

**Drug and DUI Court *
REFERRAL FORM**

Please Print Legibly

CLIENT INFORMATION

Full Legal Name: _____
A/K/A: _____
Currently in Custody? Y N DLM # _____ DOC # _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: () - _____ Cell Phone/Other: () - _____
Lives With/Relationship: _____
Emergency Contact/Relationship: _____
Home Phone: () - _____ Cell Phone/Other: () - _____

CRIMINAL INFORMATION

Attorney Name: _____ Phone: () - _____
Current Charge(s): _____ Case No: _____
_____ Case No: _____
_____ Case No: _____

Has client ever been arrested for a violent felony and/or sex crime? Y N
Is client subject to a Protective Order? Y N
Is client currently on probation or parole? Y N
If yes, Probation/Parole Officer's name: _____

SUBSTANCE ABUSE/MENTAL HEALTH

Is client receiving substance abuse treatment now? Y N If yes, agency: _____
Has client received prior substance abuse treatment? Y N If yes, agency: _____
Is client receiving mental health treatment now? Y N If yes, agency: _____
Has client received prior mental health treatment? Y N If yes, agency: _____
Diagnosis: _____
Has client previously been prescribed medication? Y N If yes, please list:
1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

CLIENT WAIVER INFORMATION

I wish to apply to the Tulsa County Drug/DUI Court:

Defendant/Client Signature Date: _____

Please return completed form to Drug/DUI Court Inbox on the 3rd floor of the court house.

*** Vet Court referrals MUST be on the Veterans Treatment Court Referral Form**