

# MACON COUNTY HYBRID (DRUG/DUI) COURT REFERRAL

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Defendant Name: \_\_\_\_\_ Referral Date: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Gender Identity: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_ Veteran: \_\_\_ Yes \_\_\_ No

Place of Birth: City/State/County: \_\_\_\_\_

S.S.# \_\_\_\_\_ D.L. # \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

Resides with: \_\_\_\_\_

Case Number(s): \_\_\_\_\_

Offense(s): \_\_\_\_\_

**In Custody:** \_\_\_ Yes \_\_\_ No      **Employment:** \_\_\_ Yes \_\_\_ No \_\_\_ Full time \_\_\_ Part time

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Monthly Income: \_\_\_\_\_ Source of Income: \_\_\_\_\_

Are you enrolled in, and attending, school: \_\_\_ Yes \_\_\_ No \_\_\_ Full time \_\_\_ Part time

School: \_\_\_\_\_

Year attended: From \_\_\_\_\_ To \_\_\_\_\_

Forward all referrals to:  
Shalon Hyde  
Specialty Courts Coordinator  
141 S. Main, 6<sup>th</sup> Floor Decatur, IL 62523  
Phone: 217-423-6199 ext. 1110      Email: shyde@mcmhb.com

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Insurance Type: Self Pay \_\_\_\_\_ Medicaid \_\_\_\_\_ Medicare \_\_\_\_\_ Private Insurance \_\_\_\_\_

Name of Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Date of Coverage: \_\_\_\_\_

Controlled Substance(s) Used: \_\_\_\_\_

\_\_\_\_\_

Date of Last Use: \_\_\_\_\_

Past or Present Substance Abuse Evaluation: \_\_\_\_\_ Yes \_\_\_\_\_ No

Treatment (Dates Attended): From \_\_\_\_\_ To \_\_\_\_\_

Name of Treatment Facility: \_\_\_\_\_

Prior Psychiatric Hospitalizations: \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of Hospital: \_\_\_\_\_

Reason for Hospitalization: \_\_\_\_\_

\_\_\_\_\_

Date of Last Hospitalization: \_\_\_\_\_

Mental Health Diagnosis: \_\_\_\_\_

*Eligible: A defendant may be admitted into the Hybrid Court program only upon the agreement of the prosecutor and the defendant and with the approval of the Court; must be a resident of Macon County; and must be at least 18 years of age.*

*Not Eligible: Defendants will be excluded from this program if they have been convicted of a crime of violence within the past 10 years excluding incarceration time; or do not demonstrate a willingness to participate in a treatment program.*

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## MEDIA RELEASE

I authorize the Macon County Hybrid Court to release the following information: photographs, videos and/or motion pictures, electronic/video images, sound and video recordings and written correspondence.

This information may be released to: media outlets, including newspapers, cable and broadcast television, Internet usage, brochures, and/or displays.

This release is completely voluntary. You do not have to agree to sign the Media Release to participate in Hybrid Court.

This permission shall continue unless I revoke the permission in writing.

\_\_\_\_\_  
Client Signature (age 18 or older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

