

Charlottesville/Albemarle Therapeutic Docket Referral Form

SECTION I: To initiate a Therapeutic Docket referral, the referring party must complete SECTION I and forward this form to the Therapeutic Docket Coordinator and the Commonwealth's Attorney's Office for the correct jurisdiction.

Defendant Name: DOB: SSN: SID:
Race: Gender: Home Address: Home Phone:
Cell Phone: Other ways to Contact: Currently incarcerated? Y or N:
Jurisdiction of current charge(s): Arrest Date: Charges including VCC Code(s):
Primary Case No: Defense Attorney(s): Referring Party:
Next Court Appearance Details: Date referral submitted to CA:

SECTION II: To be completed by the Commonwealth's Attorney's Office. Then to be forwarded to the Therapeutic Docket Coordinator and returned to the Referring Party.

Date Received: Subject was found to be: Eligible, Ineligible, or Vetoed prior to consideration for eligibility

Ineligible Reason

- Pending out-of-state felony charge.
- Instant offense is DUI or DUID.
- Prior conviction or adjudication for felony violent offense (within 10 years of sentencing).
- Instant Offense certified to Grand Jury.
- Terminated from Therapeutic Docket within past 12 months.
- Other

Disapproval Reason

- Law Enforcement Concern
- Nature of current charge(s)
- Criminal History Details
- Other

Notes/Comments:

Initials

SECTION III: To be completed by Therapeutic Docket Coordinator. Then to be forwarded to Region Ten Clinician.

Date Referral Received: Date of First Contact with subj: Eval Date:
Subject was found to be: Eligible Ineligible. If Eligible, Date Referred for Eval by R-10: If Ineligible, Reason:

Notes/Comments:

SECTION IV: To be completed by Region Ten. Then to be forwarded with a letter of recommendation to the Therapeutic Docket Coordinator.

Eval Date: Clinician: Meets clinical criteria for participation: Does not meet clinical criteria for participation

Notes/Comments:

SECTION V: To be completed by Therapeutic Docket Coordinator. Then forwarded to the Commonwealth's Attorney.

The subject is: Recommended Not Recommended for participation. Date reported to Commonwealth:

Region Ten Recommendation: Sent via Fax Attached Notes/Comments MOST Results Attached

Prior Participant: Graduated, Terminated. End Date of prior participation:

SECTION VI: To be completed by the Commonwealth's Attorney.

Final recommendation by the Commonwealth's Attorney: Approved for Entry Not Approved for Entry

Initials

Notes/Comments:

If Approved for Entry: Entry Date: