

FULTON COUNTY ACCOUNTABILITY COURT REFERRAL FORM

- Referrals must be 18 or older.
- Referrals must be high-risk and high-needs. “High-risk” means that the client is at high risk of reoffending. A “high-needs” client suffers from a moderate to severe substance use disorder and/or has a severe behavioral health disorder. Each referral will receive a risk and needs assessment during the intake process; referrals who score as low-risk and/or low-needs will be rejected, as research demonstrates that:
 - The risk of recidivism increases for low-risk clients who are included in programs designed for high-risk clients; and
 - The inclusion of low needs clients in programs designed for high needs clients adversely impacts the high needs clients’ success.
- Defendants being referred to Accountability Court as part of a plea or revocation must have at least three years of probation remaining. Sample sentence: *Four years to serve one, reduced to time served, balance probated with special condition to complete Drug Court.* Defendant with less than three years’ probation may be rejected.
- Defendants should not be sentenced to an Accountability Court program as part of a plea or revocation before they are admitted. A premature sentence with Accountability Court as a condition could unintentionally leave a defendant in violation of probation if not admitted.
- Referrals to Veterans Court must be veterans of the US Armed Forces. The nature of their discharge is not determinative of their eligibility.
- Referrals for BHTC should have a diagnosed mental health disorder and/or history of mental health services.
- Pre-Indictment participants waive their right to a Statute of Limitation Defense.
- Probation may be tolled for plea or revocation participants when they abscond (go AWOL and a bench warrant is issued) from the program.
- Referrals should have non-violent felony charges. Referrals with minor violent offenses or weapons charges may be assessed on a case-by-case basis, but Accountability Court reserves the right to refuse admission based on criminal history and/or pending charges.
- Referrals with the following charges will not be accepted:

Aggravated Child Molestation	Child Molestation
Aggravated Sexual Battery	Aggravated Sodomy
Murder or other homicide	Rape
Armed Robbery	Kidnapping
Enticing a Child	

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Date of referral*: _____

Criminal Action(s) # *: _____

Booking # (if in FCJ)*: _____

Currently*: In FCJ On Bond at address below: Other: _____

Referred By Defense Attorney

Referred By District Attorney

Referral Discussed with State

Defense Attn name: _____

DA Attn name: _____

Phone Number: _____

Phone Number: _____

Email: _____

Email: _____

Name of Potential Participant*: _____

DOB*: _____

Gender: Male: Female: Non-binary:

Race: American Indian or Alaska Native Asian Black or African American

Native Hawaiian or Other Pacific Islander White

Ethnicity: Hispanic or Latino or Spanish Origin Not Hispanic or Latino or Spanish Origin

Address (please note if homeless): _____

Phone Number (needed if on Bond): _____

Attorney of Record and Contact Information (If different from above)*: _____

Mental Health history if known (e.g. depression, anxiety): _____

Substance Abuse history if known (e.g. alcohol, meth, marijuana): _____

Is the referral a Veteran of the US Armed Forces: Yes No

Current Charge(s): _____

Referral to: Drug Court

Veteran Court

BHTC

TBD

Please submit to: SCA.ACIntake@fultoncountyga.gov

The Accountability Court Intake Coordinator can be reached at 404-613-2754 (direct) or 404-612-2400 (main line).

* Required information.