



16th Circuit District Drug Court

April M Edwards
Administrator
662-418-8070

Christie Morris
Case Manager

William Gibson
Probation
662-295-8050

16th CIRCUIT DISTRICT DRUG COURT
REFERAL FORM

Referral By: _____ Phone _____

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

Referral Date: _____ Screening Date: _____

ADA _____ Referring Agency _____

Name of Defendant: First _____ Middle _____ Last _____

SSN: _____ DOB: _____

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: _____

Court Date _____ Judge _____

Judge Kitchens'/Judge Coleman's authorization for assessment

Signature: _____

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

FOR OFFICIAL USE ONLY:

Eligible: _____ Ineligible _____

Coordinator Comments: _____

