



Augusta Judicial Circuit

Administrative Office of the Courts

Email: Referrals@augustaga.gov

Honorable Ashley Wright/ Jesse Stone
Superior Court Judge

Augusta Judicial Circuit Felony Accountability Court Programs Referral Form

Program of Interest:

- ☐ Drug Treatment Court: Traditional track (nolle pros.)
☐ Drug Treatment Court: Probation Track
☐ Mental Health Treatment Court
☐ Veteran's Treatment Court: (circle one) pre- or post-adjudication

Date: _____

I. DEFENDANT INFORMATION

Defendant's Name _____ Date of Birth _____ SID # _____

Social Security Number _____ - _____ - _____ Gender _____ Race _____

Referral Source/Attorney: _____ Phone Number _____

Physical Location of Defendant for Contact: Incarcerated ☐ County _____ Bonded ☐

Street Address City, State Zip Code (_____) Phone Number

II. CURRENT CHARGES

<u>Date of Charge</u>	<u>Pending Case Number</u>	<u>Type of Charge</u>
_____	_____	_____
_____	_____	_____

III. PRIOR CHARGES

<u>Date of Charge</u>	<u>Case Number</u>	<u>Type of Charge</u>
_____	_____	_____
_____	_____	_____

IV. Information (Veteran's Treatment Court

1. What year did your client enter the U.S. Armed Forces? _____
2. Which branch? _____ Reserve? _____ National Guard?
3. If not currently serving, what year was your client separated from the U.S. Armed Forces? _____
4. Type of separation (Refer to DD Form 214, block 23. ***Attach form**)? _____
5. Character of service (Refer to DD Form 214, block 24. ***Attach form**)? _____

For consideration, please complete and email to:

Referrals@augustaga.gov