

Marmarie Kostelny  
Presiding Judge

Alicia Klimpke  
Program Coordinator

**16<sup>th</sup> JUDICIAL CIRCUIT**  
**KANE COUNTY DRUG REHABILITATION COURT**

37W777 Route 38, St Charles, IL 60175  
Phone: (630) 406-7179 Fax: (630) 232-5825

**TO BE COMPLETED BY REFERRING PARTY—PLEASE COMPLETE AND FORWARD TO THE  
DRUG REHABILITATION COURT COORDINATOR**

Defendant's name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone # \_\_\_\_\_

Cell # \_\_\_\_\_ Alternate Telephone # \_\_\_\_\_

D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Race: \_\_\_\_\_

SSN# \_\_\_\_/\_\_\_\_/\_\_\_\_ Attorney: \_\_\_\_\_

Attorney Name: \_\_\_\_\_ Attorney Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell # \_\_\_\_\_

Case #	Current Charge	Class

**BEST TIME FOR ATTORNEY TO BE CONTACTED BY DRC COORDINATOR:**

Day: \_\_\_\_\_ Time: \_\_\_\_\_

Next Court Date: \_\_\_\_\_ Assigned Court Room: \_\_\_\_\_

Is the defendant currently incarcerated? Yes \_\_\_\_\_ No \_\_\_\_\_ Location \_\_\_\_\_

Reason for Referral:

Submitted By: \_\_\_\_\_  
(Print name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Position-Probation, Police Officer,  
Defense Attorney, etc.)

\_\_\_\_\_  
(Date Submitted)