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

Date of Charge	Pending Case Number	Type of Charge

III. PRIOR CHARGES

Date of Charge	Case Number	Type of Charge

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