

FULTON COUNTY ACCOUNTABILITY COURT REFERRAL FORM

- Referrals must be 18 or older.
- Referrals must be high-risk and high-needs. “High-risk” means that the client is at high risk of reoffending. A “high-needs” client suffers from a moderate to severe substance use disorder and/or has a severe behavioral health disorder. Each referral will receive a risk and needs assessment during the intake process; referrals who score as low-risk and/or low-needs will be rejected, as research demonstrates that:
 - The risk of recidivism increases for low-risk clients who are included in programs designed for high-risk clients; and
 - The inclusion of low needs clients in programs designed for high needs clients adversely impacts the high needs clients’ success.
- Defendants being referred to Accountability Court as part of a plea or revocation must have at least three years of probation remaining. Sample sentence: *Four years to serve one, reduced to time served, balance probated with special condition to complete Drug Court.* Defendant with less than three years’ probation may be rejected.
- Defendants should not be sentenced to an Accountability Court program as part of a plea or revocation before they are admitted. A premature sentence with Accountability Court as a condition could unintentionally leave a defendant in violation of probation if not admitted.
- Referrals to Veterans Court must be veterans of the US Armed Forces. The nature of their discharge is not determinative of their eligibility.
- Referrals for BHTC should have a diagnosed mental health disorder and/or history of mental health services.
- Pre-Indictment participants waive their right to a Statute of Limitation Defense.
- Probation may be tolled for plea or revocation participants when they abscond (go AWOL and a bench warrant is issued) from the program.
- Referrals should have non-violent felony charges. Referrals with minor violent offenses or weapons charges may be assessed on a case-by-case basis, but Accountability Court reserves the right to refuse admission based on criminal history and/or pending charges.
- Referrals with the following charges will not be accepted:

Aggravated Child Molestation
Aggravated Sexual Battery
Murder or other homicide
Armed Robbery
Enticing a Child

Child Molestation
Aggravated Sodomy
Rape
Kidnapping

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Date of referral*: [Click here to enter a date.](#)

Criminal Action(s) # *: [Click here to enter text.](#)

Booking # (if in FCJ)*: [Click here to enter text.](#)

Currently*: Choose an item.

If Other: [Click here to enter text.](#)

Referred By Defense Attorney

Referred By District Attorney

Referral Discussed with State

Defense Attn : [Click here to enter text.](#)

DA Attn : [Click here to enter text.](#)

Phone Number: [Click here to enter text.](#)

Phone Number: [Click here to enter text.](#)

Email: [Click here to enter text.](#)

Email: [Click here to enter text.](#)

Name of Potential Participant*: [Click here to enter text.](#)

DOB*: [Click here to enter a date.](#)

Race: Choose an item.

Gender: Choose an item.

Ethnicity: Choose an item.

Address (please note if homeless): [Click here to enter text.](#)

Phone Number (needed if on Bond): [Click here to enter text.](#)

Attorney of Record and Contact Information (If different from above)*: [Click here to enter text.](#)

Mental Health history if known (e.g. depression, anxiety): [Click here to enter text.](#)

Substance Abuse history if known (e.g. alcohol, meth, marijuana): [Click here to enter text.](#)

Is the referral a Veteran of the US Armed Forces: Choose an item.

Current Charge(s): [Click here to enter text.](#)

Referral to: Choose an item.

Please submit to: SCA.ACIntake@fultoncountyga.gov

The Accountability Court Intake Coordinator can be reached at 404-613-2754 (direct) or 404-612-2400 (main line).

* Required information.