**STAR Drug Court Referral Form**

*(approved 5/22)*



Name of Defendant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SPN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cause #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Defendant Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Defendant Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Court: \_\_\_\_\_\_\_\_\_ Home Court Judge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or HCCSCD Probation Officer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Attorney: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for STAR Program Referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State's Offer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Defendant placed on Supervision/Given DADJ: (yes/no) \_\_\_\_\_\_\_\_\_\_\_\_\_

Who is submitting referral? (Check one) ADA Defense Attorney Judge CSO CLO Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Judge’s approval: \_\_\_\_\_\_\_\_\_\_ Chief's approval: \_\_\_\_\_\_\_\_\_\_ Defense Attorney's Approval: \_\_\_\_\_\_\_\_\_\_\_\_**

(Judge’s initials) (Chief's initials) (Def. Atty.'s initials)

**STAR PROGRAM ELIGIBILITY CRITERIA**

***Eligible defendants for the STAR Program must be:***

* 17 years of age or older, or, a juvenile certified to stand trial as an adult;
* A legal resident or citizen of the US and be a resident of Harris County, Texas; and,
* Have a substance use disorder.
* Be arrested for, charged with, or convicted of:
  + An offense in which an element of the offense is the use or possession of alcohol or the use, possession , or sale of a controlled substance, a controlled substance analogue, or marihuana; or,
  + An offense in which the use of alcohol or a controlled substance is suspected to have significantly contributed to the commission of the offense and the offense did NOT involve 1) carrying, possessing or using a firearm or other dangerous weapon; 2) the use of force against the person of another; or, 3) the death of or serious bodily injury to another.
* May benefit from a program if the Court makes a finding of good cause.

***Any of the following will exclude defendants for the STAR program:***

* A pending felony charge for any aggravated offense or any case where a firearm was possessed, used or exhibited;
* A prior conviction of an offense listed in Article 42A.054, Texas Code of Criminal Procedure, or a sexually violent offense, as defined by Article 62.001, Texas Code of Criminal Procedure, unless the Court finds god cause to allow participation AND a treatment provider will accept the Defendant for treatment; and,
* Any case in which the Court finds good cause to exclude the Defendant from participating in the program, including but not limited to findings of violence based on known facts which might cause disruption OR threaten the health and wellbeing of other clients.

**STAR REFERRAL PROCESS**

* Home Court submits completed and signed referral form to Program Manager Keith Liles (keith.liles@csc.hctx.net) and STAR Coordinator Ariel Sanchez (ariel\_sanchez@justex.net). The referral allows the STAR Program to schedule a Pre-Screen/Orientation with the defendant and proceed with the referral process.
* Home Court sets client out one month to allow for eligibility processing
* Client will participate in the Pre-Screen with STAR CSO. The referral allows the STAR Defense Attorney to review the STAR waivers with the defendant.
* Program Manager Keith Liles will notify Home Court CLO of the acceptance/denial decision. If accepted, the CLO will prepare/amend conditions of probation consistent with the STAR Program.

***FOR USE OF STAR USE ONLY***

Date Form Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Eligibility Confirmed: \_\_\_\_\_\_\_\_\_\_\_ Judicial Review and Overrule: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Orientation Performed: \_\_\_\_\_\_\_\_\_\_ Judge's Signature and Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_Accepted\_\_\_\_\_\_Denied

If Denied, please specify reasons: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_rev. 5/2022