



Columbia Judicial Circuit Felony Accountability Court Programs Referral Form

Accountability Courts Program
Rhoda Kimble-Wheeler, Coordinator
Columbia Judicial Circuit
Telephone: (706) 447-6761
Fax: (706) 321-7437

Honorable James G. Blanchard, Jr.
Chief Superior Court Judge

(SECTION IV MUST BE ANSWERED FOR CONSIDERATION)

- Program of Interest: Drug Court (traditional track - nolle prossed)
 Behavioral Health Treatment Court
 Veteran's Treatment Court
 Probation Drug Court Track

Date: _____

(must complete section IV - not available at this time)

I. DEFENDANT INFO

Defendant's Name _____ Date of Birth _____

Social Security Number _____ Gender _____ Race _____

Referral Source/Attorney: _____ Phone Number _____

Physical Location of Defendant for Contact: Incarcerated County _____ Bonded

_____ (_____) _____
Street Address City, State Zip Code Phone Number

What is the physical address where the Defendant will live, if accepted into the program?

_____ City, State

II. CURRENT CHARGES

<u>Date of Charge</u>	<u>Pending Case Number</u>	<u>Type of Charge</u>
_____	_____	_____
_____	_____	_____

III. PRIOR CHARGES

<u>Date of Charge</u>	<u>Case Number</u>	<u>Type of Charge</u>
_____	_____	_____
_____	_____	_____

IV. PROBATION TRACK QUESTIONS (not available at this time)

1. Is the District Attorney's Office in agreement with the Defendant applying and entering the Probation Drug Court Track? Yes No
2. Has Defendant been found ineligible for Traditional Drug Court? Yes No
3. Is the presiding judge aware of your application to the Probation Drug Court Track? Yes No

V. RECORDS REQUEST

1. Does the Defendant have a mental health diagnosis? Yes No
 - a. If so, please provide proof of diagnosis from treating doctor or facility (mental health records will be requested, if client is found eligible)
2. Has the Defendant ever been hospitalized for mental health and/or substance use disorder? Yes No
 - a. If so, please provide proof of services from the facility (additional records will be requested, if client is found eligible)
3. Is this a transfer case request? Yes No
 - a. If yes, please include the entire file with the application to include the original charge and discovery.
4. Is the Defendant a Veteran? Yes No
 - a. If so please include proof of Veteran status, i.e. DD214.

For consideration, please complete and email to:

Attention: Mr. Zachary Kafoglis, Assistant District Attorney
Email: zkafoglis@columbiacountyga.gov

Please also copy the following individuals:

Mrs. Rhoda Kimble-Wheeler, Accountability Courts Coordinator
Email: rkimblewheeler@columbiacountyga.gov

Mrs. Betty Johnson, Accountability Courts Case Manager
Email: bjohnson@columbiacountyga.gov