

**Cecil County Circuit Court
Adult Drug Treatment Court Referral Form**

Case #: _____

Name: First _____ Middle _____ Last _____

Address: _____

Telephone: Home: _____ Cell: _____ Work: _____

DOB: _____ SS#: _____ Sex: MALE FEMALE

Current Charge(s): _____

INELIGIBLE CRIMES

(Prior conviction < 5 years, current charge, any attempt, conspiracy to commit, or accessory before the fact.)

Abduction	Kidnapping	Possession with intent to distribute
Arson (1 st degree)	Firearm Offense	Rape (1 st / 2 nd degree)
Assault (1 st degree)	Maiming	Robbery
Felony Burglary (1 st , 2 nd , 3 rd degree)	Mayhem	Robbery with a deadly weapon
Carjacking and Armed Carjacking	Murder (1 st / 2 nd degree)	
Distribution	Manslaughter (voluntary / involuntary)	
Escape (1 st)		

Possession of a handgun during the commission of a crime, including drug offenses, are deemed ineligible.

Restitution exceeding \$10,000 is not eligible for the Drug Court Program

PLEASE ANSWER THE FOLLOWING QUESTIONS:

- | | | | |
|--|------------|----|-----------|
| 1. Is this applicant a U.S. citizen or legal resident? | Yes | or | No |
| 2. Is the applicant's permanent residence in Cecil County? | Yes | or | No |
| 3. Are there any other or concurrent parole or probation cases (regardless of jurisdiction)? | Yes | or | No |
| 4. Are there any other pending charges, violations of probation, warrants, sentencing or detainers (regardless of jurisdiction)? | Yes | or | No |

What is pending: _____

What Jurisdiction: _____

Person completing this form: _____ Date: _____

Agency: _____ Phone: _____ Fax: _____

PLEASE FAX THIS REFERRAL TO:
Sheri Lazarus, Drug Court Coordinator, 410-996-1026