Douglas County Specialty Court Referral Form

E-mail completed form to:

dadrugcourt@douglascountyks.org or dabhc@douglascountyks.org

Date:		Specialty Court Program:	Drug Court	COUNTY	
		_	_ Behavioral Health Court	KANSAS	
Proposed Pa	articipai	nt's Name:			
DOB:		Last 4 digits SSN:	Age:		
Gender:	Ra	ce:	Hispanic or Non-Hispanic: _		
Primary Lar	nguage: _	Military Service	ce:Yes No Branch:		
Case Numb	er(s): _				
Is the Propo	sed Par	ticipant currently in custody?	YesNo		
Is the Propo	osed Par	ticipant on active probation, parc	ole, or post-release? List County/	Counties.	
Does the Pro	oposed 1	Participant have any other pendir	ng (municipal or out-of-state) ca	ses? Status:	
Current/Pro	pposed I	Douglas County address:			
Phone Num	ber:	Alternative	Number:		
Referral Ma	ıde By: _	(Name) (Title)	(Phone #)	(Email)	
Provide a br	rief sumi	mary of why the Proposed Partici	pant is a good candidate for Spec	cialty Court:	
SCREENIN					
Yes	No	Does Proposed Participant reside in Douglas County?			
Yes	No	Does Proposed Participant admit to abusing substances (drug(s) and/or alcohol)			
Yes	No	Does Proposed Participant hav	have a serious or persistent mental illnesses?		
Yes	No	Does Proposed Participant have Douglas County felony/misdemeanor charge or felony probation violation pending?			