



Prince George's County Circuit Court
Juvenile Drug Court Program
 Referral Form

Note:

The Juvenile Drug Court (JDC) does not accept youth who have been adjudicated delinquent for a violent felony and/or currently charged with a violent offense. JDC participants, must be between the ages of 12-17, a resident of Prince's George's County and have a family member/responsible adult agree to program participation.

Please fax referral form to JDC Coordinator at (301) 627-0158

Respondent's Name: _____ Age: _____ DOB: _____

SSN: _____ Sex: Male Female Race: _____

Address: _____

Home Phone#: _____ Alternate Phone#: _____

Is Respondent at home? No Yes (If Yes, Where? _____)

PARENT/LEGAL GUARDIAN

Name: _____ Parent Legal Guardian

Address: _____

Employer: _____ Work Phone#: _____

LEGAL

Offense: _____ Date of Offense: _____

Court Case #: _____ Judge: _____

Upcoming Court Dates: _____
 (Date & Type of Hearing)

SCHOOL

Presently Enrolled: No Yes (If Yes, Name of School: _____)

Present Grade: _____ If not in school last grade completed and year: _____ Grade _____ Year _____

Special education services? No Yes If yes, what intensity? _____

SUBSTANCE USE

Ever had a substance abuse assessment? No Yes

If so, what was the recommendation? _____

Previous Treatment No Yes (If Yes, Where & When: _____)

Type of drug(s) used, frequency and date of last use: _____

Why do you think Drug Court is appropriate for respondent? _____

 Person Completing Form Agency Date

 Phone # Fax # Email Address