

Cherokee County Drug Court Referral Page 1

Please attach complaint and incident report, as well as any other paperwork (including page 2).

Youth's Name:		PO:	
Date Submitted:			
School:			Grade:
Assessment Recommended:			
Referred By:			When:
Total Screens:	Positive:	For:	
Total Dilute:	Total tamper/circumstances:		

All answers in the following section must be YES to participate in JDTC. If all are YES, continue to page 2.

	YES	NO
Is the youth a resident of Cherokee County?		
Is the youth's assessment score medium or high?		
The youth has NOT been assessed as gang related.		
The youth has NOT been adjudicated as a sex offender.		
Has the youth tested positive for 2 or more drug screens?		
Has the youth previously tested positive and / or dilute?		
Has the youth or family reported frequent or prolonged drug / alcohol use?		
While under court supervision, has the youth received a new drug / alcohol charge?		
Has the youth been diagnosed with a substance use disorder?		

**Cherokee County
Drug Court Referral Page 2**

TYPE	REFERRAL DATE	DATE	RECORDS	NAME OF ASSESSOR OR FACILITY	DIAGNOSIS / RECS	MEDICATION(S)
Psychological						
Psychiatric						
Psychoeducational						
I.E.P.						
A&D Assessment						
Counseling						
Hospitalizations						

DUSI:	Date:	Substance use domain score:
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