

**Navarro County Recovery Court Participant Nomination Form**

Date: \_\_\_\_\_ Nominated by: \_\_\_\_\_

Nominee Name: \_\_\_\_\_ Alias: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_ U.S. Citizen (Y) (N)

Home Address: \_\_\_\_\_

**Alternate Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Legal Status:**

Current Charge: \_\_\_\_\_ Court: \_\_\_\_\_

In Jail Since: \_\_\_\_\_ On Bail Since: \_\_\_\_\_

Arrest Date: \_\_\_\_\_ On Probation in \_\_\_\_\_ County

On Parole: (Y) (N)

**Criminal History:** \_\_\_\_\_

On Supervision or Pending Charges in any other County or State: (list Charge(s) and Jurisdiction:

Prior or Current Violent Offense(s) (please explain) \_\_\_\_\_

Prior Drug Treatment/Programs: \_\_\_\_\_

Current drug usage (how often/amount): \_\_\_\_\_

Drug of choice: \_\_\_\_\_

Additional Information: \_\_\_\_\_

Recommendations:	Signature	Date
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Defense Counsel: (Y) (N)	_____	_____
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District Attorney: (Y) (N)	_____	_____
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Probation: (Y) (N)	_____	_____
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