

**Cherokee County Treatment Accountability Court
Referral Information Sheet**

(Please provide as much information as you have available)

Section I – General Information

DATE OF REFERRAL _____

Defendant's FULL Name _____ Date of Birth _____

Social Security No. _____ Gender _____ Sex at Birth _____
Race _____

Phone Number and Email Address _____

Current Residence Address _____

Is this address?: With a family member _____ Group home _____ Independent _____ Other _____

If other, please describe _____

Is Defendant currently incarcerated? Yes _____ No _____

If yes, give location and cell number _____

Section II – Referring Party

Jail _____ Probation _____
Felony _____ Misdemeanor _____

Prosecutor _____

Judge _____ Name of Judge _____

Defense Attorney _____

Law Enforcement _____

Name, phone number, and email of person completing referral _____

Section III – Charge Information

Date of Arrest _____ Indictment/Case Number _____

Current Pending Charges in **ANY JURISDICTION** (indicate if felony or misdemeanor): _____

Name, phone number and office of Prosecutor _____

Name, phone number, and email of Defense Attorney (if any) _____

Name, phone number, and email of Probation Officer (if any) _____

Status of Case:

Preliminary Hearing _____ Arraigned/Indicted _____ Plea Entered _____ Revocation _____ Status _____

Next Court Date _____

Has the Defendant been referred for a competency evaluation? Yes _____ No _____

If yes, indicate when, where and by whom (attach report, if available) _____

Section IV – Reason for Referral

Major Mental Illness? Yes _____ No _____ Unknown _____

If yes, what was the Primary Diagnosis (if known): _____

When was the diagnosis made? _____

Who made the diagnosis? _____

Any other diagnosis? _____

Any Previous Treatment History? Yes _____ No _____ Unknown _____

If yes, name and location of provider _____

Any History of Substance Abuse? Yes _____ No _____ Unknown _____

List all known substances _____

Any Previous Treatment for Substance Abuse? Yes _____ No _____ Unknown _____

If yes, name and location of provider _____

Any known medical issues? Yes _____ No _____ Unknown _____

If yes, what is the medical issue(s)? _____

Is the Defendant currently on any medications? Yes _____ No _____ Unknown _____

If yes, list all known medications _____

For cases where there is no documented mental health diagnosis please provide explanation regarding the reason for the referral:

Return this Form to:

Treatment Accountability Court
94 North Street
Canton, GA 30114
eachilders@cherokeecountyga.gov

CHEROKEE COUNTY TREATMENT ACCOUNTABILITY COURT

CONSENT FOR ASSESSMENT AND INTAKE INTERVIEW

By signing below, I hereby acknowledge that I have been informed about the Cherokee County Treatment Accountability Court and consent to my attorney sharing my information with the Treatment Accountability Court Team. I further agree that I will submit to any assessment determined to be necessary to determine my suitability to participate in the Treatment Accountability Court program and any interview with the Treatment Accountability Court Coordinator. I understand that my attorney will not be present for any assessment and may not be present for the interview with the Court Coordinator.

Signature of Participant

Date

Print Full Name

Attorney's Signature

Date

Print Attorney's Name

CHEROKEE COUNTY TREATMENT ACCOUNTABILITY COURT

CRIMINAL HISTORY CONSENT FORM

I hereby authorize the Cherokee County Treatment Accountability Court and its representatives to process my criminal history record information which may be in the files of any criminal justice agency of any state or local criminal justice agency in the State of Georgia, to include the Georgia Crime Information Center (GCIC) and the National Crime Information Center (NCIC). This consent shall remain in effect for seven (7) years from the date this form is executed.

Signature of Participant

Date

Print Full Name

Social Security Number

Street Address

Sex/Race/Date of Birth

City/State/Zip Code

Driver's License/ID Number/State