

BILLINGS ADULT MISDEMEANOR TREATMENT COURT (BAMTC)
REFERRAL FORM- DUI COURT

DATE: _____ Please provide the defendants name and information below.

NAME: _____

ADDRESS: _____

PHONE: _____

DOB: _____ **SOCIAL SECURITY:** _____

ATTORNEY NAME: _____ **PHONE:** _____

OFFENSE

DATE CHARGED

DOCKET #

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Eligibility- Misdemeanor DUI offenders only- Aggravated, DUI 2nd, DUI 3rd (under the influence of alcohol or drugs). Must have a substance abuse disorder. Must be at least 18.

Disqualifications- No registered violent or sex offenders, no medical marijuana use is accepted in the court.

NAME OF PERSON MAKING REFERRAL: _____

ADDITIONAL INFORMATION:

**Billings Municipal Treatment Court
Coordinator- Amie Flick 406-657-3039**

**316 N 26th Billings, Mt 59101
Billings, MT 59101
EMAIL: bamtcreferrals@billingsmt.gov**