

Orange County Courthouse
 106 East Margaret Lane
 Hillsborough, NC 27278
 Fax: (919) 640-1729



Sean O'Hare
 Drug Treatment Coordinator
 Cell: (919) 886-8855
 Office: (919) 245-2305
 sohare@orangecountync.gov

RECOVERY COURT REFERRAL

CLIENT INFORMATION

Client's name					Primary phone #			
Date of birth		Race		Gender		Last 4 of SSN#		
Address				City		Zip		
Other client information, including additional phone numbers or email address , if available								
Is the Client court-ordered to participate in Recovery Court? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, order should be attached)</i>								
Client's attorney				Probation officer				
Client's next court date			Incarcerated? <input type="checkbox"/> Yes <input type="checkbox"/> No			Facility?		

ELIGIBILITY CONSIDERATIONS

Is the client facing at least a 120-day sentence? <i>(90 days for highly motivated candidates)</i>	yes <input type="checkbox"/>	no <input type="checkbox"/>	unk <input type="checkbox"/>
Is the client primarily a substance user, as opposed to primarily being a dealer?	yes <input type="checkbox"/>	no <input type="checkbox"/>	unk <input type="checkbox"/>
Has the client previously been engaged in formal substance abuse treatment?	yes <input type="checkbox"/>	no <input type="checkbox"/>	unk <input type="checkbox"/>
Does the client have a significant history of violent or predatory behavior?	yes <input type="checkbox"/>	no <input type="checkbox"/>	unk <input type="checkbox"/>

CHARGE INFORMATION

Copy of judgment attached **OR** provide the following information

DOCKET #	CHARGE	OFFENSE DATE	FELONY or MISD	CLASS	LEVEL

REASON FOR REFERRAL *(list previous positive drug screens, previous treatment attempts, other evidence of substance abuse)*

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REFERRAL SOURCE

Name of person making referral <i>(print)</i>		Date of referral	
Title and/or agency			