



**DELIVER FORM TO:**  
 4101 Juarez St.  
 Laredo, TX 78041  
 Fax: 956-791-6325  
[drugcourt@webbcountytx.gov](mailto:drugcourt@webbcountytx.gov)  
[406@webbcountytx.gov](mailto:406@webbcountytx.gov)

## 406<sup>TH</sup> JUDICIAL DISTRICT

Check one  DRUG COURT PROGRAM  SOBRIETY TREATMENT PROGRAM  VETERAN'S TREATMENT PROGRAM

Date: \_\_\_\_\_

Defendant's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_ DOB: \_\_\_\_\_

Cause No. /Booking No. \_\_\_\_\_ Status Hearing Date: \_\_\_\_\_

Which court has assigned case? (Circle one) CCL1 CCL2 D1 D2 D3 D4

\*\*\*\*\*NOTE: the above-mentioned defendant will be considered for the acceptance to the Program solely on the case/cause number mentioned above unless otherwise notified, in writing by the District Attorney's Office.

Charge(s):  Felony \_\_\_\_\_  Misdemeanor \_\_\_\_\_ Date of Offense: \_\_\_\_\_

ADA Assigned: \_\_\_\_\_ Defense Attorney: \_\_\_\_\_ Public/Private

Phone No. \_\_\_\_\_ Phone No. \_\_\_\_\_

Defendant's physical/ mailing Address/Phone No.

Is the Defendant currently incarcerated?  Yes  No

Is the Defendant released on bond?  Yes  No

**REFERRAL MADE BY:** (please include the name and phone number to advice of referral status)

Name \_\_\_\_\_

Phone ( ) \_\_\_\_\_

The eligibility criteria for acceptance into Drug Court are that the Defendant must be: **17 years of age or older, a resident of Webb County, addicted to/dependent on alcohol and/or other drugs, capable of participating in an intensive outpatient program, and the offense must be non-violent in nature.** Considering the eligibility criteria, are you aware of any circumstances that may make the Defendant *ineligible* for Drug Court?  Yes  No

If yes, please check one:

DEFENDANT CURRENTLY AWAITING JUDGEMENT/SENTENCE

DEFENDANT CURRENTLY ON COMMUNITY SUPERVISION

DEFENDANT CURRENTLY WITH AN ACTIVE MOTION TO REVOKE/ ADJUDICATE GUILT

### OFFICE USE ONLY:

Moot, ADA review not required \_\_\_\_\_

Cleared to proceed with Qualification \_\_\_\_\_

Rejected due to Disqualifying Factors \_\_\_\_\_

Accepted \_\_\_\_\_ Defendant  Agrees  Does NOT Agree \_\_\_\_\_

NOT Accepted \_\_\_\_\_ Date \_\_\_\_\_ Reason: \_\_\_\_\_

Assistant DA's Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Notes: \_\_\_\_\_

Court Ordered  Referral No. \_\_\_\_\_ Received date \_\_\_\_\_