



16th District Intervention Court

Susan Lippincott
Administrator
662-295-8241

April Edwards
Case Manager
662-295-0957

REFERRAL FORM

Name of Defendant: First _____ Middle _____ Last _____

SSN: _____ DOB: _____ Race: ____ Gender: ____ Indigent: Y / N (circle one)

Current Charge(s) _____

County _____ Cause No: _____ Date of Arrest _____

Is Defendant in Jail _____ Where and how long incarcerated: _____

If not, Defendant's address _____

Defendant's phone: _____ MDOC# _____

Court Date _____ Judge _____

Prior Criminal History (Felony, Misdemeanor, Juvenile): _____

Referral By: _____ Phone _____

Court/Judicial Attorney DHS Probation/Parole Prosecutor Self Other _____

Referral Date: _____ Screening Date: _____

ADA _____ Referring Agency _____

FOR OFFICIAL USE ONLY

Eligible: _____ Ineligible: _____

Reason Why Ineligible: _____

Additional Comments: _____

16th District Intervention Court

P.O. Box 1411
400 West Broad Street
West Point MS 39773
Fax: 662-494-5877

slippincott@claycounty.ms.gov



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I, _____ understand that by agreeing to be vetted for entrance into the 16th Circuit Intervention program, I agree and understand the following:

___ Reside 90 days at a Residential Treatment Facility

___ Reside 9 Months at a Sober Living Facility

___ To pay a monthly supervision fee of \$100.00 per month for the duration of the program. The program is for a period of not less than three (3) years and no more than five (5) years

___ To pay an assessment fee in the amount of \$150.00 (non-refundable)

___ All options have been explained to me by my attorney. I fully understand that if I am not in agreement with the above, the vetting process will be stopped. My attorney and court administrator will be notified and I will be expected to appear before the judge on my court date to proceed with regular court proceedings.

___ I agree to proceed with the vetting process

___ I decline to proceed with the vetting process

By agreeing to proceed with the vetting process, I agree to allow the 16th Circuit Intervention Court to proceed with the vetting process. Upon completion, I agree to meet with Intervention Staff to complete the intake process, pay my assessment fee to Community Counseling Services, have my assessment done, and appear before the judge on my court date to enter into the 16th Circuit Intervention Court Program.

DEFENDANT

ATTORNEY FOR DEFENDANT

DATE

DATE

IN THE CIRCUIT COURT OF _____ COUNTY, MISSISSIPPI
STATE OF MISSISSIPPI

VS. CAUSE NO. _____

WAIVER OF RIGHT TO PRESENCE OF ATTORNEY
DURING COMMUNICATIONS REGARDING INTERVENTION COURT REFERRAL

I have been advised that my right to counsel extends to my communication regarding my potential participation and potential acceptance into the 16th District Intervention Drug Court. I know I have a right to an attorney as prescribed by the United States and Mississippi Constitution and that this right extends to any necessary communication with any staff of said Court in order to evaluate and determine my eligibility for the 16th District Intervention Court. However, having been advised of this right, and having requested my acceptance into the 16th District Intervention Court, I hereby waive my right to have an attorney present during these necessary communications with the staff of the Court for the purpose of evaluating my suitability for admission into the program. By signing this document, I acknowledge that these communications may occur without my attorney present. Furthermore, because these communications are for the purpose of an evaluation for admission into a treatment court I understand that any statements I make will not be used against me in court.

ON THIS THE _____ day of _____, _____.

PARTICIPANT

ATTORNEY FOR DEFENDANT