

Somerset County Circuit and District Court Adult Recovery/Drug Court Referral Form

District/Circuit Court Case #: _____
(Complete one form per defendant, per case)

Name: First _____ Middle _____ Last _____

DOB: _____ SS#: _____ Marital Status: Single/Married/Divorced/Widowed

Permanent Address: _____ Length of Residence? _____

Telephone: Home _____ Cell _____ Race: _____ Sex: _____

Veteran? Yes/No Level of Education - Last year completed _____ High School Diploma/GED/College

Instant Offense: _____ Arrest date: _____ Court date: _____

If VOP: Original Sentencing Judge: _____ and Remaining Sentence: _____

***The screening process begins upon receipt of referral form and clinical release by Coordinator and can take up to 30 days to complete.**

INELIGIBLE CRIMES

(Prior Conviction, Current Charges; Any Attempt, Conspiracy to Commit)

Abduction	Murder (First or Second Degree)	Rape (First or Second Degree)
Arson (First Degree)	Robbery	Maiming / Mayhem
Robbery with a deadly weapon	Escape (First Degree)	Kidnapping
Carjacking and Armed Carjacking	Manslaughter (Voluntary or Involuntary)	
Firearm Offense	Sexual Offense (First, Second, Third or Fourth Degree)	

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|---|-----|----|----|
| 1. Is this applicant a U.S. citizen or legal resident? | YES | or | NO |
| 2. Is the applicant's permanent residence in Somerset County?* | YES | or | NO |
| 3. Is the applicant eighteen (18) years of age or older? | YES | or | NO |
| 4. Is there any indication of recent or past substance abuse? | YES | or | NO |
| 5. Is the current charge or any prior conviction an INELIGIBLE crime? | YES | or | NO |
| 6. In the past 5 years has the applicant been associated or involved with a gang? | YES | or | NO |
| 7. Are there any other or concurrent parole or probation cases (regardless of jurisdiction)? | YES | or | NO |
| 8. Was a firearm possessed or used in the offense? | YES | or | NO |
| 9. Are there any other pending charges, violations of probation, sentencing, warrants, or detainers (regardless of jurisdiction)? | YES | or | NO |
| 10. Has a plea been accepted and scheduled for sentencing?* | YES | or | NO |
| 11. Is the applicant incarcerated at the time of this application? | YES | or | NO |

*It is not necessary to plea prior to referring to Recovery Court

Person completing this form: _____ Date: _____

Agency: _____ Phone: _____ Fax: _____ Email: _____

Name of Lawyer and Contact Information if not indicated above (Required if Self-Referral**): _____

****If application is completed by a defendant directly for screening, it is the responsibility of the defendant to notify their counsel of their request for recovery court consideration.**

Submit completed form to: Cherie Meienschein Coordinator, Somerset County Recovery Court, 30512 Prince William St., Princess Anne, MD 21853; Email: Cherie.meienschein@mdcourts.gov

**SCRC RF 1.1
12.7.18**