



# Fifteenth Judicial District Drug Court

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

## 15<sup>TH</sup> 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

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### FOR OFFICIAL USE ONLY:

Eligible: \_\_\_\_\_ Ineligible: \_\_\_\_\_

Comments: \_\_\_\_\_

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