



**WORTH COUNTY ADULT FELONY DRUG COURT
PROGRAM
IN THE TIFTON JUDICIAL CIRCUIT
TIFT COUNTY, GEORGIA**

REFERRAL FORM

SID/SSN Number: _____

Name: _____ Date of Referral: _____

Physical Address: _____

Telephone Number(s): _____ Alternative: _____

Date of Birth: _____ Race/Gender: _____

Married/Separated/Divorced: _____ If married, person's name: _____

Highest Level of Education Achieved: _____

Employed: _____ Yearly Income: _____

Referred By: _____

Pending Case Numbers/Offenses: _____ County of Case: _____

Bond Status: _____ Jail or Community? _____

The **Worth County Adult Felony Drug Court** is an 18 month minimum judicially supervised drug treatment/alternative sentencing program offered by Tifton Circuit Superior Court. The program serves non-violent, felony-level offenders whose criminal behavior is driven by drug addiction. You will be required to adhere to a curfew, maintain gainful employment and attend bi-weekly court sessions. The program consists of 12 months of intensive treatment and 6 months of aftercare. The 18 months are divided into 5 phases. Participants are expected to attend group sessions weekly in all phases, 3-4 step meeting per week. Each participant will attend Individual sessions with a Primary Counselor, meet with a Case Manager for assistance with job searches, employment requirements, housing, education, scheduling and financial budgeting. Participants are subject to drug screen 7 days per week and are therefore charged \$45.00 for confirmations (contested results) throughout treatment for drug screen costs.

The participant must obtain an alcohol/drug assessment prior to being considered for the program (at no charge to them), whether they are incarcerated or in the community. The participant and attorney will go over the requirements of the Drug Court Contract prior to them being accepted into the program. *If you are referring this person, they must be assessed to be considered for the program.*

I, _____, (print name) understand and express by my signature below, that I have been provided counsel prior to my referral being submitted to the Drug Court and that the Drug Court Program requirements have been explained to me by my attorney prior to my agreed upon participation in the Drug Court Program; this _____ day of _____, 20 ____.

By: _____ By: _____

Advising Attorney

Client Referral