

# GENERAL REFERRAL FORM

(Appendix A / Local Form 39-C3-001)

Please fill in the information below and have your attorney submit it to the Office of the Senior Resident Superior Court Judge and/or Trial Court Administrator:

**Office of the Senior Resident Superior Court Judge  
Lincoln County Courthouse  
120 Justice Drive  
Lincolnton, NC 28092**

**Vanessa Palmer  
Treatment Court Coordinator  
[vanessa.l.palmer@nccourts.org](mailto:vanessa.l.palmer@nccourts.org)**

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**Applicant Name:** \_\_\_\_\_ **Applicant DOB:** \_\_\_\_\_

**Applicant Address:** \_\_\_\_\_  
\_\_\_\_\_

**Applicant E-Mail:** \_\_\_\_\_ **Applicant Phone No:** \_\_\_\_\_

**Lincoln County File No.** \_\_\_\_\_ **Charge:** \_\_\_\_\_

**Lincoln County File No.** \_\_\_\_\_ **Charge:** \_\_\_\_\_

**Lincoln County File No.** \_\_\_\_\_ **Charge:** \_\_\_\_\_

**Attorney Name:** \_\_\_\_\_ **Attorney Phone No:** \_\_\_\_\_

**Custody Status:** (Circle One) **JAIL / BOND** **Probation Officer:** \_\_\_\_\_

**Next Scheduled Court Date:** \_\_\_\_\_ **Stage/Status:** \_\_\_\_\_

**Application Submitted By:** \_\_\_\_\_ **Signature of Submitter:** \_\_\_\_\_

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*(Office of the Senior Resident Superior Court Judge / TCA Use)*

**Application Received By:** \_\_\_\_\_ **Application Received On:** \_\_\_\_\_

**Application Received VIA:** (Circle One) **E-Mail / Courthouse Box / Personal Delivery**

**Application Submitted to Senior Resident Superior Court Judge On:** \_\_\_\_\_

Upon review of this application, it appears that the applicant **DOES** meet all requirements necessary to be a participant of this program and this application will be submitted to the Community-Centered Court team for further review.

Upon review of this application, it appears that the applicant **DOES NOT** meet all requirements necessary to be a participant of this program and this application will be submitted to the Community-Centered Court team for further review.

This the \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
W. Todd Pomeroy