

# FULTON COUNTY ACCOUNTABILITY COURT REFERRAL FORM

## ELIGIBILITY REQUIREMENTS

- Referrals must be moderate to moderate/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 upon entry into Drug Court, balance probated with special condition to complete Drug Court.* Parolee’s sentences 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 from 8:30 a.m. to noon for at least the first three months of the program for Behavioral Health Treatment Court, Veterans Court, and Drug Court - ATL Pathway OR two evenings per week if accepted to the Drug Court - TLC Pathway (this pathway is designed to be less intensive and targets moderate-risk participants.)
- You will be informed of what program and pathway you have been accepted to before entry to the program and you will learn your exact schedule 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 and 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\*: Choose an item.

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):

Referral to:

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](mailto:SCA.ACIntake@fultoncountyga.gov)**

The Accountability Court Intake Coordinator can be reached at (404) 612-2420 (direct) or 404-612-2400 (main line).