❑ Bonded
❑ Parish Prison
❑ DOC

19TH JUDICIAL DISTRICT COURT
RECOVERY COURT PROGRAM
PRELIMINARY REFERRAL

Article 893 ❑
R.S. 13:5305 ❑
N/A ❑

Name: _____ ***DOB:*** _____
Last *First* *M I*

The defendant named above is being referred to the Recovery Court Program, of the 19th Judicial District Court, for legal screening for his/her participation in the program. If legally eligible, ADA for Recovery Court, will request defendant to be clinically evaluated. If legally and clinically approved, the Recovery Court Section will formally request that the defendant's criminal case be transferred to the Recovery Court Section**.** The defendant understands and agrees that, once transferred, the Recovery Court Judge will thereafter preside over his/her case until its conclusion, including the taking of the plea, the imposition of sentence, the supervision of the defendant's probation and, if necessary, a probation revocation hearing.

CASE & REFERRAL INFORMATION:

CASE #: _____ **SECTION: _____** **JUDGE: _____**

DA FILE #: _____ **ADA: _____**

DEFENSE ATTORNEY NAME: _____

DEFENSE ATTORNEY E-MAIL: _____

❑ ***MULTIPLE FILES*:** Please make note (below) of all additional file numbers or incoming charges which are (or will be) referred to Drug Court for this defendant. _____

GENERAL ELIGIBILITY RULES & CRITERIA

1. **The Judge and the DA must agree to transfer the case to the Recovery Court Treatment Section.**
2. **Residents of East Baton Rouge Parish are eligible to participate. Neighboring Parish Residents may be approved on a case by case bases, by the Recovery Court Team.**
3. **Defendant is in need of and wants treatment through the Recovery Court Treatment Program.**
4. **Felony Crime(s) No sex crimes. No crimes of violence.**
5. **Defendant cannot have pending charges in any other jurisdiction(s). Must be resolved before plea.**
6. **The court's substance abuse evaluation indicates the defendant is in need of treatment.**

SPECIAL CONDITIONS OF PROBATION

1. **The defendant will be placed on three (3) years of Active Supervised Probation.**
2. **If eligible, imposition of sentence may be deferred pursuant to La. 13:5305 or La. C.Cr.P. Article 893.**
3. **At the time of the guilty plea, the defendant must read, understand and execute the Probation Agreement and other documents pertaining to his/her participation in the treatment program**
4. **In addition to the treatment program, the defendant must complete all other general and special conditions of probation.**

REQUIRED ATTESTATION

I hereby certify that, prior to referring this matter to the Recovery Court Treatment program, I have fully discussed this case with the defendant, including the nature of the charges, their essential elements, the evidence both for and against the defendant, the possible penalties, and those facts alleged in the Bill of Information and otherwise made part of the record. I further certify that, after review of the defendant's personal history and circumstances, I believe the defendant to be a suitable candidate for the Drug Court Treatment Program.

_____
Defense Counsel Date

_____
Defendant Date

DEFENDANT'S CONTACT INFORMATION
This section must be completed, if bonded.

Name:

Address: _____
_____
_____

Phone #: (_____) _____- _____
(_____) _____- _____

Contact Person/Relative:
_____
_____

REFERRAL TRACKING DATES:

Referral Pack Rec'd : _____/____/_____ Next Court Date: _____/_____/_____

Transfer Requested_____/_____/_____ Transfer Signed_____/_____/_____ Plea Date _____/_____/_____

Date Revised: 01/07/2021