

ORANGE COUNTY PROBLEM SOLVING COURT REFERRAL FORM

Adult Drug Court: Suite 325, P: (407) 836-0419, F: (407) 836-0528 Email: drugctreferral@ocnjcc.org

Veterans Treatment Court: Suite 510 P: (407) 836-0651 Email: veteranscourt@ocnjcc.org

Mental Health Court: Suite 510 P: (407) 836-0578 Email: ctdclv1@ocnjcc.org

DATE: _____ DIV. _____ Program: ADC ___ VTC ___ MHC ___

REFERRAL TYPE: (Track I) Diversion ___ (Track II) Post Plea ___ (Track III) VOP ___ Transfer **IN / OUT**

REFERRED BY: Public Defender ___ Private Counsel ___ Judiciary ___ State Attorney ___ Other ___

Defense Attorney Name: _____ Phone: (____) _____

Assistant State Attorney Name: _____

CLIENT INFORMATION:

Name: _____
Last First Middle Initial

A/K/A: _____

Street Address (please indicate if the defendant is homeless): _____

City: _____ State: _____ Zip Code: _____

Race: B/W/Other: _____ Gender: Male / Female DOB: ____/____/____

Primary Phone #: (____) _____ Secondary Phone #: (____) _____

SSN: _____ - _____ - _____

Has the defendant ever served in the United States Armed Forces? Yes / No

Is the defendant currently in jail? Yes / No

CASE INFORMATION:

Case No.: _____

Charge(s): _____

Notes: _____

DO NOT WRITE BELOW THIS SECTION (PROBLEM SOLVING COURT OFFICIAL USE ONLY)

CRIMINAL HISTORY CHECK: VERIFIED BY: _____ NOTES: _____

STATE ATTORNEY'S OFFICE REVIEW:

SAO Reviewed for: DIVERSION _____ POST PLEA _____ VIOLATION OF PROBATION _____

SAO review: APPROVED / DENIED Sentencing Score: _____ Drug Court offered in lieu of prison? YES / NO

SAO Comments: _____

PROBLEM SOLVING COURT PROGRAM OFFICE FINAL REVIEW:

PSCPO Review: APPROVED _____ DENIED/ REASON: _____