

Newton County Adult Felony Drug Court

Newton County Superior Court

Participant Referral Form

Date of referral: _____ State Identification # (SID): _____

Name of **Referral Source** and phone number(s): _____

Name of Potential Participant: _____

DOB: _____

Address: _____

Phone Number: _____

Email Address: _____

Attorney of Record and Contact Information: _____

Mental Health history (e.g. depression, anxiety): _____

Substance Abuse history (e.g. alcohol, meth, marijuana): _____

Current Charge(s): _____

Legal History (please include the dates of all arrests, charges, and convictions): _____

Accepted/Denied Reason: _____

Date: _____

Questions? Need more information? Contact the Drug Court Coordinator at 678-625-1652.