

***Please Check one:**  **McHenry County Problem Solving Court Referral Form**
 Mental Health Court **DUI Court** **Drug Court**

Email: specialtycourtferrals@22ndcircuitil.gov Fax: 815-334-4691

*Case Number(s): _____

*Offender Name: _____ AKA: _____

*Current Address: _____

*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):

Additional Information:

Signature

Date

For DUI COURT Only
402 CONFERENCE CONDUCTED WITH FELONY COURT JUDGE

Signature of Judge

Date

PLEASE FORWARD THIS REFERRAL TO: specialtycourtferrals@22ndcircuitil.gov

Copies to – SAO, ATTY

REV 2/2026

*** Must Be Answered**