

FULTON COUNTY ACCOUNTABILITY COURT REFERRAL FORM

ELIGIBILITY REQUIREMENTS

- Referrals must be high-risk and high-needs as determined by the intake assessment. A “high-needs” client suffers from a moderate to severe substance use disorder and/or has a severe behavioral health disorder. No exceptions to this requirement will be made
- Defendants referred as part of a plea, probation revocation or parole violation must have at least three years of probation/parole remaining. Sample sentence: *Four years to serve one, reduced to time served, balance probated with special condition to complete Drug Court.* Parolee’s sentenced will need to be modified to make the FCAC program a special condition of their probation in order to ensure they have the time required to finish the program.
- Defendants should not be sentenced to an Accountability Court program before they are accepted by the program.
- Probation/parole may be tolled for plea or revocation participants when they abscond (go AWOL) and a warrant is issued.
- Pre-Indictment participants waive their right to a Statute of Limitation Defense.
- 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 the 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	Child Molestation	Aggravated Sodomy	Armed Robbery	
Aggravated Sexual Battery	Murder/homicide	Enticing a child	Kidnapping	Rape

EXPECTATIONS WHILE IN THE PROGRAM

- Referrals must commit to meeting the requirements of the program, making a concerted effort to engage in treatment, and remaining drug and alcohol free while in the program Referrals must be 18 or older.
- Accountability Court is an 18–24-month program focused on treatment, case management, community supervision, and drug testing.
- You will attend treatment on weekday mornings each week from 8:30 a.m. to noon for at least the first three months of the program. Please note that each program (Behavioral Health Treatment Court, Drug Court, and Veterans Court) has different treatment schedules. You will be informed of what your schedule will be during orientation.
- You are expected to make adjustments to other commitments in order to attend. **Attendance is not optional.**
- You will progress through a series of phases that transition to evening treatment groups and a reduced number of hours.
- If you need additional treatment, we will refer you to inpatient treatment and/or medication treatment.
- The program will assist you with housing (up to 90 days), job training, medical referrals, GED, and getting IDs.
- You will pay \$750 in fees over 18 months (\$300 for the BHTC program).
- Expect to be drug tested 2-5 times weekly, including weekends.
- You will be required to load an app on your phone which allows us to monitor your curfew and location.
- You are required to wear an electronic monitor for your first 30 days in the program
- You can expect home visits from our investigators.
- If you incur any infractions, non-compliance, or rule-breaking, the program uses a series of sanctions that get more severe as the behavior continues. These sanctions extend from writing papers to short jail stays.

FULTON COUNTY ACCOUNTABILITY COURT REFERRAL FORM

Date of referral*:

Case(s) #*:

Check if Parole Referral

Booking # (if in FCJ)*:

Currently*:

If Other:

Referred By Defense Attorney

Referred By District Attorney

Referral Discussed with State

Defense Attn :

DA Attn :

Phone Number:

Phone Number:

Email:

Email:

Referred by DCS Officer(**Parolee referrals**)

Phone Number:

Name:

Email:

Name of Potential Participant*:

DOB*:

Race:

Gender:

Ethnicity:

Address (please note if homeless):

Phone Number (needed if on Bond):

Department of Community Supervision Officer (If different from above)*:

Attorney of Record and Contact Information (If different from above)*:

Mental Health history if known (e.g. depression, anxiety):

Substance Abuse history if known (e.g. alcohol, meth, marijuana):

Is the referral a Veteran of the US Armed Forces:

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

Referral to: To be determined

By entering my name here, I acknowledge that I have reviewed the eligibility requirements and the expectations on page one with the parolee. The parolee has expressed a commitment to meeting the requirements of the program, making a concerted effort to engage in treatment, and remaining drug and alcohol free while in the program Referrals must be 18 or older.

Please submit to: SCA.ACIntake@fultoncountyga.gov

The Accountability Court Intake Coordinator can be reached at 404-612-4224 (direct) or 404-612-2400 (main line).