



**SUPERIOR COURT**

**Adult Drug Court Referral Form**

*\*ALL FIELDS ARE REQUIRED - FORM WILL NOT BE PROCESSED IF INCOMPLETE\**

Referral Date: \_\_\_\_\_

Name of Defendant: \_\_\_\_\_ also known as \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Referring Source/Attorney: \_\_\_\_\_

Source/Attorney: Telephone Number \_\_\_\_\_ Facsimile Number \_\_\_\_\_

Pending Case Number and Type of Charge:	Court Date:	For:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Physical Location of Defendant for Contact:

Adult Correctional Institutions  Division: \_\_\_\_\_ Bail Status: \_\_\_\_\_  
Other: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Alternate Telephone Contact Number: \_\_\_\_\_

Other Location Information: \_\_\_\_\_

Prior or Current Crime of Violence if Known: Possession of a Controlled Substance

Describe: \_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

This Completed Form Must be Faxed to:

Rhode Island Adult Drug Court  
Attention: Kaitlin Glynn, Adult Drug Court Manager  
Facsimile Number: (401) 222-8831

**For use by the Office of the Attorney General or Adult Drug Court Manager Only**

Eligible  Ineligible