

BRIDGE Program

INITIAL REFERRAL FORM

Date:

To: Tammy Clements, United States Probation Office
Tammy_Clements@scp.uscourts.gov
Fax (843) 579-1519
Office (843) 579-1522

From: Name:
Telephone Number:

Subject: **BRIDGE Program Referral**

Candidate Name: _____ Pacts#: _____
Address:
Telephone Number:

Judge:
Case Number:
Defense Attorney and telephone number:
AUSA and telephone number:

BASIS FOR REFERRAL:

Does the individual have reliable transportation such that he or she will be able to attend all scheduled court sessions, treatment appointments, and meetings?

Is the individual currently in substance abuse treatment? If so, where? Has he/she attended treatment in the past?

Please include any pertinent information that will assist in determining if this individual is a suitable BRIDGE Program referral. Please comment on the defendant's level of motivation and commitment to drug treatment and the strict demands of this program.