

**INSTRUCTIONS FOR COMPLETING
MARION COUNTY DRUG COURT REFERRAL FORM**

1. All referrals must be made on the designated form. These forms are available from the Marion County Circuit Clerk's Office, the Marion County Probation Department, and the Marion County Public Defender's Office.
2. The attorney for the defendant/referral source must fill out the first section in its entirety.
3. **The defendant must be a Marion County resident, and a valid Marion County address for the defendant must be listed on the referral form.**
4. Verify that the contact information listed on the form is correct. This is how the defendant will be notified of all appointments with the Drug Court staff during the referral process.
5. The attorney for the defendant/referral source must answer all questions in the second section and sign the form.
6. The "Prescreen Review by Drug Court Team" section should be left blank.
7. **All referral forms must be filed with the Marion County Circuit Clerk in each and every case in which the defendant is being referred to Drug Court.**
8. **Copies of the referral form must be e-served or otherwise sent to ALL of the following:**
 - State's Attorney's Office, Felony Secretary Tina Zurbriggen, tzurbriggen@marionco.illinois.gov
 - Tim Hudspeth, Marion County State's Attorney, thudspeth@marionco.illinois.gov
 - Probation Department Director Renee Pride, rpride.mccsd@marionco.illinois.gov
 - Probation Department Drug Court Officer Beth McFarland, bmcfarland.mccsd@marionco.illinois.gov
 - Probation Department Secretary Lori Phillips, lphillips.mccsd@marionco.illinois.gov

Failure to send the referral to properly file the referral and send the referral to all of the above entities may result in the defendant not being reviewed or considered by the Drug Court.
9. If you have questions or require assistance, please contact the Marion County Probation Department at (618)548-3880 or the Marion County Public Defender's Office at (618)548-5350.

Marion County Drug Court Referral Form

I, _____, nominate the following person as a candidate for the above program:

Name: _____ DOB: _____ Gender: _____ Race: _____

Marion County Living Address: _____

Phone : _____ Message Phone : _____ Contact Person : _____

Case #: _____ Pending Offense: _____

Case # _____ Pending Offense: _____

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Does the defendant meet the following requirements for the Marion County Drug Court Program?

- Yes No Must be at least 18 years of age
- Yes No Resident of Marion County & will maintain residency in county throughout the program
- Yes No Admission of addiction to or dependence on alcohol or illicit drugs
- Yes No The referral is willing to participate in a treatment program
- Yes No The referral does not have any of the following disqualifying offenses within the past 5 years, excluding incarceration time, parole, and periods of mandatory supervised release: *1st Degree Murder, 2nd Degree Murder, Predatory Criminal Sexual Assault of a Child, Aggravated Criminal Sexual Assault, Criminal Sexual Assault, Armed Robbery, Aggravated Arson, Arson, Aggravated Kidnapping, Kidnapping, Aggravated Battery Resulting in Great Bodily Harm or Permanent Disability, Aggravated Domestic Battery Resulting in Great Bodily Harm or Permanent Disability, Aggravated Criminal Sexual Abuse by a Person of Trust or Authority Over a Child, Stalking, Aggravated Stalking, Home Invasion, Aggravated Vehicular Hijacking, or any offense involving the Discharge of a Firearm.*
- Yes No The referral has not been charged with a violation of subparagraph (F) of paragraph (1) of subsection (d) of Section 11-501 of the Illinois Vehicle Code in which an individual is charged with *Aggravated Driving Under the Influence That Resulted in a Death of Another Person* or when the violation was a proximate cause of death, unless, pursuant to subparagraph (G) of paragraph (1) of subsection (d) of Section 11-501 of the Illinois Vehicle Code. If so the participant may be admitted into the Drug Court **only if the Court determines that extraordinary circumstances exist and require probation.**
- Yes No The referral has not been charged with a Class 2 Felony or greater felony violation of: **Section 401, 401.1, 405, or 405.2 of the Illinois Controlled Substance Act. Section 5, 5.1, or 5.2 of the Cannabis Control Act. Section 15, 20, 25, 30, 35, 40, 45, 50, 55, 56, or 65 of the Methamphetamine Control and Community Protection Act.** If so the participant may be admitted into the Drug Court **only by agreement of the States Attorney.**

Defendant

Date

Defendant's Attorney/Referral Source

Date

PRESCREEN REVIEW BY DRUG COURT TEAM

- Proceed with screening as agreed by the Drug Court Team
- Objection by States Attorney per **720 ILCS 166/20(b)(4); 720 ILCS 166/20(c)**

Marion County States Attorney

Date