

Section A (to be completed by Defense Counsel)

Question	Yes	No	Comments
1) Is the Defendant charged with a drug-related felony offense, or a non-violent felony offense motivated by drug or alcohol use?			
2) Is the Defendant a resident of the City of Winchester, Frederick County, or Clarke County?			
3) Is the Defendant a citizen or legally documented foreign national?			
4) Is the Defendant 18 years or older, or been certified as an adult?			
5) Is the Defendant charged with a probation violation with more than 12 months suspended time at risk?			
6) Does the Defendant have any charges pending outside Winchester, Frederick, or Clarke Circuit Courts? If yes, when will the charge(s) be resolved? (Please indicate in comments section).			
7) Does the Defendant want to participate in the Drug Treatment Court program?			
8) Is the Defendant an active informant for law enforcement (excluding testimony)?			
9) Defense Counsel has reviewed the Participant Handbook in full with the Defendant and believes the Defendant understands all of the program requirements.			

NOTE: NO STATEMENT, OR ANY INFORMATION PROCURED THEREFORE, MADE BY THE DEFENDANT TO ANY ASSESSMENT TEAM MEMBER DURING THE COURSE OF THE ASSESSMENT SHALL BE ADMISSIBLE IN ANY ACTION OR PROCEEDING AGAINST THE DEFENDANT.

Section B (to be completed by Commonwealth's Attorney)

Question	Yes	No	Comments
1) Has the Defendant been convicted of a violent felony as defined by Va. Code §§17.1-805 or 19.2-297.1 within the past 10 years?			
2) Is the Defendant charged with a violent felony as defined by Va. Code §§17.1-805 or 19.2-297.1?			
3) Do you agree to the Defendant being evaluated for participation in the Drug Treatment Court Program?			

Commonwealth's Attorney _____

Name

Date

Email Address

Return to Tiffany Cadoree [at tcadoree@valleyhealthlink.com](mailto:tcadoree@valleyhealthlink.com).

Section C (to be completed by Probation and Parole)

Question	Yes	No	Comments
1) Does the Defendant's score on the COMPAS recommend High Supervision?			
2) Does the Defendant have a score of 6 or greater for substance abuse?			

Probation and Parole _____

Name

Date

Email Address

Return to Tiffany Cadoree [at tcadoree@valleyhealthlink.com](mailto:tcadoree@valleyhealthlink.com).

Section D (to be completed by Clinical Evaluator)

Question	Yes	No	Comments
1) Following your evaluation, does the Defendant have a diagnosis of either substance abuse or substance dependence according to the DSM-V?			

Clinical Evaluator _____

Name

Date

Email Address

Return to Tiffany Cadoree [at tcadoree@valleyhealthlink.com](mailto:tcadoree@valleyhealthlink.com).