



Treatment Services
Accountability Courts Referral Form

Please fax referral form to 770-536-1023. Contact our office at 770-536-3837.

Hall Co. Drug Court
 Hall Co. Family Treatment Court
 Hall Co. Felony Probation Drug Court
 Hall Co. State Court Veterans Court (Misdemeanor)
 Hall Co. H.E.L.P. Program (Mental Health Court)
 Hall Co. Parental Accountability Court
 Hall Co. H.E.L.P. Program Veterans Track (Felony)

Date of referral: _____

Referral Information:

Name: _____

DOB: _____ SSN: _____

Address: _____

City _____ Zip: _____

Phone: (H) _____ (W) _____ (C) _____

Translation services required: Yes No If yes, what type of services? _____

Reason for referral (ie. substance use issues, mental health symptoms or history, DFCS involvement, delinquent child support):

Current legal charge(s):

Currently incarcerated: Yes No If yes, where? _____

Probation Officer assigned: _____ Probation charge(s): _____

Phone: _____ Fax: _____ Email: _____

Referring agency/point of contact:

Phone: _____ Fax: _____ Email: _____



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Treatment Services use only

Date referral received: _____

<u>Prosecution Initial Review</u>	<u>Defense Attorney Review</u>
SID: _____	Consultation date: _____
GCIC review date: _____	Interested in program: ____ Yes ____ No
Eligible: ____ Yes ____ No	Comments: _____
Comments: _____	_____
_____	_____
_____	_____

Clinical Assessment

Date: _____ Meets clinical eligibility: ____ Yes ____ No

Comments: _____

LSI-R Score _____ TCUDS Result _____ TCU-CTS Result _____

AUDIT Result _____ ASI Result _____ NEEDS Result _____

SASSI Result _____

Additional assessments: _____

Team Review

Referral review date: _____ Approved for program entry: ____ Yes ____ No

Enrollment date: _____ ____ Pre-adjudication ____ Post-adjudication ____ Sentenced

Comments: _____
