



Drug Treatment Court for Grafton County (DTCGC) Referral Form

Send form to: acrowley@NCHCNH.org or Fax: (603)243-0222 *

Person/Office providing referral: _____ Referral date: _____

Applicant Name: _____ Arrest date: _____ Select one: New charge VOP

Gender: Male Female Phone number: _____ Date of birth: _____

Current Living Arrangement: Incarcerated Other community setting Treatment Other _____

If living arrangement is community based, provide address:

(Street Address)

(City/Town)

(State)

(Zip code)

Current and/or Pending Charge(s)	Docket number (for each charge)

To be completed by County Attorney (Name): _____

Legal Screening Results

Legally eligible to participate in DTC of Grafton County

Ineligible based on any of the following (mandatory):

Applicant has been convicted of or is charged with a crime of violence as defined in 42 U.S.C. sec. 3797u-2 (firearm/dangerous weapon, serious bodily injury or use of force).

Applicant has been convicted of or is charged with a "violent crime" as defined in RSA 651:5, XIII with the exception of subparagraphs (d – criminal restraint) & (f).

Applicant has outstanding warrants or detainers that cannot be resolved.

Applicant has sold drugs for profit other than to support his/her own drug habit.

Ineligible for meeting one or more of the following criteria (discretionary), despite meeting DTCGC's eligibility requirements:

Applicant's criminal record and/or pending charge would have or does call into play the criteria for extended term of imprisonment as set forth in RSA 651:6, I.

The emotional trauma and/or mental anguish caused the victim(s) by the applicant's criminal conduct is such that sentencing the applicant to Drug Treatment Court would not be appropriate.

Other _____

County Attorney Signature

Date

FOR INTERNAL USE: To be completed by Drug Treatment Court Program Manager:

Offender accepts negotiated plea?

Yes No → If no, provide the reason:

Determined on: _____

Offender deemed eligible for Drug Treatment Court by DTC Team?

Yes No → If no, provide the reason:

Determined on: _____

Offender pleads into Drug Treatment Court?

Yes No → If no, provide the reason:

Determined on: _____

*Within 48 hours, DTCGC Coordinator will submit referral form to County Attorney's office for legal screen.