



**SMYTH COUNTY  
RECOVERY COURT**

MARION, VIRGINIA

**REFERRAL & ELIGIBILITY FORM**

Defendant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Transportation: \_\_\_\_yes\_\_\_\_no                      Driver's License: \_\_\_\_yes\_\_\_\_no

Landline Phone: \_\_\_\_yes\_\_\_\_no                      Landline telephone number: \_\_\_\_\_

Referring Party Relation to Defendant: \_\_\_\_ Probation Officer \_\_\_\_ Attorney \_\_\_\_ Law Enforcement

Defendant Current Location: \_\_\_\_\_

Defendant's Current Smyth County Charges(s), Court, Case and VCC Nos: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Charges pending in ANY other jurisdiction? \_\_\_\_yes\_\_\_\_no \*see eligibility requirement #16 If yes, in what court and nature of charges? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Probation \_\_\_\_yes\_\_\_\_no                      If yes, where? \_\_\_\_\_

Is defendant currently pregnant? \_\_\_\_yes\_\_\_\_no

I, \_\_\_\_\_, hereby acknowledge that I request consideration for Acceptance into the Program and understand that if I am accepted that I will waive my right to counsel for the duration of the program as well as my Fourth Amendment rights regarding search and seizure, and the right to confront witnesses and evidence used against me in the program. I also acknowledge that if deemed ineligible, I will not be provided with or request any explanation for such decision. I swear that the information contained in this form is true and accurate to the best of my ability.

Defendant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Referring Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR INTERNAL OFFICE USE ONLY      \_\_\_\_Defendant Eligible      \_\_\_\_Defendant Ineligible

PLEASE SEE ATTACHED ELIGIBILITY REQUIREMENTS

SCRC 001

## Smyth County Recovery Court Eligibility Requirements

1. The defendant must be eighteen (18) years of age or older. 2. The defendant must have an established drug and/or alcohol addiction. 3. The defendant must be a resident of Smyth County, Virginia (consideration will be given if on Washington County line). 4. The defendant must have a landline phone. 5. The defendant must have transportation. 6. The defendant must have a pending felony charge(s) in Smyth County and/or be on active supervision probation with Adult Probation and Parole, District 17. 7. The defendant will be ineligible if he/she is currently charged with an act of violence as defined in Virginia Code Section 19.20297 (1950), as amended in this or any other jurisdiction. 8. The defendant will be ineligible if he/she has been convicted of an act violence as defined in Virginia Code Section 19.2-297.1 (1950), as amended. 9. The defendant will be ineligible if he/she is currently charged with distribution of or possession with intent to distribute a controlled substance in this or any other jurisdiction. 10. The defendant will be ineligible if he/she has been convicted of distribution of or possession with intent to distribute a controlled substance in this or any other jurisdiction. 11. The defendant will be ineligible if he/she is currently charged with any offense involving a weapon in this or any other jurisdiction. 12. The defendant will be ineligible if he/she has been convicted of any offense involving a weapon in this or any other jurisdiction. 13. The defendant will be ineligible if he/she is currently charged with assault on a law enforcement officer in this or any other jurisdiction. 14. The defendant will be ineligible if he/she has been convicted of assault on a law enforcement officer in this or any other jurisdiction. 15. The defendant will be ineligible if he/she is charged with possession of a controlled substance and is otherwise eligible for first offender treatment pursuant to Virginia Code Section 18.2-251 (1950), as amended. 16. The defendant will most likely be deemed ineligible if he/she has pending charges or probation violations in another jurisdiction. 17. The Commonwealth's Attorney's Office has the right to veto any defendant recommended for entry into the Smyth County Recovery Court, (hereinafter SCRC).

All referrals to the SCRC are to be made in writing, on this form, and filed with the Commonwealth's Attorney's Office no later than two (2) weeks prior to the plea bargain day for the term of Court when the defendant's case will be presented to the Grand Jury. The Commonwealth's Attorney's Office will respond, in writing, within two (2) weeks of the filing of a referral as to the eligibility of the defendant.

If the defendant is deemed eligible by the Commonwealth's Attorney's Office, he/she will be referred to the SCRC Program Coordinator and treatment providers for supervision and treatment assessments. If the defendant meets the criteria for supervision and treatment, he/she may be accepted into the SCRC program.