



STATE OF MAINE

TREATMENT COURT REFERRAL FORM

ADULT DRUG TREATMENT COURT

ANDROSCOGGIN COUNTY

CUMBERLAND COUNTY

HANCOCK COUNTY

PENOBSCOT COUNTY

WASHINGTON COUNTY

YORK COUNTY

CO-OCCURRING DISORDERS COURT

KENNEBEC COUNTY

VETERANS TREATMENT COURT

KENNEBEC COUNTY

Defendant: _____

Date of Birth: ____/____/____

Current Address: _____

County of Residence: _____

In Custody: Yes/No (circle one) If yes, location: _____

If no, phone number: _____

Email: _____

Docket Number and Charge: _____

An interpreter for the _____ language is requested.

Attach DD-214 (VTC only)

Referred by: _____

Phone and Email address: _____

Return completed form to the clerk of the court where your charges are pending.