REACH COURT

RECOVERY | EMPOWERMENT | ACCOUNTABILITY | COMMITMENT | HOPE

Date of referral: _____

Referral Information

Name: _____

DOB: _____ **SSN:** _____

Address: _____

City: _____ **Zip:** _____

Current legal charge(s) & Case Numbers:

_____

_____

_____

Drug(s) of Choice: _____

Mental Health Diagnosis (if any): _____

Arrest date: _____ **Probation Officer assigned:** _____

Referring agency/point of contact: _____

Phone: _____

Please return to Cam Parks – Coordinator – cam.parks@floydcountyga.org