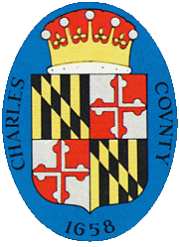


DATE OF REFERRAL: _____

REFERRAL SOURCE: _____

Case Number(s): _____

Type of Case: _____



Charles County Family Recovery Court Program

Drug Court Coordinator Tel: (301) 932-3426

Case Manager Tel: (301) 932-3286

Court personnel, please upload the completed form to the Drug Court Queue

All others, please email this form to CharlesCountyDrugCourts@mdcourts.gov

REFERRAL FORM

Client's Name: _____ DOB: _____

Race: _____ Gender: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Other Contact Name(s): _____

Phone: _____ Cell Phone: _____

Attorney: _____ DSS Caseworker: _____

Additional Case Details/Allegations:

For Drug Court Use Only

Related Case Search (Numbers & Case Type): _____

Prior Violent, Distribution, Hand Gun or Sexual Case History (List Number and Allegation:)

UA Test Completed: Yes No

Results: _____

Assessment Date: _____

Accepted Rejected – Reason: _____ Declined – Reason: _____ Non-Responsive