

Seventh Judicial Circuit of Maryland



Problem Solving Courts  
Circuit Court Adult Drug Court Program

Attorney Referral Form

Defendant's Name: \_\_\_\_\_ Case#: \_\_\_\_\_

Instant Offense: \_\_\_\_\_ Instant Arrest Date: \_\_\_\_\_ Judge: \_\_\_\_\_

DOB: \_\_\_\_\_ SS#: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Defendant's Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Alternate Phone No.: \_\_\_\_\_

State's Attorney Assigned to the Case: \_\_\_\_\_

Yes  No  Is the applicant a U.S. citizen or legal resident?

Yes  No  Is the applicant a Military Veteran or currently active in the Military?

Yes  No  Is the applicant's **PERMANENT** address in Prince George's County?

Yes  No  Is the applicant eighteen (18) years of age or older?

Yes  No  Is there any indication of recent or past substance abuse?  
(prior criminal history, assessments, treatment, self-report, etc.)

**INELIGIBLE CRIMES**

(Prior Convictions, Current Charge, Any Attempt, Conspiracy to Commit, or Accessory Before or After the Fact)

Abduction	Voluntary or Involuntary Manslaughter
Arson in the first degree	Maiming
Carjacking	Mayhem
Burglary 1 <sup>st</sup> Degree ( <b>Will review on case by case basis</b> )	Murder in the first or second degree
Domestic Violence (within the past 5 years)	Rape in the first or second degree
Escape in the first degree	Robbery ( <b>Will review on case by case basis</b> )
Firearm Offense ( <b>Will review case by case basis</b> )	Robbery with a deadly weapon
Kidnapping	Sexual offense in the first, second, or third degree

Yes  No  Is the current offense an **INELIGIBLE** crime as charged?

Yes  No  Is the referred case a violation of probation?

Yes  No  Are there any active parole or probation cases (regardless of jurisdiction)?

Yes  No  Is the applicant currently in jail? (If Yes, since \_\_\_\_\_)

Yes  No  Was a firearm possessed or used in the present offense?

Yes  No  Are there any other pending charges, violation of probation, warrants, and/or  
detainers (anywhere)?

Yes  No  **What are the sentencing guidelines?** \_\_\_\_\_

Yes  No  Has a Drug Court plea been recommended & scheduled for review in Drug Court?

Plea Judge: \_\_\_\_\_ Plea Date: \_\_\_\_\_ Drug Court Review/Sentencing Date: \_\_\_\_\_

\_\_\_\_\_  
Defense Attorney

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email Address of Defense Attorney

PLEASE FAX THIS REFERRAL TO:  
**Christina M. Buck, Program Manager at 301-952-4550**  
**Office#: 301-952-3606 Email: [Cmbuck@co.pg.md.us](mailto:Cmbuck@co.pg.md.us)**