



TWENTY-SECOND CIRCUIT INTERVENTION COURT

1010 Carroll Drive
Hazlehurst, MS 3908
Judge Tomika Irving

Phone: 601-894-6193
Fax: 601-894-8102

INTERVENTION COURT INITIATION FORM

For a defendant to be considered for drug court participation each portion of this form must be signed off on. Circle your recommendation, "yes" to enter, or "no" to not enter drug court. If the defendant is in jail, please indicate which jail in the "Phone #" space. **Return this form to the Drug Court Coordinator, Charles Wilson, no later than two weeks prior to omnibus with discovery. If you have any questions, please contact Charles Wilson at 601-894-6193.**

Defendant: _____ Phone #: _____

Date of Birth: _____ SSN: _____

Cause Number: _____ Next Court Date: _____

Crime: _____

Special conditions or comments: _____

District Atty Office: _____ Date: _____ Rec: Yes / No

Defense Atty: _____ Date: _____ Rec: Yes / No

<i>Completed by Intervention Court Office</i>		
Arresting Officer/Jail Staff: _____	Date: _____	Rec: Yes / No
Supervision Agent: _____	Date: _____	Rec: Yes / No
Treatment Counselor: _____	Date: _____	Rec: Yes / No
IC Coordinator: _____	Date: _____	Rec: Yes / No