

**Black Hawk County Drug Court Referral Form**

Date \_\_\_\_\_ Referral Source: \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ How long: \_\_\_\_\_ Phone \_\_\_\_\_

With \_\_\_\_\_ Anyone in the home using drugs alcohol?

SS# \_\_\_\_\_ ICON # \_\_\_\_\_ SDD: \_\_\_\_\_ LSI-R: \_\_\_\_\_ Jesness: \_\_\_\_\_

Current Probation  
Offense(s) & Cause #'s  
\_\_\_\_\_Sentence(s)  
\_\_\_\_\_Pending  
Charge(s) &  
Cause #'s  
\_\_\_\_\_Prior Offense(s)  
\_\_\_\_\_

Probation Officer \_\_\_\_\_ Phone \_\_\_\_\_

Substance Abuse History Drug of choice: \_\_\_\_\_ Frequency of Use: \_\_\_\_\_

First began using: \_\_\_\_\_ Prior treatment: \_\_\_\_\_

Mental Illness: \_\_\_\_\_ Medications: \_\_\_\_\_

Other Agency Involvement: \_\_\_\_\_

Employment: \_\_\_\_\_

Education: \_\_\_\_\_

Other Referral Information: \_\_\_\_\_

Accepted by the Court/Oversight Committee? Yes No

Disqualifying  
Factors: \_\_\_\_\_