

The General Session Music City Community Court, Division VIII
Davidson County Nashville, Tennessee
Judge Rachel L. Bell, Presiding



Justice does **NOT** stop at the courthouse steps!! ®

C.A.R.E. DIVERSIONARY COURT – PARTICIPANT REFERRAL APPLICATION

Also can be found online: gscourt.nashville.gov/community-court

All candidates will be scheduled for an assessment for **C.A.R.E. Diversionary Court** fitness within **24-48 hrs. of request being received** during normal business hrs., Mon-Friday 9am-3pm.

To schedule a **C.A.R.E. Diversionary Court Assessment** please submit a completed, front and back, Participant Referral Application by one of the three ways:

1. **Hand Deliver to General Sessions Court Probation Office**
Attention: Jackie London, C.A.R.E. TEAM – Lead Probation Officer
(615) 862-8380 Ext. 70993
2. **Scan and email** to gs8CARE@jnsnashville.gov
3. **Contact the C.A.R.E. Program Manager**, Tamara Givens: 615-862-8117 ext. #1

I. ELIGIBILITY CRITERIA:

Participants should be Ages 18-30 and meet the following criteria to be eligible for entry in the **C.A.R.E. Diversionary Court**:

YES or NO (Both must be marked for offender to participate)

- Non-violent offender?
- Victim is in agreement for Offender to be assessed for the **C.A.R.E. Diversionary Court**?

II. ELIGIBLE OFFENSES:

Is the Offender charged with any of the following offenses and is the Offender willing to plead guilty; agree to bond conditions or accept a T.C.A. 40-35-313 judgment deferred plea for any of the following offenses? (*Mark all that apply*)

- | | |
|--|---|
| <input type="checkbox"/> Unlawful Use of Drug Par. | <input type="checkbox"/> Criminal Trespass |
| <input type="checkbox"/> Possession or Casual Exchange of Controlled Substance | <input type="checkbox"/> Resisting Arrest |
| <input type="checkbox"/> Theft of Property | <input type="checkbox"/> Reckless Driving/Reckless Endangerment |
| <input type="checkbox"/> Vandalism | |

OTHER: _____

III. PARTICIPANT INFORMATION:

First Name _____ Last Name _____

OCA # _____ D/O/B _____

Street Address _____

City _____ State _____ Zip Code _____

Current Charge(s) & Warrant Number(s):

Charge _____ Warrant # _____

Charge _____ Warrant # _____

Offender Currently on Probation? NO _____ YES _____

Current Probation Officer: _____ County _____

Other Pending Cases or Warrants? NO _____ YES _____ County _____

Pending Charges _____

Is Offender in custody? NO _____ YES _____ PRE-TRIAL? _____ Bond \$ _____

NOTES: _____

Offender Next Court Date: _____
Courtroom: _____ **Time:** _____
-ONLY TO BE FILLED OUT BY THE CLERK OR JUDGE-

IV. REFERRAL CONTACT INFORMATION:

Criminal Defense Attorney:

Print Name _____

Sign Name _____

Cell: _____

Email: _____

Assistant District Attorney:

Print Name _____

Sign Name _____

Offender:
Print Name: _____
Sign Name: _____
DATE SIGNED _____

CARE TEAM INTERNAL INFORMATION
Date Submitted: _____
Assessment Scheduled: _____
Assessment Assigned to: _____