

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 st Degree (Will review on case by case basis)	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 (Will review on case by case basis)
Firearm Offense (Will review case by case basis)	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