

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: _____

ATTORNEY CONTACT INFORMATION:

Name: _____
 Phone: _____ Email: _____

For complete information, the Sobriety Court Handbook can be located at 18thdistrictcourt.com

PLEASE NOTE: TO QUALIFY FOR PARTICIPATION IN SOBRIETY COURT THE DEFENDANT MUST HAVE 2 OR MORE DRINKING AND DRIVING CONVICTIONS, 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 narcotic prescription medication and/or using medical marijuana?		
Have you ever been convicted of any CSC offense?		

Additional Required Information (If Currently Available):

Plea Agreement	Police/ Accident Report
ROA	Criminal History and Driving Record

Please send a fully completed referral packet to: Haley Blair-Sobriety Court Case Manager

Phone (734) 595-8720 | Fax (734) 238-1900 | hblair@18thdistrictcourt.com

For court use only

Interview scheduled Yes No Date: _____

Accepted or Rejected Date: _____