

# SHELBY COUNTY DRUG COURT REFERRAL FORM

## Section I: Referral

I nominate the following person as a candidate for Drug Court:

Name: \_\_\_\_\_ Male Female DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
(Circle One)

Address: \_\_\_\_\_ How long at this address: \_\_\_\_\_  
\_\_\_\_\_ Phone Number: \_\_\_\_\_

Case Number: \_\_\_\_\_ Offense: \_\_\_\_\_

Case Number: \_\_\_\_\_ Offense: \_\_\_\_\_

Case Number: \_\_\_\_\_ Offense: \_\_\_\_\_

Next Court Date: \_\_\_\_\_ Is Defendant currently incarcerated? ☐ Yes ☐ No

Does Defendant have any other pending cases? ☐ Yes ☐ No; If yes, Explain: \_\_\_\_\_

\_\_\_\_\_  
Signature of person making referral

\_\_\_\_\_  
Date

## Section II: Investigation by Drug Court Officer:

- |                              |                             |  |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Age 17 or older  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Charged with a crime                                       |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Admission of addiction to or dependence on an illicit drug |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Resident of Shelby County                                  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Admission approved by the State's Attorney                 |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Defendant is willing to participate                        |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Prior violent felony offenses                              |

Other factors considered: \_\_\_\_\_

Set for Review in Drug Court on: \_\_\_\_\_

Signed on: \_\_\_\_\_ by: \_\_\_\_\_

## Section III: Decision of Drug Court Judge:

☐ Approved ☐ Not approved-----Next appearance in daily Court: \_\_\_\_\_

Explanation: \_\_\_\_\_

Signed on: \_\_\_\_\_ by: \_\_\_\_\_

(Drug Court Judge)

**\*\*PLEASE SUBMIT THE REFERRAL TO SHELBY COUNTY PROBATION  
OFFICE OR VIA EMAIL TO [probation1@shelbycounty-il.gov](mailto:probation1@shelbycounty-il.gov) \*\***