

Gregg County Criminal Drug Court Referral Form

Date: \_\_\_\_\_ Defendant's Name: \_\_\_\_\_

Case Number(s): \_\_\_\_\_

Are these new charges? \_\_\_ Yes \_\_\_ No

VOP? \_\_\_ Yes \_\_\_ No

Is the defendant currently in jail? \_\_\_ Yes \_\_\_ No

List Charges: \_\_\_\_\_

Defendant's most CURRENT address and phone number: \_\_\_\_\_

\_\_\_\_\_

Referral Made By (please place a check in the appropriate box AND include the names and phone numbers of the other parties so that we may advise them of this referral):

Judge: \_\_\_\_\_ Phone: \_\_\_\_\_

Defense Counsel: \_\_\_\_\_ Phone: \_\_\_\_\_

Prosecutor: \_\_\_\_\_ Phone: \_\_\_\_\_

Probation/Other: \_\_\_\_\_ Phone: \_\_\_\_\_

Brief summary of why you believe the defendant is a candidate for Drug Court:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

You may attach a separate form if you wish to provide additional information.

Eligibility Criteria:

Yes  No Does applicant reside in Gregg County? If not, where? \_\_\_\_\_

Yes  No Is applicant addicted to/dependent upon alcohol and/or drugs?

Drug of Choice: \_\_\_\_\_

Yes  No Does applicant have transportation to Drug Court and treatment sessions?

Type of Transportation? \_\_\_\_\_

Yes  No Is applicant willing to participate in Drug Court?

Yes  No Is applicant physically and mentally capable of participation in intensive outpatient treatment?

Further explanations of any "no" answers may be submitted on additional pages.

Yes  No Are you aware of any circumstances that may make the defendant ineligible for Drug Court?

If yes, please explain briefly:

\_\_\_\_\_

May we schedule and send the defendant for his/her eligibility assessment and treatment evaluation with the Drug Court counselor and probation officer?  Yes  No

**Criteria for Participation**

I understand that I will be required to submit to/complete the following requirements if I am accepted into Drug Court and have acknowledged my understanding by initialing each requirement.

1. Remain alcohol/drug free. This includes narcotics (opiates) and mood altering drugs (Benzodiazepines- Klonopin/Clonazepam/Xanax, etc), CBD/THC, all other illicit/illegal drugs

2. Submit to random and frequent urinalysis and/or breath alcohol testing.

3. Appear in Drug Court weekly.

4. Report to probation officer weekly.

5. Attend group counseling one time per week. (3 hours)

6. Attend individual counseling one time per week. (1-hour minimum)
7. Gain and/or maintain employment.
8. No alcohol or drugs may be present at your residence. It must be completely drug/alcohol free.
9. Submit to a curfew and acknowledge that curfew checks will occur, sometimes late into the night. (Curfew- Phase One/Two – 10pm-6am) (Curfew- Phase Three/Four- 11pm-6am)
10. Submit to random and frequent urinalysis and/or breath alcohol testing.
11. Complete 90 AA/NA meetings in the first ninety (90) days after acceptance, and as directed thereafter, but in no event less than three (3) times per week.
12. Obtain a sponsor.
13. Will not leave Gregg County without permission from the Drug Court Team (Phase One) / Will not leave Gregg or adjacent counties without permission from the Drug Court Team (Phase Two-Four)
14. Maintain residence in Gregg County throughout Drug Court and aftercare.
15. Complete a year of aftercare following discharge from Drug Court.
16. Participate in an Alumni Group following discharge from Drug Court.
17. I understand that the frequency of some of the requirements might be increased should it be in the best interest of rehabilitation.

I UNDERSTAND THE CONDITIONS OF DRUG COURT AND WISH TO BE  
CONSIDERED.

Defendant: \_\_\_\_\_ Attorney: \_\_\_\_\_

**\*\*\*124th cases require the judge's approval for interview before being forwarded to the Drug Court Coordinator.\*\*\***

Approved? \_\_\_ Yes \_\_\_ No Judge Charles' Signature: \_\_\_\_\_

This completed form must be faxed to: Gary Davis / Donald Turner  
Fax Number: (903) 757-7151

OR

E-Mailed to donald.turner@co.gregg.tx.us or gary.davis@co.gregg.tx.us

TREATMENT TEAM USE ONLY:

Approved:

Judge:  Yes  No

Treatment Provider:  Yes  No

District Attorney's Office:  Yes  No

Probation:  Yes  No

Approved  Denied If Denied, reason:

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Defendant ordered into program from bench:  Yes  No  N/A

Gregg County Criminal Drug Court does not discriminate on the basis of race, color, national origin, religion, sex, disability, and age in reviewing participants for acceptance into the program or in the delivery of services to participants.