RECOVERY COURT REFERRAL FORM

Defendant's Name:		
Attorney:	Assigned Judge:	/referral source:
Defendant's Current Address	s:	Email:
Defendant's Phone Number:		
Instant Offense(s) & Degree:		_
 The defendant is not The defendant is not The defendant is not degree The defendant lives v 	currently charged with and currently charged with and currently charged with and currently charged with and within the jurisdiction of the seligible for a CCS, or the seligible for a CCS.	d has not been convicted of a violent felony. d has not been convicted of a sex-related crime. d has not been convicted of drug trafficking. d has not been convicted of a felony of the first e LCAPD. Defendant has been sentenced to a CCS, including
TRACK 1: INTERVENTIO	N ELIGIBLE: (Charge(s) dis	missed upon successful completion of LCRC)
ALL of the followin	g must apply to be eligible	for "intervention track." Please place a check.
	he general eligibility requ	irements (above) as well as the mandates of R.C.
TRACK 2: POST-CONVIC	CTION:	
sentenced to a CCS, minimum the case through sentencing	m of (2) years with either IS and if the assigned judge (quirements (above) and has been or will be SP or the APA. The assigned judge will maintain decides to utilize LCRC for the accepted cket of the LCRC post sentencing.
violation, the assigned judge decides to utilize LCRC for th violation hearing.	maintains the case throug e accepted participant, the	o the LCRC during the pendency of a supervision that the violation hearing, and if the assigned judge case will be transferred to the LCRC docket post
	ilize LCRC for the accepted	the general eligibility requirements (above). If the participant post intervention violation and ket post hearing.

Defendant's Name Case#			
ervision either at the b cides to utilize LCRC fo	eginning of the releasor the accepted partici	e or pending violation	
o If yes, list jail/insti	tution:		
Name of person making referral and phone number		Date	
Date	YES	NO	
Date		NO	
Date	YES	NO	
	one number Date Date Date	meets the general eligibility requirements (ervision either at the beginning of the release cides to utilize LCRC for the accepted particitiente LCRC docket post hearing. O If yes, list jail/institution: One number Date Date YES	

 $^{{\}rm *Admission\ into\ Recovery\ Court\ Ultimately\ is\ within\ the\ discretion\ of\ the\ Recovery\ Court\ Judge.}$

^{*}This referral is pending Orientation, Participant Agreement signed, Clinical Assessment and Treatment team vote.