

PRELIMINARY DRUG COURT SCREENING

Defendant's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ Case No. \_\_\_\_\_  
Our File no. \_\_\_\_\_ Assigned Prosecutor:: \_\_\_\_\_  
Assigned Judge: \_\_\_\_\_ Defense Counsel: \_\_\_\_\_

**FOR PROSECUTOR OR DEFENSE COUNSEL TO FILL OUT:**

Unless the defendant meets the criteria below he should not be referred for drug court screening. If defendant fails any one of these things you can stop because he will not qualify for drug court.

\_\_\_\_\_ 1. The defendant must not be facing **charges of distribution or possession with intent to distribute** or the factual basis must not involve distribution.

\_\_\_\_\_ 2. The defendant must **live in Utah County**.

\_\_\_\_\_ 3. The defendant cannot have been to the Utah State **Prison**, previously or have been to prison in another state or country.

\_\_\_\_\_ 4. Defendant cannot have a conviction for any prior crime of violence including any type of **assault or other crime of violence**.

\_\_\_\_\_ 5. The defendant cannot have a previous conviction for **Distribution or possession with intent to distribute** controlled substances.

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

**FOR ROBYN TO FILL OUT:**

1. Is there restitution owed in the case? \_\_\_\_\_ If there is resitution, is the amount under \$1000.00? \_\_\_\_\_

2. On what date was MCTF contacted? \_\_\_\_\_ MCTF  
(approved/declined) defendant for drug court on \_\_\_\_\_.

**FOR SHERRY TO FILL OUT:**

Defendant does or does not have other cases pending either in our jurisdiction or in another jurisdiction? \_\_\_\_\_

Defendant is **APPROVED** **DECLINED**

Notes:

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