

**IN THE CIRCUIT/COUNTY COURT OF THE 20TH JUDICIAL CIRCUIT
IN AND FOR LEE COUNTY, FLORIDA
PRETRIAL SERVICES**

FELONY DRUG COURT REFERRAL FORM

1. Defendant's Name: _____
2. Date of Birth: _____ 3. Date of Referral: __ __/ __ __/ __ __ (mm/dd/yy)
4. Home Address & Phone Number: _____

5. Referring Agent (Agency) (if more than one referent, check the primary one)

- | | |
|--|--|
| 1. <input type="checkbox"/> Felony Drug Court Judge | 8. <input type="checkbox"/> Other Judge/Magistrate/Speciality Court Judges |
| 2. <input type="checkbox"/> Police/Law Enforcement | 9. <input type="checkbox"/> State Attorney's Office |
| 3. <input type="checkbox"/> Jail Mental Health Staff | 10. <input type="checkbox"/> Probation |
| 4. <input type="checkbox"/> Public Defender's Office | 11. <input type="checkbox"/> Court Officials |
| 5. <input type="checkbox"/> Defense Attorney (Private) | 12. <input type="checkbox"/> Private Citizen/Family Member(s) |
| 6. <input type="checkbox"/> Community Treatment Provider | 13. <input type="checkbox"/> Self-Referral |
| 7. <input type="checkbox"/> Mental Health Court | 14. <input type="checkbox"/> Other; specify _____ |

6. Name and Phone number of referral source: _____
7. Current Criminal Charges and Case Number: _____
8. Pending Criminal Charge and Case Number: _____
9. Is defendant in custody? Yes No Unknown
10. Is defendant currently in treatment? Yes No Unknown
11. If currently in treatment, at what location: _____
12. Substance Use Problem(s): Yes No Unknown

Date of Referral Disposition (or removal from Court's referral list): __ __/ __ __/ __ __ (mm/dd/yy)

- | | |
|---|--|
| <input type="checkbox"/> Accepted for felony drug court | <input type="checkbox"/> Disqualified for felony drug court |
| <input type="checkbox"/> Defendant opted out of consideration | <input type="checkbox"/> The referral was neither accepted nor disqualified for felony drug court (e.g., the person was released from jail on "time served" before a decision could be made). Specify: _____ |

IF DISQUALIFIED:

- Found inappropriate from a substance abuse standpoint
- Ineligible due to current criminal charges
- Ineligible due to criminal history
- PD or private attorney declined
- Other, specify: _____

Comments: _____

Submit referral to: Pretrial Services/Diversion Unit
Office (239) 533-1763 Fax (239) 533-1750
1700 Monroe St. Fort Myers, FL 33901