

RUTLAND COUNTY TREATMENT COURT REFERRAL FORM

Superior Court, Rutland Unit, Criminal Division 9 Merchant Row, Rutland, VT 05701

Contact: Kim.Owens@state.vt.us

Ph: 786-3835 / Fax: 786-5888

Date _____ Referred by: _____

Email _____ Phone _____

Defendant: _____ DOB: _____ Legal status _____

Current address: _____ safe & sober housing? Yes No

Phone © _____ Phone (h) _____

Check here if previously referred: _____ indicate substantial change in circumstance to warrant reconsideration (required): _____

Please list ALL pending charges & docket numbers in ALL counties/states, including underlying offenses if a VOP.

Charge: _____	VOP: Yes/No. Docket# _____	Mis/Fel
Defense Attorney: _____	Prosecutor: _____	
Charge: _____	VOP: Yes/No. Docket# _____	Mis/Fel
Defense Attorney: _____	Prosecutor: _____	
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Defense Attorney: _____	Prosecutor: _____	
Charge: _____	VOP: Yes/No. Docket# _____	Mis/Fel
Defense Attorney: _____	Prosecutor: _____	

Prosecution: approves opposes (if known)

Probation/Parole: approves opposes (if known)

Community Supervision Officer: _____ Phone _____

Notes: _____