider.
- B) The person is able to understand and comply with program requirements.

2. Other Eligibility Criteria

- A) No physical or mental health issues which might hinder participation in the program. (will be reviewed on a case-by-case basis).
- B) Must be a resident of Mercer County.
- C) The defendant is receptive to receiving treatment.
- D) Must be a defendant in a case on the Mercer County Common Pleas Court criminal docket.
- E) Judge has the sole discretion in the admissibility to the Drug Court Program.

3. Legal Criteria

- A) The person is charged with a pending Mercer County felony offense less serious than a felony of the second degree which is not a drug trafficking offense higher than a felony of the fifth degree, a sex offense, a felony OMVI, or has a mandatory prison sentence;
- B) The person is serving a Community Control Sanctions sentence for which there is a Notice of Violation of Community Control Sanction Sentence pending; or, upon recommendation of Probation Officer, has agreed to participate; or
- C) The person is sentenced to Drug Court as part of Community Control Sentence, including one imposed through the granting of judicial release.

Referred by: _____ Date: _____

Referral Name & Contact: _____

Background Information

Personal Information (please print)

Name (Last, First, and Middle Initial):	DOB:	Age:
Street Address:	City:	Zip Code:
Home Phone:	Work Phone:	Race:
Social Security No:	Aliases:	Gender: M ☐ F ☐

Court Information

Incarcerated: Y ☐ N ☐	Where:
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Reason for Referral: _____

