County of Saginaw
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70th District **STAR Program**
(Structured Treatment and Recovery)
Referral for Admission

Referral Guidelines

1. To refer an offender to the **STAR Program** please complete this form and return it to Scott Bickel in Room 400 at the Saginaw County Courthouse. Contact information is listed above.

2. Initial **IDA and CARS** Assessment score guidelines must be combined **high risks and high needs.** A third final assessment, (**MAST assessment**), will be completed by our treatment provider LIST Psychological. ***Offenders refusing to complete interviews and assessments will not be considered for admission***. A substance levels test will be required at time of assessment process at Saginaw County Health Department and results supplied to STAR team.

3. Offenders **must** live in Saginaw **County**, be 18 years of age or older, and must have criminal activity, equaling two or more, related to ALCOHOL addiction. If a transfer request MOU will be requested.

4. **Current charges such as *Homicide, Felony Assault, CSC 1,2,3, Armed Robbery, Home Invasion 1st Degree, CCW/Firearms and Gang Affiliations* DISQUALIFY THE OFFENDER from this program by statute**.

Offender and Court Information

Defendant Name:_____ Date of Birth:_____

Defendant Phone Number: _____ If Insured Type of Insurance_____

Defendant County of Residence: _____ Has defendant been in a treatment court before? _____

Is defendant in custody? / Where? _____ Is defendant using THC? _____

Attorney of Record:_____ Atty. Phone Number _____

Case/Docket Number(s) / Current Judge: _____

Out of County Cases? / Details: _____

Is there a victim in defendant's case(s)? _____

Has a plea agreement been negotiated? ○ Yes ○ No
If yes, please provide the agreement information._____

_____

Are there any other charges pending? ○ Yes ○ No
If yes, please provide the charge/court information._____

What are sentencing guidelines if found guilty of charged offense(s). _____

_____

Referred by: _____ Date:_____