

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 Bergum-Sobriety Court Case Manager

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

For court use only

Interview scheduled Yes ☐ No ☐ Date: _____
Accepted or Rejected Date: _____