

# 52-3 District Court Probation Department

PROBATION DEPARTMENT  
(248) 853-5553 FAX (248) 299-7891

700 Barclay Circle  
Rochester Hills, MI 48307

## **Transfer Application**

*To be completed by the defendant, defense attorney or transferring court.*

Date: \_\_\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

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

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Defense Attorney : \_\_\_\_\_ Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Date of current offense: \_\_\_\_\_ Current Charge(s): \_\_\_\_\_

Case Number: \_\_\_\_\_ Court: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_ Court Contact: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Which treatment court are you interested in joining? \_\_\_\_\_

Presentence report conducted/completed? Yes No

If so, please attach report.

Name of approving prosecutor from transferring jurisdiction: \_\_\_\_\_

Contact email of prosecutor of transferring jurisdiction: \_\_\_\_\_

Criminal history: Have you ever been convicted of a felony: Yes No

If yes, please provide the following:

Date of offense: \_\_\_\_\_ Offense: \_\_\_\_\_

Jurisdiction of offense: \_\_\_\_\_ Sentence: \_\_\_\_\_

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Date of offense: \_\_\_\_\_ Offense: \_\_\_\_\_

Jurisdiction of offense: \_\_\_\_\_ Sentence: \_\_\_\_\_

Have you ever served in the United States military: Yes No

If so, which branch? \_\_\_\_\_ Year \_\_\_\_\_

Discharge type: \_\_\_\_\_

Do you take medication including medical marijuana: Yes No

If yes, please list medications: \_\_\_\_\_

\_\_\_\_\_

If taking narcotics or using medical marijuana, are you willing to consider non narcotic alternatives or discontinue use: Yes No

Have you participated in a Specialty Treatment Court before: Yes No

If so, where, when and result?

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Please list reason(s) why you are interested in joining a Specialty Treatment Court:

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Please submit this form to the Probation Department at [523probation@oakgov.com](mailto:523probation@oakgov.com) or fax at 248-299-7891.