
CHIPPEWA COUNTY DRUG COURT REFERRAL FORM

50th Circuit Court, 319 Court St., Sault Ste, Marie, MI 49783

PH: (906) 635-6338

*****TO BE COMPLETED BY DEFENSE ATTORNEY*****

Defendant Name: _____ Case No.: _____

Address: _____

DOB: _____ Sex: _____ DL#: _____

PH: _____ Alternative PH: _____

I wish to participate in the Drug Court Program:

_____ Date: _____
Defendant's Signature

_____ Date: _____
Defense Attorney Signature

*****TO BE COMPLETED BY PROSECUTOR*****

Decline entry into the Drug Court Program

Approve entry into the Drug Court Program

Current Charge(s): _____

Plea Agreement: _____

PLEA MUST BE ENTERED BY: _____

_____ Date: _____
Prosecuting Attorney Signature

Chippewa County Prosecutor's Office, 325 Court St., Suite 103, Sault Ste. Marie, MI.49783
PH: (906) 635-6342 FAX: (906) 635-6850