

# FORSYTH COUNTY ADULT DRUG TREATMENT COURT CLIENT REFERRAL FORM

If you represent a client who is a good candidate for Adult Drug Treatment Court: (1) complete this form and email/fax it to Phillip E. Weiner at [phillip.e.weiner@nccourts.org](mailto:phillip.e.weiner@nccourts.org) or fax to (336) 779-6301. Your client will be contacted to complete a clinical assessment. Do not refer a client before explaining the implications and requirements of DRTC. Keep the case pending in the court of origin until acceptance and sentencing into DRTC. Once accepted and sentenced, move the case onto the DRTC docket (Courtroom 4J each second and fourth Friday of the month). Participants cannot be sentenced into DRTC until they have been assessed and provisionally accepted by the DTC team. Attorneys are welcome to attend the Staffing meeting at 1:00pm on the DRTC court date following their client's assessment. Contact Attorney Kerri Sigler at 336-263-0709 or [sigler@siglerlawpllc.com](mailto:sigler@siglerlawpllc.com) or Phillip Weiner with questions.

CLIENT NAME	DOB	GENDER	ETHNICITY
ADDRESS			COUNTY OF RESIDENCE
PHONE NUMBER	ATTORNEY NAME	ATTORNEY PHONE #	

LIST ALL PENDING CRIMINAL CHARGES IN ALL COUNTIES BELOW. INCLUDE THE COUNTY AND COURT DATE FOR EACH CHARGE:

---

---

---

---

Is your client currently on probation? \_\_\_\_\_ Supervised or unsupervised? \_\_\_\_\_

If so, in what county? \_\_\_\_\_ Is your client currently in FCDC custody? \_\_\_\_\_

Does your client report a substance abuse issue? \_\_\_\_\_ To what substance(s)? \_\_\_\_\_

Is your client being treated for a substance abuse issue? \_\_\_\_\_ If so, where? \_\_\_\_\_

When was the approximate last date your client used the substance(s) listed? \_\_\_\_\_

Does your client report a mental health issue? \_\_\_\_\_

Is your client being treated for a mental health issue? \_\_\_\_\_ If so, where? \_\_\_\_\_

Is your client a Veteran? \_\_\_\_\_ Does he/she receive services through the VA? \_\_\_\_\_