

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

General Sessions 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

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:

- Hand deliver to the Criminal Court Clerk’s Office**
Attention: Carlos DeLeon, Division VIII (8) Clerk – LDeLeon@jnsnashville.gov
- Scan and email** to gs8CARE@jnsnashville.gov
- Contact the C.A.R.E. Court Staff:**
615-862-8117, Ext. #1 for Andrew Dick – AndrewADick@jnsnashville.gov
Ext. #6 for Valerie Webb – ValerieRWebb@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: _____