



Circuit Court for Charles County Adult Drug Court Referral Form

Case #: _____

Date: _____

Defendant Name: First _____ Middle _____ Last _____

DOB: _____

Marital Status: _____

Address: _____

Phone Number: _____ Race: _____ Sex: _____

Veteran: _____

Level of Education: Highest grade level completed _____ Other _____

Assistant State's Attorney: _____ Defense Attorney: _____

Are there any other pending charges, warrants, violation of probation, sentencings, and/or detainers (regardless of jurisdiction)?

Are there any other/concurrent parole/probation cases (regardless of jurisdiction)?

Is the applicant a U.S. citizen or legal resident?

Is the applicant's **PERMANENT** address in Charles County?

Is the applicant eighteen (18) years of age or older?

Is there any indication of recent or past substance abuse?

Is the defendant incarcerated at the time of this application?

****Some offenses are considered ineligible for the Charles County Adult Drug Court. Acceptance into the program is contingent upon approval from the Adult Drug Court Team and the Adult Drug Court Judge.***

For consideration, please email the completed referral form to: CharlesCountyDrugCourts@mdcourts.gov or mail the form to:

Charles County Adult Drug Court
Attention: Sara Carruth
200 Charles Street
La Plata, MD 20646

For internal use only:

Referral Received: _____

Eligible: Yes

No

Intake Date: _____

Substance Abuse Assessment Date: _____