

**Dubuque and Delaware County Drug Court Referral Form**

**Date:**  
**Referral Source:**  
**Phone:**

**Name:**  
**ICON #:**  
**DOB:**  
**Social Security #:**

**Address:**  
**How long at the above address:**  
**Who else lives there:**  
**Anyone in the home use drugs or alcohol:**  
**Phone:**

**Supervision Discharge Date(s):**  
**Most recent LSI-R score and date:**  
**Jesness:**

**Probation Officer:**  
**Phone:**

**Current Probation Offense(s) and Cause Number(s) and Case History:**

**Sentence(s):**

**Pending Charge(s) and Cause Number(s):**

**Prior Offenses:**

**Drugs of Choice:**  
**First began using:**  
**Frequency of Use:**  
**Last Use:**

**Urinalysis Testing Date:**  
**Drugs tested for:**  
**Results of test:**

**Prior Substance Abuse Treatment:**

**Mental Illness:**  
**Medications:**

**Other Agency Involvement:**

**Employment:**

**Education:**

**Other Pertinent Information** (*i.e. spouse/significant other, children, associates, support network in the community or other data you feel may be important*):

**Accepted by the Court/Oversight Committee?** (*yes or no*):

**Disqualifying Factors:**