

**Fourth Judicial District Drug Recovery Court
Referral Application**

Date: _____

Name: _____

SS#: _____ DOB: _____

Sex: _____ Race: _____ Marital Status: _____

Address: _____

Are you currently in jail? _____ Where? _____

If not in jail, phone #: _____

Which Court/Judge are you currently before? _____

Current Charges: _____

Docket #: _____

Next court date: _____

Lawyer's name & phone #: _____

Current Probation Officer's name & phone #: _____

Drug of choice: _____

**Please return to Fourth Judicial District Drug Recovery Court
(865) 674-2857
Fax: (865) 674-7273**

Mailing address: P.O. Box 1246, White Pine, TN 37890