



COBRA COURT REFERRAL FORM

To: Community Corrections Program

Date: _____

Referred by: _____
Address: _____

Phone: _____

Offender Information:

Name: _____

Case No. _____

Address: _____

Current charge(s): _____

Phone: _____

SSN: _____

Attorney: _____

DOB: _____

Bond: _____

Judge: _____

Next Court Date: _____

Prosecutor: _____

An individual must meet the following criteria in order to be referred to the COBRA Court Program:

Eligible:

1. Current charge is community control sanction eligible.
2. Offender is charged with a felony offense of the 3rd, 4th or 5th degree.
3. Offender is charged with a drug charge or a drug driven charge (see Prosecutor's Guidelines on Drug Offense).
4. Offender is charged with an offense that does not carry a mandatory jail/prison sentence.
5. Offender is charged with an offense that is non-violent and there is not a history of violent behavior (2901.01(A) ORC).
6. Offender is capable of participating in and completing the program. (Serious patterns or symptoms of criminality, violence, mental illness, or mental retardation may preclude program participation).
7. Offender demonstrates an interest in and willingness to participate in an 18 month treatment program.
8. Offender would benefit from drug and/or alcohol treatment.
9. Offender must have an *established* Tuscarawas County residence.
10. If restitution is owed, the offender must have the ability to pay within an 18 month period (maximum of \$5,000).
11. Offender is charged with an offense that is not defined as a sex related offense and there is no history of sex related offenses.
12. The Prosecutor approves the offender's participation.

Not eligible:

1. The charge is related to the use of a firearm or deadly weapon.
2. The defendant is known to be, or appears to be, primarily a drug trafficker as evidenced by a criminal history or Prosecutor information.
3. Out of county pending cases where a resolution is not forthcoming and would exclude participation.