



Adult Drug
Treatment Court



10th Circuit

REFERRAL FOR ADMISSION

[ADMISSION IS A PRIVILEGE – OFFENDERS MUST QUALIFY & BE ACCEPTED]

Date: _____

Defendant Name: _____ D.O.B. : _____

Defendant's County of residence: _____

Name of Defendant's attorney: _____ Phone #: _____

Case # [s] _____

Current Charges [Offenders **NOT eligible** w/chgs of: Homicide, Felony assault, CSC1,2,3, AR, Home Invasion1st, CCW/
Firearms, Gang Affiliation, Delivery]

Judge (Currently assigned): _____

Pending out of County cases: (please provide details)

Has a Plea Agreement been negotiated? ___Yes ___No If yes, please provide details

Person making referral: _____ Phone #: _____

Comments:

Referrals can be submitted online through the Saginaw County site or printed forms may be submitted in the Drug Treatment Court basket located in the Lawyer's Lounge.