

MACON COUNTY HYBRID (Drug & DUI) COURT REFERRAL

Defendant Name: _____ Referral Date: _____

DOB: _____ Sex: _____ Ethnicity: _____ Veteran: ___ Yes ___ No

Place of Birth: City/State/County _____

S.S.# _____ D.L. # _____

Address _____

City/State/Zip: _____

Telephone # _____ Cell # _____

Resides with: _____

Case Number(s): _____

Offense(s): _____

In Custody: ___ Yes ___ No **Employment:** ___ Yes ___ No ___ Full time ___ Part time

Employer: _____

Address _____

City/State/Zip: _____

Monthly Income: _____ Source of Income: _____

Are you enrolled in, and attending, school: ___ Yes ___ No ___ Full time ___ Part time

School: _____

Year attended: From _____ To _____

Forward all referrals to:
Shalon Hyde
Specialty Courts Coordinator
132 S. Water St. Suite 604 Decatur, IL 62523
Phone: 217-423-6199 ext. 1110 Fax: 217-423-1035
shyde@mcmhb.com

MACON COUNTY HYBRID (Drug & DUI) COURT REFERRAL

Macon County Probation & Courts Services

Insurance Type: Self Pay _____ Medicaid _____ Medicare _____ Private Insurance _____

Name of Insurance Provider: _____

Policy Number: _____ Date of Coverage: _____

Controlled Substance(s) Used: _____

Date of Last Use: _____

Past or Present Substance Abuse Evaluation: _____ Yes _____ No

Dates Attended: From _____ To _____

Name of Treatment Facility: _____

Prior Psychiatric Hospitalizations: _____ Yes _____ No

Name of Hospital: _____

Reason for Hospitalization: _____

Date of Last Hospitalization: _____

Mental Health Diagnosis: _____

Eligible: A defendant may be admitted into the Hybrid Court program only upon the agreement of the prosecutor and the defendant and with the approval of the Court; must be a resident of Macon County; and must be at least 18 years of age.

Not Eligible: Defendants will be excluded from this program if they have been convicted of a crime of violence within the past 10 years excluding incarceration time; or do not demonstrate a willingness to participate in a treatment program.

Forward all referrals to:
Shalon Hyde
Specialty Courts Coordinator
132 S. Water St. Suite 604 Decatur, IL 62523
Phone: 217-423-6199 ext. 1110 Fax: 217-423-1035
shyde@mcmhb.com

MACON COUNTY HYBRID (Drug & DUI) COURT REFERRAL

MEDIA RELEASE

I authorize the Macon County Hybrid Court to release the following information: photographs, videos and/or motion pictures, electronic/video images, sound and video recordings and written correspondence.

This information may be released to: media outlets, including newspapers, cable and broadcast television, Internet usage, brochures, and/or displays.

This release is completely voluntary. You do not have to agree to sign the Media Release to participate in Hybrid Court.

This permission shall continue unless I revoke the permission in writing.

Client Signature (age 18 or older)

Date

Witness Signature

Date

