



HENRY COUNTY
ACCOUNTABILITY COURT
 Mental Health, Veterans Treatment and Adult Felony Drug Court

REFERRAL FORM

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: _____ Henry _____

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. Accountability Court at 770-288-7594
 Telephone: 770-288-6223 (drug) 770-288-7591 (mental health) 770-288-6229 (veteran)**