



**ONEIDA COUNTY OPIOID  
INTERVENTION COURT**

Utica: 411 Oriskany St. West  
Utica, New York 13502

Rome: 100 West Court St.  
Rome, New York 13440

**Hon. Gregory Amoroso**  
Treatment Court Judge

**Tabatha Sellick**  
Resource Coordinator II  
(315) 997-1082

**Robert Fuller**  
Case Manager I  
(680) 214-7679

**COURT/ATTORNEY REFERRAL FORM**

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

Defendant=s Name: \_\_\_\_\_  
First M.I. Last

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

Phone: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

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

Charge(s): \_\_\_\_\_  
\_\_\_\_\_

Court Control Number: \_\_\_\_\_ NYSID Number: \_\_\_\_\_

Court: \_\_\_\_\_ Judge \_\_\_\_\_

Attorney: \_\_\_\_\_ Next Court Date: \_\_\_\_\_

Defendant=s Status (i.e. Bail, Incarcerated, ROR): \_\_\_\_\_

Is the defendant currently using opiates? (Pain Pills/ Heroin) YES or NO

Is the defendant willing to participate in treatment for substance abuse? YES or NO

Has the defendant ever experienced a non-fatal overdose due to opiates? YES or NO

\_\_\_\_\_  
Judge's Signature

\_\_\_\_\_  
Date

\*Defendant needs to engage in referral process within five business days or it will be considered closed\*

**Please fax form to 315-266-4756**