



Columbia Judicial Circuit Felony Accountability Courts



Honorable James G. Blanchard Jr.
Senior Judge, Superior Court

LaTeisha A. Mosquera
Accountability Courts Coordinator
Telephone (706)447-6761

REFERRAL REQUEST FORM

- Program of Interest:
- Drug Court: Traditional Track (Pre-Adjudication)
 - Drug Court: Probation Track (Post-Adjudication)
 - Mental Wellness Treatment Court
 - Veteran's Treatment Court

Date of Referral: _____

I. DEFENDANT INFORMATION

Defendant's Name _____ Date of Birth _____

Social Security Number _____ Gender _____ Race _____

Referral Source/Attorney: _____ Phone Number _____

Physical Location of Defendant for Contact: Incarcerated County _____ Bonded

_____ (____) _____
Street Address City, State Zip Code Phone Number

What is the physical address where the Defendant will live, if accepted into the program?

_____ City, State

II. CURRENT CHARGES

<u>Date of Charge</u>	<u>Pending Case Number</u>	<u>Type of Charge</u>
_____	_____	_____
_____	_____	_____

III. PRIOR CHARGES

<u>Date of Charge</u>	<u>Case Number</u>	<u>Type of Charge</u>
_____	_____	_____
_____	_____	_____

IV. RECORDS REQUEST

1. Does the Defendant have a mental health diagnosis? Yes No
 - a. If so, please provide proof of diagnosis from treating doctor or facility (mental health records will be requested, if client is found eligible)
2. Has the Defendant ever been hospitalized for mental health and/or substance use disorder? Yes No
 - a. If so, please provide proof of services from the facility (additional records will be requested, if the client is found eligible)
3. Is this a transfer case request? Yes No
 - a. If yes, please include the entire file with the application to include the original charge and discovery.

V. VETERAN'S TREATMENT COURT (FOR CONSIDERATION PLEASE COMPLETE)

1. What year did your client enter the U.S. Armed Forces? _____
2. Which branch? _____ Reserve? National Guard?
3. If not currently serving, what year was your client separated from the U.S. Armed Forces?

4. Type of separation (Refer to DD Form 214, block 23. *Attach form)? _____
5. Character of service (Refer to DD Form 214, block 24. *Attach form)? _____

For consideration, please complete and email to:

E. Grace Jolly, Assistant District Attorney
Email: egjolly@columbiacountyga.gov

LaTeisha Mosquera, Accountability Courts Coordinator
Email: LMosquera@columbiacountyga.gov

Citrus Parham, Accountability Courts Case Manager
Email: CParham@columbiacountyga.gov

Please forward any medical records to:

Email: LMosquera@columbiacountyga.gov