

Amanda Murphy, Coordinator P. 828-250-6408

Application:	
Please fill in the information below and have your attorney submit to the Drug Treatment Court ADA	
Date:	Phone #
Applicant Name:	Applicant DOB
Attorney Name:	Attorney Email:
Charge Docket #	
Custody Status: Jail Bond	
Probation Officer Name:	
Next Scheduled Court Date:	

DTC Referral Form

Please give this form to Catherine Perez, ADA

Catherine.N.Perez@nccourts.org