

**19<sup>th</sup> Judicial District Court  
Re-Entry Court Suitability Checklist**

**TO BE COMPLETED BY REFERRING ASSISTANT DA**

Defendant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Docket Number: \_\_\_\_\_

\_\_\_\_\_ Recommendation at Sentencing?

\_\_\_\_\_ Recommendation at Revocation?

- |     |  |            |          |          |
|-----|--|------------|----------|----------|
| 1.  | Does the offender have other outstanding felony charges?   | Yes        | or       | No       |
| 2.  | Does the offender have an outstanding immigration detainer?  | Yes        | or       | No       |
| 3.  | Does the offender have any medical or mental health problems that would preclude safe participation without reasonable accommodations or that would prevent obtaining the fundamentals of the program? | Yes        | or       | No       |
| 4.  | Does the offender have an escape charge within the last five years?  | Yes        | or       | No       |
| 5.  | Is the offender willing to voluntarily enter the program?  | Yes        | or       | No       |
| 6.  | Does the defendant have any prior felony convictions for any offenses defined as a sex offense?  | Yes        | or       | No       |
| 7.  | Is the defendant's current charge one of violence?<br>Is it included in the list of specific exceptions?   | Yes<br>Yes | or<br>or | No<br>No |
| 8.  | Has the offender been sentenced as a multiple offender?  | Yes        | or       | No       |
| 9.  | Does the defendant have a current charge that resulted in the death of a person?   | Yes        | or       | No       |
| 10. | Do the current charges involve distribution or PWID Fentanyl? ***  | Yes        | or       | No       |
| 11. | Is the defendant a co-defendant with another applicant? ***  | Yes        | or       | No       |

\*\*\*These cases to be considered on a case-by-case basis.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_