

**WASHINGTON COUNTY STATE'S ATTORNEY'S OFFICE**  
**ADULT DRUG TREATMENT COURT REFERRAL PROCESSING**

**CASE INFORMATION:**

Name:		Dockets/Offenses:
DOB:		
Defense Counsel:		
Assigned DSA:		

Do all Offenses Meet Eligibility Criteria:  Yes  No, Explain: \_\_\_\_\_

**OFFICE STAFFING:**

Assigned DSA:	Concur	Non-Concur
Comments:		
Proposed A-Door:		
Proposed B-Door:		

Tx Court DSA:	Concur	Non-Concur
Comments:		

Assigned Victim Advocate:	Concur	Non-Concur
Comments:		

**COORDINATION:**

Investigating Officer:	<input type="checkbox"/> Supportive <input type="checkbox"/> Not Supportive	Comments:
Dept. of Corrections	<input type="checkbox"/> Supportive <input type="checkbox"/> Not Supportive <input type="checkbox"/> Not Applicable	Comments:
Victim(s)	<input type="checkbox"/> Supportive <input type="checkbox"/> Not Supportive <input type="checkbox"/> Not Applicable	Comments:
Date Contacted:		
Restitution: <input type="checkbox"/> Yes, Amount: _____	<input type="checkbox"/> No	Victim Impact Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No

**APPROVAL:**

State's Attorney:	Concur	Non-Concur
Comments & Guidance:		