

18TH DISTRICT COURT-SOBRIETY COURT REFERRAL FORM

DEFENDANT CONTACT INFORMATION:

Name: _____ Date of Referral: _____
Address: _____ Phone Number: _____
Criminal Charge: _____ Docket Number: _____

TRANSFERRING COURT CONTACT INFORMATION:

Transferring Court: _____ Judge: _____
Contact Person: _____ Phone: _____
Fax: _____ E-mail: _____
Next Hearing Date: _____ Hearing Type: _____

PLEASE NOTE: TO QUALIFY FOR PARTICIPATION IN SOBRIETY COURT THE DEFENDANT MUST HAVE 2 OR MORE DRINKING AND DRIVING OFFENSE IN ADDITION TO A SUBSTANCE ABUSE DIAGNOSIS, AND MUST RESIDE IN WESTLAND OR BORDERING /ADJACENT COMMUNITIES.

Question	Yes	No
Do you currently reside in Westland or a bordering community?		
If no, to the above question, are you willing to move within our borders?		
Are you currently taking any prescription medication (including medical marijuana)?		
If yes, to the above question, are you willing to look at other medication options that are non-narcotic?		

Please note:

- The screening will take 1 hour.
- No children are allowed
- Please bring proof of all prescribed medication

Additional information, including Sobriety Court Packet, can be located at www.18thdistrictcourt.com

**A completed referral packet can be sent to: Travia Crawford, Sobriety Court Case Manager
Phone (734) 595-8720 | Fax (734) 238-1900 | tcrawford@18thdistrictcourt.com**

For court use only

Interview scheduled Yes No Date: _____

Accepted or Rejected Date: _____
