

CECIL COUNTY CIRCUIT COURT
ADULT DRUG COURT REFERRAL FORM

Case Number(s): _____

Attorney: _____

Name: _____

Date of Birth: _____ Social Security #: _____

Address (when not incarcerated): _____

Telephone Number: _____

Alternate Contact & Telephone Number: _____

Are you a US Citizen or Legal Resident: **YES** **NO**
Are you a Cecil County Resident: **YES** **NO**
Are you on Probation or Parole: **YES** **NO**
Have you completed High School: **YES** **NO** Or have a GED: **YES** **NO**
If not to both, what grade were you in when you left school: _____
Have you been in the military: **YES** **NO**
 What was your discharge status: _____
 Were you involved in Combat: _____

Person Completing this form: _____

Date: _____

**The following crimes are not eligible for the Cecil County Drug Court Program. Additionally, any conspiracy to or accessory to these charges are also not eligible:

Murder, Manslaughter (voluntary/involuntary), Rape, Current Sex Offense,
Home Invasion, any charge involving a gun

**Prior sex offense cases, where there was a guilty finding, will be handled on a case-by-case basis.

PLEASE FAX OR EMAIL REFERRAL TO:

Sheri Lazarus, Drug Court Coordinator 1-888-317-7813
Sheri.Lazarus@mdcourts.gov