



ORDER OF REFERRAL TO THE FELONY DRUG COURT

NO: _____

THE STATE OF TEXAS

IN THE ___th DISTRICT COURT

VS.

OF

BEXAR COUNTY, TEXAS

Court Requesting Referral: _____

The above-named defendant would benefit from the Drug Court Program and it is Requested that he/she be screened for participation in the Felony Drug Court.

This referral is for consideration of the the following type of case:

_____ **Defendant has been sentenced and is placed on community supervision.**

_____ **Defendant is currently on probation, with an active motion to revoke community supervision.**

Additionally, I would like to bring to the Drug Court Team's attention the following:

SIGNED AND REFERRED this _____ day of _____, 20_____.

PRESIDING JUDGE

ACCEPTED _____ **Please transfer to Felony Drug Court**
Date

NOT ACCEPTED _____ **Reason:** _____
Date

Revised 6/15/05