

**Cherokee County Treatment Accountability Court
Referral Information Sheet**

(Please provide as much information as you have available)

Section I – General Information

DATE OF REFERRAL _____

Defendant's FULL Name _____ Date of Birth _____

Social Security No. _____ Gender _____ Race _____

Current Residence Address _____

Is this address?: With a family member _____ Group home _____ Independent _____ Other _____

If other, please describe _____

Is Defendant currently incarcerated? Yes _____ No _____

If yes, give location and cell number _____

Section II – Referring Party

Jail _____

Probation _____
Felony _____ Misdemeanor _____

Prosecutor _____

Judge _____ Name of Judge _____

Defense Attorney _____

Law Enforcement _____

Name and phone number of person completing referral _____

Section III – Charge Information

Date of Arrest _____ Indictment/Case Number _____

Current Pending Charges (indicate if felony or misdemeanor): _____

Name, phone number and office of Prosecutor _____

Name and phone number of Defense Attorney (if any) _____

Name and phone number of Probation Officer (if any) _____

Status of Case:

Preliminary Hearing _____ Arraigned/Indicted _____ Plea Entered _____ Revocation _____ Status _____

Next Court Date _____

Has the Defendant been referred for a competency evaluation? Yes _____ No _____

If yes, indicate when, where and by whom (attach report, if available) _____

Section IV – Reason for Referral

Major Mental Illness? Yes _____ No _____ Unknown _____

If yes, what was the Primary Diagnosis (if known): _____

When was the diagnosis made? _____

Who made the diagnosis? _____

Any other diagnosis? _____

Any Previous Treatment History? Yes _____ No _____ Unknown _____

If yes, name and location of provider _____

Any History of Substance Abuse? Yes _____ No _____ Unknown _____

List all known substances _____

Any Previous Treatment for Substance Abuse? Yes _____ No _____ Unknown _____

If yes, name and location of provider _____

Any known medical issues? Yes _____ No _____ Unknown _____

If yes, what is the medical issue(s)? _____

Is the Defendant currently on any medications? Yes _____ No _____ Unknown _____

If yes, list all known medications _____

Please provide any other information regarding the reason for the referral:
