

CECIL COUNTY CIRCUIT COURT
ADULT DRUG COURT REFERRAL FORM

Case Number(s): _____ Attorney: _____

NAME: _____ DATE OF BIRTH: _____ SS#: _____

ADDRESS (when not incarcerated): _____

TELEPHONE NUMBER: _____ ALTERNATE TELEPHONE NUMBER: _____

Are you a US Citizen or Legal Resident? YES NO
Are you a permanent resident in Cecil County? YES NO
Are you on Probation or Parole? YES Where? _____ NO
Do you have pending charges or detainers? YES From Where? _____ NO

****NOTE:** *The following crimes are not eligible for The Cecil County Drug Court Program. Additionally, if any of these crimes occurred within the last 5 years, you may also be deemed ineligible for The Cecil County Drug Court Program.*

Abduction, Arson 1st, Assault 1st, Carjacking/Armed Carjacking, Distribution, Escape 1st, Kidnapping, Firearm Offense, Maiming, Mayhem, Murder 1st or 2nd, Manslaughter (voluntary/involuntary), Possession with Intent to Distribute, Rape (1st or 2nd), Robbery, Armed Robbery.

***Possession of a handgun during the commission of a crime, including drug offenses, are not eligible for Drug Court.*

***Burglary 1st, 2nd, and 3rd are permitted ONLY with victim consent.*

***Current Sex Offenses are not eligible for Drug Court. Prior sex offense cases will be handled on a case by case basis.*

*** Restitution exceeding \$10,000 (on all cases) is not eligible for the Drug Court Program.*

Person Completing this Form: _____ Date: _____

Agency: _____ Phone number: _____ FAX: _____

PLEASE FAX REFERRAL TO: Sheri Lazarus, Drug Court Coordinator, 1-888-317-7813

Updated: 3/7/17