

/

STATE OF MICHIGAN 23 <sup>RD</sup> CIRCUIT COURT 81 <sup>ST</sup> DISTRICT COURT DRUG/SOBRIETY COURT	DRUG/SOBRIETY COURT  REFERRAL	CASE NO.
---	-------------------------------------	----------

Referring Agency: \_\_\_\_\_

Defendant's Full Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Offense: \_\_\_\_\_ Offense Date: \_\_\_\_\_

Attorney: \_\_\_\_\_ Bond: \_\_\_\_\_

Date and Purpose of Next Court Appearance: \_\_\_\_\_

**Prior Convictions:**

Offense: \_\_\_\_\_ Offense Date: \_\_\_\_\_

Offense: \_\_\_\_\_ Offense Date: \_\_\_\_\_

Offense: \_\_\_\_\_ Offense Date: \_\_\_\_\_

Offense: \_\_\_\_\_ Offense Date: \_\_\_\_\_

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

Currently charged with or previously convicted of a violent felony or sex offense?

Yes

No

Currently on probation?

Yes \_\_\_\_\_

No

Reliable transportation in place?

Yes \_\_\_\_\_

No

Individual Referring Defendant \_\_\_\_\_ Date of Referral \_\_\_\_\_

Please direct any questions to Rob Hummel, Drug/Sobriety Court Coordinator, at 989-724-9474

**DELIVER COMPLETED FORM TO THE DRUG/SOBRIETY COURT COORDINATOR**

ADDRESS: P.O. BOX 111, HARRISVILLE, MI 48740 / FAX: 989-724-9499