



THE CIRCUIT COURT FOR WICOMICO COUNTY

COURTS BUILDING, THIRD FLOOR
102 Court Street
SALISBURY, MARYLAND 21801

Telephone (410) 334-3193
Fax (410) 334-3194

Thank you for your interest in the Wicomico County Circuit Court Adult Drug Treatment Court (WCDTC). The WCDTC serves non-violent offenders who live in Wicomico County, are over 18 years of age, charged with a crime in the Circuit Court for Wicomico County and have addiction as their primary diagnosis. Please refer to the referral form for legal eligibility criteria.

- 1) A set of current forms are included below, and can also be obtained from Drug Court Coordinator, Lindsay Tayman at 410-334-3193, in person at 3rd floor Circuit Court Building or via email Lindsay.tayman@mdcourts.gov.

All referrals are screened for eligibility. This process takes approximately **45 business days** to complete upon receipt of the referral. The Coordinator will notify the attorney of record of the status of the referral throughout the process.

The State's Attorney's office conducts all legal screens.

If the defendant is deemed legally eligible,

The Coordinator will:

- Notify the lawyer representing the defendant of the date for the clinical screen.

The lawyer will:

- Notify the defendant of the date for the clinical screen.

The Defendant must:

- Report to the Wicomico County Health Department located at 108 East Main Street Salisbury, MD on the date and time scheduled.
- If for any reason the defendant fails to appear for the appointment, the Court will consider the missed appointment as a withdrawal for program consideration.

Upon completion of the clinical screen,

The Coordinator will:

- Notify the defendant's lawyer of the outcome of the clinical screen, and
- Notify the Court of the outcome of the drug court screening process.

If a defendant is deemed legally and clinically eligible,

- 1) The defendant must review both the participant handbook and sign the participant contract prior to sentencing. These forms can be obtained from Drug Court Coordinator, Lindsay Tayman at 410-334-3193, in person at 3rd floor Circuit Court Building or via email Lindsay.tayman@mdcourts.gov.

It is preferred by the Court that the referral process be completed prior to a Defendant's Trial Date.

Circuit Court for Wicomico County Adult Drug Treatment Court Referral Form

Circuit Court Case #(s): _____

Name: First _____ Middle _____ Last _____

DOB: _____ SS#: _____ Marital Status: Single/Married/Divorced/Widowed

Permanent Address: _____ Length of Residence? _____

Telephone: Home _____ Cell _____ Race: _____ Sex: _____

Veteran? Yes/No Level of Education - Last year completed _____ High School Diploma/GED/College

Instant Offense: _____ Arrest date: _____ Court date: _____

If VOP: Original Sentencing Judge: _____ and Remaining Sentence: _____

*The screening process is 45 days from receipt of completed form by Coordinator.

INELIGIBLE CRIMES

(Prior Conviction, Current Charges; Any attempt, Conspiracy to Commit)

Abduction	Murder (First or Second Degree)	Rape (First or Second Degree)
Arson (First Degree)	Robbery	Maiming / Mayhem
Robbery with a deadly weapon	Assault (First Degree)	Escape (First Degree)
Kidnapping	Carjacking and Armed Carjacking	Manslaughter (Voluntary or Involuntary)
Firearm Offense	Sexual Offense (First, Second, Third or Fourth Degree)	

- | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----|
| 1. Is this applicant a U.S. citizen or legal resident? | YES | or | NO |
| 2. Is the applicant's permanent residence in Wicomico County?* | YES | or | NO |
| 3. Is the applicant eighteen (18) years of age or older? | YES | or | NO |
| 4. Is there any indication of recent or past substance abuse? | YES | or | NO |
| 5. Is the current charge or any prior conviction an INELIGIBLE crime? | YES | or | NO |
| 6. In the past 5 years has the applicant been associated or involved with a gang? | YES | or | NO |
| 7. Are there any other or concurrent parole or probation cases (regardless of jurisdiction)? | YES | or | NO |
| 8. Was a firearm possessed or used in the offense? | YES | or | NO |
| 9. Are there any other pending charges, violations of probation, sentencing, warrants
<u>Or</u> detainers (regardless of jurisdiction)? | YES | or | NO |
| 10. Has a plea been accepted and scheduled for sentencing?* | YES | or | NO |
| 11. Is the applicant incarcerated at the time of this application? | YES | or | NO |

*It is not necessary to plea prior to referring to DTC.

Person completing this form: _____ Date: _____

Agency: _____ Phone: _____ Fax : _____

Name of Lawyer and Contact Information if not indicated above (Required if Self Referral**):

****If application is completed by a defendant directly for screening, it is the responsibility of the defendant to notify their counsel of their request for drug court consideration.**

Mail original completed form to: Lindsay Tayman 102 Court St. Salisbury, MD 21801

**IN THE CIRCUIT COURT FOR WICOMICO COUNTY, MARYLAND
ADULT DRUG TREATMENT COURT (DTC) PROGRAM**

Consent for Disclosure of Confidential Substance Abuse & Drug Court Information

STATE V.: _____ **CASE No:** _____

I, _____, authorize the exchange of information pertaining to my eligibility and or participation in the Wicomico County Adult Drug Treatment Court Program with staff members at the following organizations/agencies:

- Wicomico County Adult Drug Court Judge and associated judicial staff
- Office of the State's Attorney for Wicomico County
- Defense Attorney or Public Defender associated directly with the DTC case
- Maryland State Division of Parole and Probation
- Wicomico County Sheriff's Department Deputy assigned to DTC
- Salisbury City Police Department's Officer assigned to DTC
- Fruitland Police Department's Officer assigned to DTC
- Delmar Police Department's Officer assigned to DTC
- Wicomico County Department of Corrections
- Wicomico County Health Department
- Worcester County Health Department – Center for Clean Start
- Hudson Health Services, Incorporated and the Clean Start House.
- Treatment Provider: _____
- Other: _____

It has been explained to me that the purpose of and the need for this exchange of information is to determine my eligibility and/or acceptability for the DTC program and, upon entering the program, to monitor my progress in treatment and supervision. The information to be disclosed is my assessment, diagnosis, medications, recommendations, attendance record, behavior and attitude, drug test and BAC results and compliance. Additional information may be disclosed at it directly relates to the DTC case.

I understand that my information will be used in aggregate form by the DTC program, the Office of Problem Solving Courts and the State of Maryland.

I understand that drug treatment courts can and will host other DTC teams and guests. I understand that I will be advised of DTC teams and guests present for any DTC activities where I am present or my information is disclosed. DTC teams and guests will be required to sign confidentiality forms acknowledging federal re-disclosure laws.

I understand that this consent will terminate 60 days following my successful completion or discharge from the DTC program. Prior to completion or discharge I cannot revoke this consent without participating in a hearing before the DTC judge. If revocation of this consent is granted, discharge from DTC is immediate.

I understand that Part 2 of Title 42 of the Code of Federal Regulations binds any discovery or admission made, and that anyone receiving this information may re-disclose it only in connection with his or her official duties.

Participant Signature

Date

Witness Signature

Date

Printed Witness Name

