

Bonded
 Parish Prison
 DOC

19th JUDICIAL DISTRICT COURT
DRUG COURT TREATMENT PROGRAM
PRELIMINARY REFERRAL
AND EVALUATION REQUEST

Article 893
R.S. 13:5305
N/A

Name: _____ DOB: _____ / _____ / _____
Last First MI Jr., Sr., III, etc.

The defendant named above is being referred to the **Drug Court Treatment Program** of the 19th Judicial District Court for substance abuse evaluation and eligibility screening for his/her participation in that program. If eligible, the undersigned will jointly and formally request that the defendant's criminal case be transferred to the **Drug Court Treatment Program**. The defendant understands and agrees that, once transferred, the Drug Court judge will thereafter preside over his/her case until its conclusion, including the taking of the plea, the imposition of sentence, the supervision of the defendant's probation and, if necessary, a probation revocation hearing.

CASE & REFERRAL INFORMATION:

REFERRAL TYPE (*check one*): Pre-Billing For Guilty Plea Probation Transfer

CASE #: _____ - _____ - _____ SECTION: _____ JUDGE: _____

DA FILE #: _____ ADA: _____ [Initials: _____]

DEFENSE ATTORNEY NAME: _____ PHONE # _____

DEFENSE ATTORNEY E-MAIL: _____

MULTIPLE FILES: Please make note (below) of all additional file numbers or incoming charges which are (or will be) referred to Drug Court for this defendant.

GENERAL ELIGIBILITY RULES & CRITERIA

- 1. The Judge and the DA must agree to transfer the case to the Drug Court Treatment Program.**
- 2. Only residents of East Baton Rouge Parish are eligible to participate.**
- 3. Defendant is in need of and wants treatment through the Drug Court Treatment Program.**
- 4. No sex crimes. No crimes of violence.**
- 5. Defendant cannot have pending charges in any other jurisdiction(s).**
- 6. Defendant will be required to attend multiple weekly clinical treatment sessions.**
- 7. The court's substance abuse evaluation indicates the defendant is in need of treatment.**

SPECIAL CONDITIONS OF PROBATION

- The defendant will be placed on three (3) years of Active Supervised Probation.
- If eligible, imposition of sentence may be deferred pursuant to La. 13:5305 or La. C.Cr.P. Article 893.
- At the time of the guilty plea, the defendant must read, understand and execute the Probation Agreement and other documents pertaining to his/her participation in the treatment program
- In addition to the treatment program, the defendant must complete all other general and special conditions of probation.
- All costs of the treatment program, including drug testing fees, will be paid by the defendant.

REQUIRED ATTESTATION

I hereby certify that, prior to referring this matter to the Drug Court Treatment program, I have fully discussed this case with the defendant, including the nature of the charges, their essential elements, the evidence both for and against the defendant, the possible penalties, and those facts alleged in the Bill of Information and otherwise made part of the record. I further certify that, after review of the defendant's personal history and circumstances, I believe the defendant to be a suitable candidate for the Drug Court Treatment Program.

 Defense Counsel Date

 Defendant Date

DEFENDANT'S CONTACT INFORMATION

Name: _____

Address: _____

Phone #: (_____) _____ - _____

(_____) _____ - _____

Contact Person/Relative: _____

REFERRAL TRACKING DATES:

Prelim. Referral Form : _____ / _____ / _____ Next Court Date: _____ / _____ / _____ (_____)

File Sent to DCTP: _____ / _____ / _____ SA Eval: _____ / _____ / _____ DCTP Scheduled Plea: _____ / _____ / _____