

Ford County Drug Court

Drug Court Community Referral (B)

DATE REFERRED: \_\_\_\_\_ DOCKET #: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SOURCE:

- Court/Judge \_\_\_\_\_
- Attorney \_\_\_\_\_
- P.O. \_\_\_\_\_
- Self \_\_\_\_\_
- Other \_\_\_\_\_

Comments:

Screening Date: \_\_\_\_\_  Appropriate  Not Appropriate

Rationale:

Team Decision:  Yes  No

Rationale:

\_\_\_\_\_  
*Drug Court Officer or Designee*