

Circuit Court for Charles County Adult Drug Court Referral Form

Case #:	Date:			
Defendant Name: First	Middle	Last		
DOB:	Marital Status:			
Address:				
Phone Number:	Race:	S	ex:	
Veteran:				
Level of Education: Highest grade level	completed		Other	
ssistant State's Attorney: Defense Attorney:				
Are there any other pending cha	arges, warrants, violatio	on of probatio	on, sentencings, and/or detainers	
(regardless of jurisdiction)?				
Are there any other/concurrent	parole/probation cases	s (regardless	of jurisdiction)?	
Is the applicant a U.S. citizen or	legal resident?			
Is the applicant's PERMANENT a	nddress in Charles Coun	ity?		
Is the applicant eighteen (18) years of age or older?				
Is there any indication of recent or past substance abuse?				
Is the defendant incarcerated at the time of this application?				
*Some offenses are considered ineligibl program is contingent upon approval fr	-			
For consideration, please email the commail the form to:	npleted referral form to	o: CharlesCou	ntyDrugCourts@mdcourts.gov or	
	Charles County Adult D	_		
Attention: Sara Carruth 200 Charles Street				
La Plata, MD 20646				
For internal use only:	•			
Referral Received:	Eligible	e: Yes	No	
Intake Date:	Substance Abuse Assessment Date:			