

Montgomery County Adult Drug Court Referral and Pre-Screening Form

Referral Date: _____
Defendant's Name: _____
Case Number(s) and Charge(s): _____

Referred By: _____

Defense Attorney Name and Phone Number: _____

Notes:

Assigned Assistant State's Attorney: _____

Notes:

- Intervention Track
- Traditional Track

Attachments:

- Arrest History
- Report from Risk and Needs Triage
- TAP Assessment
- Report from Department of Parole and Probation
- Report from other collateral contact: _____

History of gang involvement:

- Yes
- No

Confirmed by: _____

Additional cases that need to be resolved prior to admission:

Admission Date: _____

Case Manager: _____

Treatment Provider: _____

Housing Upon Admission: _____