



**SPOKANE COUNTY DUI
THERAPEUTIC COURT REFERRAL**

PO Box 2352
721 North Jefferson St, Suite 200
Spokane, Washington 99260-2352

Phone: (509) 477-2230
Fax: (509) 477-2231

E mail: dctherapeuticcourts@spokanecounty.org

Defendant Name: _____ Date of birth: _____

Address: _____ Referral Date: _____

Defendant Email: _____ Defendant Phone: _____

Prosecutor: _____ Prosecutor Phone: _____

Defense Attorney: _____ Defense Phone: _____

Case 1: _____ Charge: _____ <input type="checkbox"/> Pre-Trial <input type="checkbox"/> Show Cause <input type="checkbox"/> Other: _____	Case 3: _____ Charge: _____ <input type="checkbox"/> Pre-Trial <input type="checkbox"/> Show Cause <input type="checkbox"/> Other: _____
Case 2: _____ Charge: _____ <input type="checkbox"/> Pre-Trial <input type="checkbox"/> Show Cause <input type="checkbox"/> Other: _____	Case 4: _____ Charge: _____ <input type="checkbox"/> Pre-Trial <input type="checkbox"/> Show Cause <input type="checkbox"/> Other: _____

Jurisdictions Involved: Superior District Municipal

Does the defendant have any prior **disqualifiers** as defined in RCW 2.30.030 section 3(a)?

YES NO If YES, what is the offense? _____

Does the potential defendant have any possible **disqualifiers** under Spokane County DUIC Policy?

- | | |
|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| <input type="checkbox"/> YES <input type="checkbox"/> NO Cases(s) in active warrant status | <input type="checkbox"/> YES <input type="checkbox"/> NO DOC community custody holds |
| <input type="checkbox"/> YES <input type="checkbox"/> NO Pending cases in other counties | <input type="checkbox"/> YES <input type="checkbox"/> NO This case is more than 90 days old |
| <input type="checkbox"/> YES <input type="checkbox"/> NO Prior second-degree assault convictions | <input type="checkbox"/> YES <input type="checkbox"/> NO Pending felonies |
| <input type="checkbox"/> YES <input type="checkbox"/> NO Residence outside of Spokane County | <input type="checkbox"/> Other: _____ |

Brief summary of reasons justifying referral:

- I have reviewed program expectations with my client
- I have reviewed my client's criminal history

Attorney Signature

Date