

## ATC REFERRAL FORM

(To be completed for every Defendant being referred for consideration)

Defendant's Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

District Judge: \_\_\_\_\_

Prosecuting Attorney: \_\_\_\_\_

Defense Attorney: \_\_\_\_\_

Charge(s): \_\_\_\_\_

Date of Next Scheduled Court Appearance: \_\_\_\_\_

Type of Hearing Scheduled: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Referring Party

Printed Name and Contact Information of  
Referring Party:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Email: \_\_\_\_\_

Please email completed Referral Form and Questionnaire to

[WVSD\\_ATC@wvsd.uscourts.gov](mailto:WVSD_ATC@wvsd.uscourts.gov)

DEFENDANT QUESTIONNAIRE

Why should you be accepted into this ATC program? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If admitted into ATC, how do you envision the program assisting you in improving aspects of your life? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What obstacles or challenges do you anticipate in improving these aspects of your life? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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