

## 18<sup>TH</sup> 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](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 Bergum-Sobriety Court Case Manager**

Phone (734) 595-8720 | Fax (734) 238-1900 | [hbergum@18thdistrictcourt.com](mailto:hbergum@18thdistrictcourt.com)

*For court use only*

Interview scheduled Yes  No  Date: \_\_\_\_\_

Accepted or Rejected Date: \_\_\_\_\_