



**Kendall County Drug Court
REFERRAL FORM**

Referral Date: _____

Name of Defendant: _____
(Last) (First) (Middle Initial)

DOB: _____ Gender: _____

Race: _____ U.S. Citizen: Yes _____ No _____

Referral Source: _____

Pending Case Number(s): _____

Charge(s): _____

Status of Case (pretrial/post-sentence): _____

Date of Arrest: _____

Date of Next Court Date: _____

Residence

Present Address: _____
(Street) (City) (Zip code)

Phone #: _____

Who do you live with? _____

How long have you lived in the Kendall County area? _____

**Please return this form to Court Administration or email
Melissa Burian, Drug Court Coordinator at:
mburian@co.kendall.il.us**