

**Tallapoosa Circuit Drug Intervention Program
Application**

IS YOUR CLIENT APPROPRIATE FOR THE DRUG INTERVENTION PROGRAM?

1. Does your client appear to have or admit to having a substance abuse or addiction problem?
2. Is your client a NON-VIOLENT offender without current violent charges or previous convictions for violent offenses?
3. Is your client currently being charged with a drug offense that **does not** involve trafficking, distribution or manufacturing of drugs?

If you answered **YES** to **ALL THREE** questions, your client may be eligible for the Tallapoosa Circuit Drug Intervention Program.

**Please fax application and intake form, if available, to:
Regina Roberts 770-749-6793**

Defendant's Full Name:		DOB: / /	SS #: / /
Defendant's phone number #	Defendant's address:		Defendant's Emergency contact name and phone number:
Date of Arrest: / /	Charge:	Drug(s) Involved:	
Are you on probation: <input type="checkbox"/> Yes <input type="checkbox"/> No	County:	Charges:	
Agency Submitting Form: <input type="checkbox"/> Judge <input type="checkbox"/> Probation <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Attorney/Public Defender <input type="checkbox"/> Other: _____		Attorney or Agency Contact Information: Name: _____ Address: _____ _____ Phone: _____	
Warrant Numbers and Charges: _____ _____ _____ _____			
Subject is believed to be an abuser of the following controlled substances: (Check all that apply) <input type="checkbox"/> Alcohol <input type="checkbox"/> Cocaine <input type="checkbox"/> Heroin <input type="checkbox"/> Marijuana <input type="checkbox"/> Methamphetamine <input type="checkbox"/> Prescription medication <input type="checkbox"/> Other: _____			
I DO recommend this person for the Drug Intervention Program for the following reasons: (Check all that apply) <input type="checkbox"/> First time drug offender <input type="checkbox"/> Offense committed to support drug addiction <input type="checkbox"/> Sells primarily to support habit <input type="checkbox"/> Subject has expressed a desire for treatment <input type="checkbox"/> No prior felony criminal history <input type="checkbox"/> Subject has expressed he /she has an addiction <input type="checkbox"/> Other: _____			
<input type="checkbox"/> I have no further information on this individual beyond this arrest.			
<input type="checkbox"/> I will provide additional information to my departmental designee to the Drug Intervention Program.			
Additional Comments: _____			

Signature of Person Making Referral

_____/_____/_____
Date

Based on the application submitted and GCIC report, preliminary results indicate that the applicant:

- Does** qualify for the Tallapoosa Drug Intervention Program. Please schedule for further clinical assessment.
 Does NOT qualify for the Tallapoosa Drug Intervention Program.

Reason for disqualification: _____

Tallapoosa Circuit D.A., A.D.A.

_____/_____/_____
Date