

Drug Court Referral & Eligibility Form

Defendant Name: _____

DOB: _____

Address: _____

SSN: _____

Current Location: _____

Referring Party: Probation Officer Attorney Law Enf. Other: _____

Referring Party Address: _____

Current Bristol, VA Charges (list court, case numbers & VCC numbers): _____

Charges Pending in ANY Other Jurisdiction: Yes* No *See Eligibility Requirement #12

If yes, list jurisdiction and charges: _____

Driver's License: Yes No

Landline Phone: Yes No

Transportation: Yes No

Landline Phone No. _____

Active Probation: Yes No

If yes, what jurisdiction: _____

Defendant Acknowledgement

I, _____, hereby acknowledge that I request consideration for acceptance into the Veritas Adult Drug Treatment Court Program and understand that if I am accepted that I will waive my right to counsel for the duration of the program as well as my Fourth Amendment rights regarding search and seizure, and the right to confront witnesses and evidence used against me in the Program. I also acknowledge that if deemed ineligible, I will not be provided with or request any explanation for such decision. I swear or affirm that the information contained in this form is true and accurate to the best of my ability.

Defendant Signature

Date

Referring Party Signature

Date

Office Use Only

Eligible Ineligible

Date: _____

Initials: _____

Drug Court Eligibility Requirements

1. The defendant **must** be eighteen (18) years of age.
 2. The defendant **must** have an established drug and/or alcohol addiction.
 3. The defendant **must** be a resident of Bristol, VA or Washington County, VA.
 4. The defendant **must** have a landline phone.
 5. The defendant **must** have reliable transportation.
 6. The defendant **must** have a pending felony charge(s) in the Juvenile & Domestic Relations Court, General District Court, or Circuit Court of the City of Bristol, VA and/or be on active supervised probation with Adult Probation & Parole, District 17.
 7. The defendant will be ineligible if he/she is currently charged or has been previously convicted with an act of violence as defined in Section 19.2-297.1 of the 1950 Code of Virginia, as amended.
 8. The defendant will be ineligible if he/she is currently charged with or previously convicted of distribution of or possession with intent to distribute a controlled substance in this or any other jurisdiction.
 9. The defendant will be ineligible if he/she is currently charged or has been previously convicted of any offense involving a weapon in this or any jurisdiction.
 10. The defendant will be ineligible if he/she is currently charged or has been previously convicted of assault on a law enforcement officer in this or any other jurisdiction.
 11. The defendant will be ineligible if he/she is charged with possession of a controlled substance and is otherwise eligible for first offender treatment pursuant to Section 18.2-251 of the 1950 Code of Virginia, as amended.
 12. The defendant will most likely be deemed ineligible if he/she has pending charges or probation violations in another jurisdiction.
 13. The Commonwealth's Attorney's Office has the right to veto any defendant recommended for entry into Drug Court.
- * All referrals to Drug Court are to be made in writing using the Referral & Eligibility Form (attached), and filed with the Commonwealth's Attorney no later than *two (2) weeks prior to plea day* for the term of court in which the defendant's case will be presented to the Grand Jury. The Commonwealth's Attorney will respond, in writing, within two (2) weeks of the filing of the referral as to the eligibility of the defendant.
- * Eligibility for the program is not a guarantee of acceptance into the program. If the defendant is deemed eligible by the Commonwealth's Attorney, he/she *may* be accepted into the program. Defendants accepted into the program will be referred to a Case Manager for treatment assessment and orientation, and to begin supervision within the program.