

**C.A.R.E. Diversionary Court – Participant Referral Application**

The General Session Music City Community Court, Division VIII (8)  
Nashville, Davidson County, 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](https://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 the Criminal Court Clerk’s Office**  
Attention: Carlos DeLeon, Division VIII (8) Clerk – [LDeLeon@jnsnashville.gov](mailto:LDeLeon@jnsnashville.gov)
2. **Scan and email** to [gs8CARE@jnsnashville.gov](mailto:gs8CARE@jnsnashville.gov)
3. **Contact the C.A.R.E. Court Staff:**  
615-862-8117, Ext. #1 for Andrew Dick – [AndrewADick@jnsnashville.gov](mailto:AndrewADick@jnsnashville.gov)  
Ext. #2 for Craig Holcomb – [CraigHolcomb@jnsnashville.gov](mailto:CraigHolcomb@jnsnashville.gov)

**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 YES for offender to participate)**

- Non-sex offender?
- Victim agrees 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"/> Vandalism         |
| <input type="checkbox"/> Possession or Casual Exchange of Controlled Substance | <input type="checkbox"/> Criminal Trespass |
| <input type="checkbox"/> Theft of Property                                     | <input type="checkbox"/> Resisting Arrest  |
| <input type="checkbox"/> Other: _____  | <input type="checkbox"/> Reckless Driving  |

**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: \_\_\_\_\_