



STATE OF MAINE

TREATMENT COURT REFERRAL FORM

ADULT DRUG TREATMENT COURT

- | | |
|--|--|
| <input type="checkbox"/> ANDROSCOGGIN COUNTY | <input type="checkbox"/> CUMBERLAND COUNTY |
| <input type="checkbox"/> HANCOCK COUNTY | <input type="checkbox"/> PENOBSCOT COUNTY |
| <input type="checkbox"/> WASHINGTON COUNTY | <input type="checkbox"/> YORK COUNTY |

CO-OCCURRING DISORDERS COURT

- KENNEBEC COUNTY

VETERANS TREATMENT COURT

- KENNEBEC COUNTY
 CUMBERLAND COUNTY

Defendant: _____ Date of Birth: ____/____/____

Current Address: _____

County of Residence: _____

In Custody: Yes No If yes, location: _____

If no, phone number: _____

Email: _____

Docket Number(s) and Charge(s): _____

Assigned Prosecutor: _____

An interpreter for the _____ language is requested.

Attach DD-214 (VTC only)

Referred by: _____

Phone and Email address: _____

ADTC-Return completed form to the clerk of the court for requested ADTC.

CODC and Kennebec County VTC: Return completed form to Kennebec County Clerk's Office.

Cumberland County VTC: Return completed form to Cumberland County Clerk's Office.