

REFERRAL TO PATHWAY TO RECOVERY PROGRAM

Monroe County

Perry County

Washington County

SECTION 1

The individual named below is believed to be a candidate for Pathway to Recovery Program:

Referred Defendant:					
First:		Middle:		Last:	
Case #:		Charge(s):			
Any other pending cases:					

Defendant's Address					
Street:					
City:		State:		Zip:	

Defendant's Phone Number:		Date of Birth:	
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Gender:		Male		Female
Veteran:		Yes		No

Referral From:							
	Public Defender		Private Defense Attorney		Probation		Jail
	State's Attorney		Police Agency		Family Member		Pretrial
	Other:						

Is Defendant in Custody?		Yes		No
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Signed: _____ Date: _____
Referring Source

Please forward to Pathway to Recovery Program Officer as follows:	
<i>Washington or Perry County</i>	<i>Monroe County</i>
c/o Washington County Probation Department 125 E. Elm Street Nashville, IL 62263 Alec.Valerius@WashingtonCo.Illinois.gov (618) 327-6012	c/o Monroe County Probation Department 100 S. Main St. Waterloo, IL 62298 MStellhorn@MonroeCountyIL.gov (618) 939-8681

<i>For Office Use Only:</i>	
Date referral form received by Program Officer:	
Date referral form forwarded to State's Attorney:	

PATHWAY TO RECOVERY PROGRAM OFFENSE ELIGIBILITY ASSESSMENT

To be completed by the State's Attorney's Office

SECTION 2

The Illinois Crime Reduction Act of 2009 created the Adult Redeploy Illinois (ARI) program which funds the Pathway to Recovery Program. ARI is a "program for probation-eligible offenders". 730 ILCS 190/20. Further, the Drug Court Treatment Act sets forth certain eligibility criteria for all persons being considered for admission into drug courts, such as the Pathway to Recovery Program. 730 ILCS 166/20.

A.	Is the Defendant charged with a felony offense?		Yes		No
B.	Is the offense probation-eligible?		Yes		No
C.	Is the offense a "crime of violence", defined as: first or second degree murder, predatory criminal sexual assault of a child, aggravated criminal sexual assault, criminal sexual assault, armed robbery, aggravated arson, arson, aggravated kidnapping, kidnapping, aggravated battery resulting in great bodily harm or permanent disability, aggravated domestic battery resulting in great bodily harm or permanent disability, aggravated criminal sexual abuse by a person in a position of trust or authority over a child, stalking, aggravated stalking, home invasion, aggravated vehicular hijacking, or any offense involving the discharge of a firearm?		Yes		No
D.	Has the Defendant been convicted of a "crime of violence", as set forth in C. above, within the last 5 years excluding incarceration time, parole, and MSR periods?		Yes		No
E.	Is the Defendant charged with a violation of 625 ILCS 5/11-501(d)(1)(F) (aggravated DUI that resulted in the death of another when the violation was the proximate cause of the death) and the court has not determined that extraordinary circumstances exist, per 625 ILCS 5/11-501(d)(2)(G)?		Yes		No
F.	Is the Defendant charged with a Class 2 felony or greater violation of: Section 401, 401.1, 405, or 405.2 of the ICOSA; Section 5, 5.1, or 5.2 of the CCA; or Section 15, 20, 25, 30, 35, 40, 45, 50, 55, 56, or 65 of the MC&CPA?		Yes		No
G.	If the "No" box is checked for either A. or B., or the "Yes" box is checked for C., D., or E., then the Defendant is ineligible for the Program. If the "Yes" box is checked for F., then the Defendant may only be admitted into the Program upon the agreement of the State's Attorney. If F. is checked "Yes", does the State's Attorney agree to the Defendant's admission into the Program?		Yes		No

Please forward to Program Officer within 48 hours of receipt of referral form.

Date referral form was received by State's Attorney:	
Date Completed Offense Eligibility form returned to Program Officer:	

State's Attorney Signature

Date

PROGRAM OFFICER ASSESSMENT

SECTION 3

Is the Defendant 18 years of age or older?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is the Defendant a U.S. citizen or legal resident?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Does the Defendant deny his/her addiction to drugs?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is the Defendant willing to participate in Program?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Does the Defendant reside in the service area?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

ARA-CST Score:

Very High

High

Moderate

Low / Moderate

Low

Findings of Integrated Substance Abuse / Mental Health Assessment:

Program Officer Signature

Date