

**IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
FOR PIERCE COUNTY**

STATE OF WASHINGTON,
Plaintiff,

vs.

_____,
Defendant

CAUSE NO. _____

FELONY DRUG COURT
REFERRAL FORM

(FDCR)

Instructions: The defense attorney requesting referral for admission to Pierce County Drug Court submits this completed referral. If there are additional records you would like considered, please contact the Felony Drug Court Coordinator.

Felony Drug Court Coordinator:

Pam Clouser
930 Tacoma Ave S, Rm 247
Tacoma, WA 98402

Email: Pam.Clouser@piercecountywa.gov
Phone: 253-798-3652
Fax: 253-798-7271

Date of Referral: _____ Case Age: _____

Next Court Date/Time: _____

Cause Number(s): _____

Charge(s): _____

Defense Attorney Name/WSBA: _____

Email: _____

Defense Attorney Phone: _____ Fax: _____

Defendant's Name: First _____ Middle _____ Last _____

Custody Status: Out-of-Custody In-Custody

Pierce County Resident: Yes No

Equity and Inclusion Stats

Date of Birth _____ Age _____

Sex at Birth: Male Female

Day-to-Day Life Gender: Male Female Sometimes Male
 Sometimes Female Other than Male or Female

Pronouns: _____

Sexual Orientation: Straight or Heterosexual Bi-Sexual Gay or Lesbian
 Unsure Opt-Out

Race: White or Caucasian Black or African-American
 American Indian or Alaska Native Asian Pacific Islander
 Other (more than one may be checked)

Ethnicity: Hispanic or Latinx Not Hispanic or Latinx

Veteran: Yes No

Sober and Stable Housing: Yes No
If yes, who can verify _____ Phone

Highest Education Level Completed: _____

NOTICE: All new admittees to Felony Drug Court must be fully vaccinated against Covid-19 within 60 days of their admission to the program and provide proof to the court.