

**GRAYSON COUNTY RECOVERY COURT PROGRAM
NOMINATION FORM**

DATE: _____

SID: _____

CLIENT NAME: _____

ALIAS / NICKNAMES: _____

BIRTH DATE: _____ SSN: _____ PHONE: (____) _____

HOME ADDRESS: _____ CITY/STATE: _____

ALTERNATE CONTACT: _____

U.S. CITIZEN? (Circle one) YES NO

LEGAL

CURRENT STATUS

- Jail (_____ days)
- Bond
- Probation
- Parole
- New Charge

DRUG(S) OF CHOICE: _____

CRIMINAL HISTORY: _____

CURRENTLY UNDER SUPERVISION OR HAVE PENDING CHARGES IN ANY OTHER COUNTY
OR STATE?: _____

VIOLENT OFFENSES? (If yes, please explain): _____

MANUFACTURING OR DELIVERY? (If yes, please explain): _____

ADDITIONAL INFORMATION (IF APPLICABLE): _____

Projected Interview Date: _____ ****Attorney Must Be Present at Interview****

ATTORNEY/CSO: _____
Print Name, Number and email address

PROSECUTOR: _____