



**Fifteenth Judicial District
Drug Court**

Jefferson Davis, Lamar, Lawrence, Marion,
Pearl River Counties Drug Court

**15TH JUDICIAL DISTRICT DRUG COURT
REFERRAL FORM**

Referral date: _____ Referring Source: _____ Phone: _____

Name of Defendant: _____

SSN: _____ DOB: _____

Charge: _____

County: _____ Cause No. _____

Is Defendant in Jail: _____ Where and how long? _____

If not, address/phone number: _____

Court Date: _____ Judge: _____

Comments: _____

Please fax form to: 601-796-8511

FOR OFFICIAL USE ONLY:

Eligible: _____ Ineligible: _____

Comments: _____

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