



County of Saginaw  
111 S. Michigan Avenue Saginaw, Michigan 48602  
Office: 989-799-6242  
Fax: 989-793-8180  
[sbickel@saginawcounty.com](mailto:sbickel@saginawcounty.com)



70<sup>th</sup> District **STAR Program**  
(Structured Treatment and Recovery)  
Referral for Admission

### Referral Guidelines

1. To refer an offender to the **STAR Program** please complete this form and return it to Scott Bickel in Room 400 at the Saginaw County Courthouse. Contact information is listed above.
2. Initial **IDA and CARS** Assessment score guidelines must be combined **high risks and high needs**. A third final assessment, (**MAST assessment**), will be completed by our treatment provider LIST Psychological. **Offenders refusing to complete interviews and assessments will not be considered for admission**. A substance levels test will be required at time of assessment process at Saginaw County Health Department and results supplied to STAR team.
3. Offenders **must** live in Saginaw **County**, be 18 years of age or older, and must have criminal activity, equaling two or more, related to ALCOHOL addiction. If a transfer request MOU will be requested.
4. **Current charges such as Homicide, Felony Assault, CSC 1,2,3, Armed Robbery, Home Invasion 1<sup>st</sup> Degree, CCW/Firearms and Gang Affiliations DISQUALIFY THE OFFENDER from this program by statute.**

### Offender and Court Information

Defendant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Defendant Phone Number: \_\_\_\_\_ If Insured Type of Insurance \_\_\_\_\_

Defendant County of Residence: \_\_\_\_\_ Has defendant been in a treatment court before? \_\_\_\_\_

Is defendant in custody? / Where? \_\_\_\_\_ Is defendant using THC? \_\_\_\_\_

Attorney of Record: \_\_\_\_\_ Atty. Phone Number: \_\_\_\_\_

Case/Docket Number(s) / Current Judge: \_\_\_\_\_

Out of County Cases? / Details: \_\_\_\_\_

Is there a victim in defendant's case(s)? \_\_\_\_\_

Has a plea agreement been negotiated?  Yes  No

If yes, please provide the agreement information. \_\_\_\_\_

Are there any other charges pending?  Yes  No

If yes, please provide the charge/court information. \_\_\_\_\_

Referred by: \_\_\_\_\_ Date: \_\_\_\_\_