

WASHTENAW COUNTY 22ND CIRCUIT COURT DRUG TREATMENT COURT

Thank you for your interest in the Washtenaw County 22nd Circuit Court Drug Treatment Court. In order to efficiently respond to your request for a defendant's participation in the court, please complete the enclosed referral form to begin the eligibility assessment for each prospective participant.

The following **must** be included:

1. A referral form signed by the defendant, judge, and prosecutor (see attached);
2. A copy of the pertinent police report and original complaint;

Please note, the Washtenaw County 22nd Circuit Court Drug Treatment Court cannot accept defendants who are violent offenders as defined in MCL 600.1064 or who are charged with (or convicted of) criminal sexual conduct in any degree.

Thank you for your interest. If you have any questions or concerns, please feel free to contact me at 734-222-6921 or killeent@washtenaw.org.

Sincerely,

Teresa Killeen

Washtenaw County 22nd Circuit Court Drug Treatment Court Interim Program Director

Washtenaw County 22nd Circuit Court Drug Treatment Court
Kristin Sample - Problem Solving Courts Coordinator: (810)-599-5424 OR
samplek@washtenaw.org
FAX: (734) 222-3037

DATE: _____ REFERRING COURT: _____

DEFENDANT INFORMATION

LAST NAME: _____ FIRST NAME: _____

DOB: _____ TELEPHONE #: _____ CASE #: _____

ADDRESS: _____ CITY: _____ ZIP CODE: _____

CHARGE(S):

ATTORNEY'S NAME: _____

ATTORNEY'S Contact info (Phone or email) : _____

NEXT COURT DATE: _____ TIME: _____

REFERRING COURT

Completion of this form does not guarantee acceptance into the Washtenaw County 22nd Circuit Court Drug Treatment Court. **The referring court must fax this sheet to the Washtenaw County 22nd Circuit Court Drug Treatment Court, (734)222-3037 C/O Kristin Sample**, to begin the screening process. Along with this form, and all available substance use assessments must also be included.

REFERRING JUDGE'S SIGNATURE: _____ DATE: _____

REFERRING PROSECUTOR'S SIGNATURE: _____ DATE: _____

Date: _____ Accepted: _____ Not Accepted: _____ Initialed: _____

Not Accepted: Defendant did not meet: _____ Legal Eligibility _____ Clinical Eligibility

Other: _____

Forwarded to referring court on _____ by _____

WASHTENAW COUNTY 22ND CIRCUIT COURT DRUG TREATMENT COURT

CANDIDATE

You have been referred to the Washtenaw County 22nd Circuit Court Drug Treatment Court for screening for entry into the program.

In addition to the bond conditions set by the presiding judge you must also comply with the following conditions:

- **Contact Kristin Sample, Problem Solving Courts Coordinator, (810)-599-5424 within 12 hours of leaving the courtroom**
- **Submit to a pre-admission screening and substance use assessment, as directed by Problem Solving Courts Coordinator, Kristin Sample.**

I agree to the above terms as part of my consideration for entry into Washtenaw County 22nd Circuit Court Drug Treatment Court

DATE: _____ **DEFENDANT'S SIGNATURE:** _____