

**Bartholomew County Drug Recovery Court**  
**Referral Form**

Current Cause Number: \_\_\_\_\_

Name of Candidate: \_\_\_\_\_

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

Last 4 of SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Current Attorney: \_\_\_\_\_

Referred by: \_\_\_\_\_

Offense/Level: \_\_\_\_\_

Date of Referral: \_\_\_\_\_

Briefly describe why you feel this person would be a good candidate for Adult Drug Recovery Court:

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Please attach a chronological case summary, if available, and any orders that have been issued by any other court.

**\*\*Submit referrals to Drug Recovery Court Coordinator/ Chief Probation Officer Brad Barnes via email to [bbarnes@bartholomew.in.gov](mailto:bbarnes@bartholomew.in.gov), or send to the Bartholomew County Court Services Center, Attn: Brad Barnes, 507 3<sup>rd</sup> Street, Columbus, Indiana 47201.**