

SPARKS RECOVERY COURT REFERRAL

Please complete and fax to Sparks Recovery Court at (775) 352-3004 or
email to SJCSpecialtyCourt@washoecounty.gov

Defendant's Name: _____ Originating Court: _____
Judge: _____ Court Case No.: _____
Defense Counsel: _____ Arresting Agency: _____
Agency Case No.: _____ Booking No.: _____

Pre-Sentence ☐ Post-Sentence ☐ In Custody ☐ Out of Custody ☐

_____ days credit for time served to date.

Charges: _____

If available, please provide the following:

Criminal Complaint ☐ Judgment of Conviction ☐
PC ☐ Plea Agreement ☐
Case Summary/Docket ☐ Evaluation ☐
SRC Requirements and Participant Agreement form (required) ☐

Upon acceptance into SRC, an Order Transferring Jurisdiction will be required.

SPARKS RECOVERY COURT USE ONLY

Date Referred: _____ Disposition Date of Referral: _____

Disposition of Referral: Accepted ☐ Denied ☐

Comments: _____
