

SECOND JUDICIAL CIRCUIT COURT CRIMINAL CASE MANAGEMENT REFERRAL FORM

301 S. Monroe St., Tallahassee, FL 32301

Phone: (850) 606-4425, Fax: (850) 606-4366 and Email: CriminalCM@leoncountyfl.gov

DATE: / /

REFERRAL TO: **FELONY DRUG COURT** **VETERANS TREATMENT COURT** **MENTAL HEALTH COURT**

REFERRAL TYPE: (Track I) **PRETRIAL** (Track II) **Post ADJUDICATION** **ITP CONDITIONAL RELEASE**

REFERRED BY: Public Defender Private Counsel Judiciary State Attorney Other

***All Drug Court referrals are (Track I) Pretrial and must have approval of the State Attorney prior to referral submission to CCMU.**

CLIENT INFORMATION

Name: Last, First, Middle Initial

DOB: / / SPN: Marital Status:

Has the defendant ever served in the United States Armed Forces? Yes / No

Is the defendant currently in jail? Yes / No **Is the defendant homeless?** Yes / No

Race: W/ B/ Other: Ethnicity: Hispanic / Non-Hispanic Gender: Male / Female

Mental Health Diagnosis: Substance Abuse: Yes / No

If yes explain:

Street Address:

City: State: Zip Code:

Community Contact (defendant, family, service provider, etc.):

CASE INFORMATION

Case No/s.:

Presiding Judge: Division: Next Court Date:

Asst. State Attorney: Defense Attorney:

Pending cases in other jurisdictions / counties: Yes / No

If yes, where? List case numbers:

DO NOT WRITE BELOW THIS SECTION (CRIMINAL CASE MANAGEMENT UNIT OFFICIAL USE ONLY)

STAFFING REVIEW:

Staffing date: _____ Lead Case Manager: _____

SAO review: APPROVED / DENIED DEFENSE review: APPROVED / DENIED

ORAS Results / Staff Recommendations (attach if available): _____

PROBLEM SOLVING COURT PROGRAM OFFICE FINAL REVIEW: APPROVED _____ DENIED: _____

EXPLANATION: _____