

# State Court of Fulton County Recovery Treatment Court Program

Justice Center Tower, Suite T-2655  
185 Central Avenue S.W., Atlanta, Georgia 30303  
404-613-5006 Office /404-612-2768 Fax

## Referral Process

The Fulton County Recovery Treatment Court Program is a post-conviction, judicially supervised treatment program for those who have multiple violations of driving while under the influence of alcohol or other intoxicants. The treatment component is part of the probation portion of a DUI sentence.

The Recovery Treatment Court Program is an interdisciplinary team approach involving the Judge, prosecutor, public defender or private defense attorney, Program Coordinator, Case Managers, probation, Marshal's Department, and substance abuse treatment professionals. The Team partners with the program participants throughout the process to ensure individual needs are met while restoring accountability.

The following are mandatory required components to participate in the Recovery Treatment Court:

- Clinical Assessment and Evaluation
- Substance Use Treatment
- Completion of an approved DDS DUI/Risk Reduction Program
- Submission to random home visits
- Random drug screening
- \$50 per week treatment fee
- Participation at compliance reviews

The Recovery Treatment Court Program is a minimum 24-month program that involves enhanced supervision, individual and group treatment sessions for the program participants to assist them in making some healthy lifestyle changes while gaining insight and knowledge about their addiction. The program's goal is to provide the participants with tools and skills to maintain their sobriety while improving the quality of their lives and to improve public safety by reducing recidivism. Program participants will receive credits toward community service obligations for successful completion of the program. Participants who are in compliance with the program **may** be eligible for a limited driving permit after 120 days. Participant may be eligible for reduced fines after successfully graduating from the Recovery Treatment Court Program.

All defendants accepted into the Program are assigned to and supervised by Judge Susan E. Edlein and Judge Wesley B. Taylor of the State Court of Fulton County.

**Before you come back to court in a month**, you must:

Submit a referral form, complete a clinical evaluation, and attend one orientation session.

When you return to court in approximately one month, you will enter a plea and be sentenced by Judge Edlein or Judge Taylor. **PRIOR** to your orientation and plea **YOU MUST** review the handbook at **<http://fultonstate.org/dui-court>**. As part of your sentence you will be ordered to enter into and successful comply with the Recovery Court Treatment Program. If you are transferring from another county, your case will be transferred to Fulton County Recovery Treatment Court as part of your sentence.

If you have any questions or concerns prior to completing the referral process, please feel free to contact a member of the Recovery Treatment Court directly.

**Submit referrals to the email address or fax number below.**

Fulton County State Court  
Fulton County Recovery Treatment Court  
185 Central Ave.  
Suite T-2655  
Atlanta, GA 30303  
Office: 404.613.5006  
Fax: 404-612-2768  
[DUICourtReferrals@fultoncountyga.gov](mailto:DUICourtReferrals@fultoncountyga.gov)

**For more information about the Recovery Treatment Court Program, please go to <http://fultonstate.org/dui-court>**

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## REFERRAL FORM

Date: \_\_\_\_\_ Case Number(s): \_\_\_\_\_

County: \_\_\_\_\_

### Personal Information

Full Name: (Last/First/Middle) \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Length of time at current address: \_\_\_\_\_ Stable Residence: \_\_\_\_\_ Rent or Own: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Sex at Birth: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Race: \_\_\_\_\_ Religious Preference: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Driver's License: \_\_\_\_\_ State: \_\_\_\_\_ License Status: \_\_\_\_\_

Attorney's Name: \_\_\_\_\_ Attorney's Phone: \_\_\_\_\_

Attorney's Email: \_\_\_\_\_

### Criminal History

List of Current pending charge(s): \_\_\_\_\_ Did it involve an accident? \_\_\_\_\_

Number of DUI Convictions: \_\_\_\_\_ in 5 years \_\_\_\_\_ Lifetime

Do you have any other pending cases? Yes or No Offense: \_\_\_\_\_ County: \_\_\_\_\_

Have you completed a Clinical Evaluation: Yes or No If yes, when? \_\_\_\_\_ Drug of Choice: \_\_\_\_\_

**Submit this form to: [DUIcourtferrals@fultoncountyga.gov](mailto:DUIcourtferrals@fultoncountyga.gov)**