



**RECOVERY
COURTS**
13TH JUDICIAL DISTRICT

Recovery Court • Veterans Treatment Court
 Honorable Judge Gary McKenzie
 18 North Madison Avenue, Suite 100
 Cookeville, TN 38501
 931.372.1003 (Phone) • 931.528.1206 (Fax)

RC Application for Admission:

NAME: _____ DOB: _____

RACE: _____ SSN: _____

COUNTY WHERE CHARGED: _____

NEXT COURT DATE: _____ INCARCERATED WHERE: _____

ARREST DATE: _____

Please list all current charges (attach a separate sheet if necessary); if charge is a VOP please list the original charge(s):

CHARGE(S): _____ CASE #: _____

CHARGE(S): _____ CASE #: _____

CHARGE(S): _____ CASE #: _____

CHARGE(S): _____ CASE #: _____

LENGTH OF SENENCE: _____

The above named individual requests admission to the 13th Judicial District Recovery Court Program. Further the applicant submits that he/she is eligible according to Section 16-22-102 Tennessee Code Annotated and Section 16-22-113 Tennessee Code Annotated because he/she:

1. Is not a violent offender: _____ YES _____ NO
2. Is a substance abusing individual or is chemically dependent or both: _____ YES _____ NO
3. Is willing to participate in the program: _____ YES _____ NO

Additional comments on why your client would be an appropriate candidate for the RC Program:

Attorney for Applicant: _____

Attorney's Contact Information:

Email Address: _____

Phone Number(s): _____

Fax Number: _____

For District Attorney's Office Use Only:

The District Attorney General's Office **CONFIRMS ELIGIBILITY** for the Recovery Court Program: YES NO

The District Attorney General's Office:

_____ RECOMMENDS PLACEMENT into the Recovery Court Program

_____ DOES NOT RECOMMEND

_____ TAKES NO POSITION

District Attorney General or Designee

Date

Please return fully completed original application to the Recovery Courts Director, Julie Chambers.