

16th Judicial Circuit Court Specialty Court Department

Transfer Policy

If you are seeking admission into one of the Specialty Court Programs from another jurisdiction, please review the following in its entirety.

1. Complete the 16th Judicial Circuit Court Treatment Application and the Transfer Request Form.
2. Submit the application, transfer request form, completed PSI and criminal history with the application. You may submit any other documents pertaining to the applicant, if desired.
3. Submit the application via email to treatmentcourts@macombgov.org. **Please allow 4 weeks to process the application.** It is preferred the applicant be sentenced and transferred for supervision and program participation.
4. After the application is reviewed and processed you will receive written notification whether the applicant will be accepted or not, from the program coordinator.
5. If the applicant is accepted, the defense attorney is responsible for initiating a Memorandum of Understanding (MOU) between both courts.
 - a. The MOU must include all signatures from the transferring court and then be submitted to the 16th Judicial Circuit Court for the remainder of the signatures.
 - b. If the individual has been sentenced to a jail term by the transferring court, the sentence should be served in the transferring court's jurisdiction **before** the participant begins the program at the 16th Judicial Circuit Court.
 - c. Incarceration following the transfer for sanctions or termination will be served at the receiving court's jail jurisdiction.
 - i. The jail terms must be specified in the MOU.
 - d. The Adult Drug Court Program has a program fee of \$500.00 that must be included in the MOU between the two courts.
 - i. Specification of payments should be included in the MOU.
6. Following completion of the MOU, a copy of the entire public file, from the transferring court, will need to be emailed to the program coordinator. This must include the Register of Actions (ROA) and Judgement of Sentence (JOS).
7. Once all information is received, the program coordinator will contact the participant and schedule them for orientation and a program court review session.

16th JUDICIAL CIRCUIT COURT SPECIALTY COURTS

TRANSFER REFERRAL FOR CONSIDERATION

* Please include completed application with this form *

Name: _____

Maiden Name: _____

Date: _____

Case No: _____

Address: _____

City, State, Zip: _____

Phone: _____

Alt Phone: _____

DOB: _____

DLN: _____

Assigned Judge: _____

Referring Court: _____

Offense: _____

Probation end date: _____

APA / City Attorney: _____

Phone: _____

Defense Attorney: _____

Phone: _____

Referral approved by transferring court:

Judge's Name

Judge's Signature

Date

Prosecutor's Name

Prosecutor's Signature

Date