

**18<sup>TH</sup> DISTRICT COURT SOBRIETY COURT REFERRAL FORM**

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**THIS WILL BE A SUPERVISION TRANSFER ONLY**

**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](http://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](mailto:hblair@18thdistrictcourt.com)

*For court use only*

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Interview scheduled    Yes        No        Date: \_\_\_\_\_  
Accepted            or            Rejected                            Date: \_\_\_\_\_

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**Any unexecuted MOU within 30 days of sentence will result in removal/unacceptance into this program**