



**Kendall County Drug Court
REFERRAL FORM**

Referral Date:

Name of Defendant:

DOB:

Gender:

Race:

U.S. Citizen: Yes No

Referral Source:

Referral Source Phone/Email:

Pending Case Number(s):

Charge(s):

Status of Case (pretrial/post-sentence):

Date of Arrest: Released: In Custody:

Date of Next Court Date:

Present Address:

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 to:
Vanessa Melendez, Drug Court Coordinator at
vmelendez@kendallcountyil.gov**