



**HENRY COUNTY**  
**ACCOUNTABILITY COURT**  
Mental Health, Veterans Treatment and Adult Felony Drug Court

**REFERRAL FORM**

Date: \_\_\_\_\_

Referred by: \_\_\_\_\_  
(Name)

Relationship: \_\_\_\_\_  
(Lawyer, Probation Officer, Jail staff, DA or Solicitor's office, family member, etc.)

Contact Number(s): \_\_\_\_\_ Alternate #: \_\_\_\_\_

**PARTICIPANT INFORMATION:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Case # \_\_\_\_\_

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

Telephone #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

Is the person being referred currently in jail? { } Yes { } No

Incarceration date, if known: \_\_\_\_\_ Next court date: \_\_\_\_\_

Has the person been sentenced by a Judge? { } Yes { } No

Court(s) of Jurisdiction: \_\_\_\_\_

Presiding Judge(s): \_\_\_\_\_

List the current charges: \_\_\_\_\_

Mental Health Diagnosis: \_\_\_\_\_

Previous Treatment Providers (inpatient/outpatient): \_\_\_\_\_

Medications currently/previously prescribed: \_\_\_\_\_

Ever had substance abuse issues? { } Yes { } No, Served in Armed Forces? { } Yes { } No

If so, please explain: \_\_\_\_\_

Has the person ever been convicted of any of the following?

- a) Trafficking Drugs { } Yes { } No
- b) Violent Crimes { } Yes { } No
- c) Sexual Offenses { } Yes { } No
- d) Gang-related Offenses { } Yes { } No

**Please attach waiver forms and fax to 770-288-7594 or email to appropriate court program:**

**Please include Assistant District Attorney Elicia Hargrove in all email submissions [ehargrove@co.henry.ga.us](mailto:ehargrove@co.henry.ga.us)**

Drug: 770-288-6232 Office  
[egotel@co.henry.ga.us](mailto:egotel@co.henry.ga.us)

Mental Health: 770-288-7591 Office  
[dmdonald@co.henry.ga.us](mailto:dmdonald@co.henry.ga.us)

Veteran: 770-288-7592 Office  
[bstephens@co.henry.ga.us](mailto:bstephens@co.henry.ga.us)