



Adult Treatment  
Drug Court



10th Circuit

## REFERRAL FOR ADMISSION

[ADMISSION IS A PRIVILEGE - OFFENDERS MUST QUALIFY & BE ACCEPTED]

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

Defendant Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Defendant's County of residence? \_\_\_\_\_

Name of Defendant's attorney: \_\_\_\_\_ Phone # \_\_\_\_\_

Case # [s] \_\_\_\_\_

Current Charges [Offenders **NOT eligible** w/chgs of: Homicide, Felony assault, CSC1,2,3, AR, Home Invasion1st, CCW/Firearms, Gang Affiliation, Delivery]

\_\_\_\_\_  
\_\_\_\_\_

Judge (Currently assigned): \_\_\_\_\_

Currently In Custody? \_\_\_Yes \_\_\_No If yes, where: \_\_\_\_\_

Pending out of County cases: (please provide details)

\_\_\_\_\_

Has a Plea Agreement been negotiated? \_\_\_Yes \_\_\_No If yes, please provide details \_\_\_

\_\_\_\_\_

Person making referral? \_\_\_\_\_ Phone \_\_\_\_\_

Comments \_\_\_\_\_

***\*CONFIDENTIAL\****

Referrals can be submitted online through the Saginaw County site or printed forms may be submitted to the Drug Treatment Court via regular mail or inter office mail at the Courthouse.