

**BETTER CHOICES COURT PROGRAM REFERRAL FORM**

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City Zip Code

Primary Contact Number \_\_\_\_\_ Secondary Contact Number \_\_\_\_\_

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

Education Level: (circle one) H.S. Diploma GED College Type of Degree: \_\_\_\_\_

Are you fluent in English? **VERBAL** (circle one): Yes No **WRITTEN**: Yes No

If no, what is your primary language? \_\_\_\_\_

Employment status (circle one): Unemployed Full-time Part-time Student

If unemployed, how long? \_\_\_\_\_

Name of employer: \_\_\_\_\_

Address of employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Length at this Job \_\_\_\_\_

What are your hours? \_\_\_\_\_

Do you have any current medical problems? If so, describe: \_\_\_\_\_

Are you currently taking any prescribed medications? \_\_\_\_\_ If so, please list the medications, and the purpose of the medication: \_\_\_\_\_

Are you currently participating in mental health treatment/counseling? (circle one) YES NO

Name of counselor/physician \_\_\_\_\_ Contact number \_\_\_\_\_

Are you currently participating in substance abuse treatment/counseling? YES NO

Name of counselor \_\_\_\_\_ Contact Number \_\_\_\_\_

Why do you want to participate in the Pretrial Court Program? \_\_\_\_\_

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Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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