

TOWALIGA JUDICIAL CIRCUIT ACCOUNTABILITY COURT PROGRAM

**REFERRAL SHEET**

Name: \_\_\_\_\_ M/F: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ County of Residence: \_\_\_\_\_ Age \_\_\_\_\_  
Offense Charges: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Referred for  Anger Management  Parenting Classes  Substance Abuse Treatment  
(choose one): Drug Court (choose Track):  Mental Health  Adult Felony  Veterans

I hereby recommend the above - named individual for participation in the Accountability Court Program. I have explained the requirements of the Program to the Defendant and I believe that he/she would make a good candidate.

\_\_\_\_\_  
**Defense Attorney/Probation Officer**      **Date**      **Phone**

**FAX to Drug Courts: 770-344-4997**

*(DRUG COURT OFFICE USE ONLY)*

Request GCIC Date: \_\_\_\_\_ Court ID #: \_\_\_\_\_ Sent to: \_\_\_\_\_

Requested by: \_\_\_\_\_ SID #: \_\_\_\_\_

*(DISTRICT ATTORNEY'S OFFICE USE ONLY)*

\_\_\_\_\_  
**ACCEPTED;** I have reviewed the record of the above named Defendant and it is the recommendation of the D.A.'s Office to accept the person for this Accountability Court Program.

\_\_\_\_\_  
**DENIED;** After careful review and consideration, it is the recommendation of the D.A.'s Office that the above named individual would not be a good candidate for the Drug Court Program for the following reason (s):  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**(Assistant) District Attorney**      **Date**

*(JUDGE'S OFFICE USE ONLY)*

\_\_\_\_\_  
**ACCEPTED**      **DENIED** Reason \_\_\_\_\_

\_\_\_\_\_  
**Judge, Superior Court**      **Date**