



**HENRY COUNTY  
RESOURCE COURT**

**REFERRAL FORM**

**FOR HCRC USE ONLY**

Date Received: \_\_\_\_\_  
Assessment Date: \_\_\_\_\_  
Status of Referral: \_\_\_\_\_  
Date of Team Decision: \_\_\_\_\_  
If denied, reason: \_\_\_\_\_  
First HCRC Court Date: \_\_\_\_\_

Date: \_\_\_\_\_

Referred by: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(Name) (Lawyer, Probation Officer, Jail staff, DA or Solicitor's office, family member, etc.)

Contact Number(s): \_\_\_\_\_ Alternate #: \_\_\_\_\_

**PARTICIPANT INFORMATION:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Case # \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

Is the person being referred currently in jail? { } Yes { } No

Incarceration date, if known: \_\_\_\_\_ Next court date: \_\_\_\_\_

Has the person been sentenced by a Judge? { } Yes { } No

Court(s) of Jurisdiction: \_\_\_\_\_

Presiding Judge(s): \_\_\_\_\_

List the current charges: \_\_\_\_\_

Mental Health Diagnosis: \_\_\_\_\_

Previous Treatment Providers (inpatient/outpatient): \_\_\_\_\_

Medications currently/previously prescribed: \_\_\_\_\_

Has the person ever had substance abuse issues? { } Yes { } No

If so, please explain: \_\_\_\_\_

Has the person ever been convicted of any of the following?

- a) Selling Drugs { } Yes { } No
- b) Violent Crimes { } Yes { } No
- c) Offenses Against Children { } Yes { } No
- d) Sexual Offenses { } Yes { } No
- e) Gang-related Offenses { } Yes { } No

**Please attach waiver forms and fax to: Henry Co. Resource Court at 770-288-7594  
Telephone: 770-288-7590 or 770-288-7591**