

Eleventh Judicial District – San Juan County, New Mexico
JUVENILE DRUG COURT PROGRAM
REFERRAL FORM

REFERRED BY: JUDGE _____ JPPO _____
DISTRICT ATTORNEY _____ DEFENSE ATTORNEY _____
PROBATION OFFICER _____ DATE _____
CLIENT NAME _____ JR # _____
ADDRESS _____
PHONE # _____ AGE _____ D.O.B. _____
SCHOOL _____ GRADE _____

INDICATIONS OF NEED FOR DRUG COURT

(ie. Dirty UA's, prior offenses, case history about abuse, self identification, using at time of offense, etc.)

** If additional space is needed for comments or suggestions, please use the space provided on the back of the form **

- Current Offense _____
- Use at time of offense When & What: _____
- Date of Adjudication _____
- On Conditions of Release On Probation Expires: _____
- Prior Offenses **Attach Copy of Chronological Offense History - Required**
- Prior offenses involving illegal substances What: _____
- Prior Treatment In-Patient Out-Patient Was the family involved?
When & Where: _____
- Comments: _____
- Case history indicating possible abuse of substance (Required)
List/Summarize all reasons for Juvenile Drug Court Referral: _____
- _____
- Self identified Substance Abuse Problem Comments: _____
- Mental Health Issues? Comments: _____

