

Circuit Court for Prince George's County
Problem Solving Courts
Adult Drug Court Program



The Honorable Sheila R. Tillerson Adams
 Administrative Judge of the Circuit Court for Prince George's
 County

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, and/or self-report)

INELIGIBLE CONVICTIONS

(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 in the first degree (Intent to commit crime of violence)	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
Firearm Offense	Robbery with a deadly weapon
Kidnapping	Sexual offense in the first, second, or third degree

Yes No Is the current charge an **INELIGIBLE** crime?

Yes No Is the referred case a violation of probation?

Yes No Are there any other or concurrent 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, sentencing, warrants, and/or detainers (**regardless of jurisdiction**)?

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 Sentencing Date: _____

 Defense Attorney

 Phone Number

 Fax Number

 Date

 Email Address of Defense Attorney

PLEASE FAX THIS REFERRAL TO:
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