

Case #(s) \_\_\_\_\_

**McHENRY COUNTY  
DUI COURT  
Phone 815/334-4502 Fax 815/334-4691  
REFERRAL**

**Referral must be made within 60 days of first appearance with counsel.**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone Number: \_\_\_\_\_

This individual  is  is not currently an inmate in the McHenry County Correctional Facility.

**As a program requirement a participant needs to reside within the boundaries of McHenry County.**

This individual  is  is not currently a resident of McHenry County.

**Referral from: (Include Contact Information)**

Public Defender \_\_\_\_\_

Private Attorney \_\_\_\_\_

Other \_\_\_\_\_

**Date of First Court Appearance with Counsel (if known):** \_\_\_\_\_

**Additional Information:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

**402 CONFERENCE CONDUCTED WITH FELONY COURT JUDGE**

\_\_\_\_\_  
Signature of Judge

\_\_\_\_\_  
Date

**PLEASE FORWARD THIS REFERRAL TO THE SPECIALTY COURTS DIRECTOR**

Original to – Specialty Courts Director – Kelly Scimeca

Copies to – SAO, ATTY

REV 2/2023