

San Diego Superior Court - Adult Drug Court Program

REQUEST FOR INTER COUNTY TRANSFER from _____ COUNTY

Name and address of requesting Court: _____

Requesting Drug Court Probationer's* full name: _____

Date of Birth: _____

*Note – Probationer must currently be in good standing in the Drug Court Program

Requesting Court's Probation and/or Court Case Numbers (Note – Case must be a felony on Probation):

Court # _____

Probation # _____

Felony Charge(s): _____

Date of Request: _____

Requesting County's Drug Court Judges' Signature: _____

Print Name: _____

Requesting County's Drug Court Contact's information:

Name and Title: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Drug Court Participant, currently in good standing, is requesting that case be transferred to

San Diego Superior Court, _____ Division*

(*Central Division, East County Division, North County Division or South County Division)

By using this form, you are requesting that the existing Drug Court case be considered for transfer to San Diego Superior Court for Drug Court Supervision. The decision to accept the transfer will be made by the receiving Drug Court following a comprehensive determination of transfer suitability; thus the use of this form in no way guarantees that the case will be transferred

Note: The following fields must be completed by the Probationer/Drug Court Participant/Client:

My place of residence has changed. The new Zip Code is: _____ (Please provide proof of address change to the current Drug Court Judge or his/her designee with at least one of the following: a recent utility bill; rent lease or agreement; mortgage documents; postmarked U.S. Mail.)

My Place of employment and my immediate supervisor are: (Name of business, address, supervisor and contact telephone number): _____

I intend to reside in San Diego County for the duration of my Drug Court Program, and wish to report to a Drug Court Program in San Diego County. I will provide proof of San Diego County residency to the San Diego County Drug Court Team and agree to abide by all rules that will be imposed by the San Diego Superior Court's Drug Court program.

Drug Court Participant's Signature: _____ Date: _____

FOR SAN DIEGO COUNTY'S USE ONLY:

REQUEST RECEIVED: _____ APPROVED: _____ DENIED: _____

Judge's Signature _____ DATE: _____

Response Sent to Requesting County on: _____ by: _____

Please Note: San Diego Superior Court's Adult Drug Court Program does not require that the participant report to a Probation Officer. All monitoring is through the Court and Treatment Program.