

**MONTGOMERY COUNTY RECOVERY COURT REFERRAL**

Referral Date \_\_\_\_\_

Referred By: \_\_\_\_\_

Attorney for Defendant: \_\_\_\_\_ Next Court Date: \_\_\_\_\_

Drug(s) of Choice: \_\_\_\_\_ Client in JAIL?  Yes  No

Name \_\_\_\_\_

Social Security # \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

Contact # \_\_\_\_\_  Home  Cell

Alternate Contact # \_\_\_\_\_  
(name / relation)

Employed -  Yes  No If yes, name of employer \_\_\_\_\_

Is defendant currently on probation?  Yes  No If yes, who is the Probation Officer? \_\_\_\_\_

How do you believe this person could benefit from Recovery Court? \_\_\_\_\_

Current Charge(s) \_\_\_\_\_

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

**Bring completed referral to Recovery Court Coordinator - 3<sup>rd</sup> floor of Courts Center Suite 316 (or) fax to 648-2989. For questions, call (931) 648-2240.**

\*\*\*\*\* DO NOT WRITE BELOW THIS LINE \*\*\*\*\*

Date Received \_\_\_\_\_ Method: \_\_\_\_\_

Comments: