

MONTGOMERY COUNTY RECOVERY COURT REFERRAL

Referral Date: _____ Referred by: _____ Referent's Contact _____

Attorney for Defendant: _____ Email: _____

Drug(s) of Choice: _____ In Jail? Yes No

Next Court Date: _____

Full Name _____ Social Sec. No. _____

Address _____ Date of Birth _____

City, State, Zip _____ MC Resident _____

Age _____ Sex _____ Race _____ Does Defendant have a CDL? _____ State _____

DL# _____ State _____

Contact# _____

Alternate Contact# _____ Name/Relation _____

Employed Yes No Name of Employer _____

Is Defendant on Probation? Yes No Probation Officer Name _____

How do you believe this person could benefit from Recovery Court?

Current Charge(s) _____

Case Number(s) _____

(Please include copies of all outstanding Warrants and Citations with Referral)

Submit referral to Recovery Court Office, 121 S. 3rd Street, Ste A, Clarksville, TN 37040/
fax to (931) 648-2989 or email mcdrugcourt@montgomerytn.gov. For questions, call
(931) 648-8702.

DO NOT WRITE BELOW THIS LINE

Date received _____ Method _____

Comments: