

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

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? _____

Please email completed Referral Form and Questionnaire to WVSD_ATC@wvsd.uscourts.gov