



CHEMUNG COUNTY H.O.P.E. COURT

317 E. CHURCH STREET, 2ND FLOOR
ELMIRA, NEW YORK 14901
CELL: 607-221-3758 / OFFICE: 607-873-9446
FAX: 646-963-6434
EMAIL: ATDonovan@nycourts.gov

AMBER T. DONOVAN
RESOURCE COORDINATOR

HON. PETER F. FINNERTY
CITY COURT JUDGE

CASEY M. JOHNSON
CHIEF CLERK

NEW PARTICIPANT REFERRAL FORM

DATE OF REFERRAL _____ CUSTODY STATUS (CIRCLE ONE) ROR'D / IN JAIL

NAME: _____ DOB: _____

ADDRESS: _____

PHONE: _____ REFERRED BY: _____

SEX: _____ RACE: _____ INCIDENT DATE: _____ ARREST DATE: _____

CHARGE(S): _____ COURT: _____

CJTN: _____ NYSID: _____ NEXT APPEARANCE DATE: _____

NOTE TO PARTICIPANT: YOU HAVE BEEN REFERRED TO THE CHEMUNG COUNTY H.O.P.E. COURT. OUR PURPOSE IS TO SAVE LIVES BY PROVIDING IMMEDIACY TO TREATMENT AND SERVICES IN ORDER TO COMBAT THE INCREASING NUMBER OF OVERDOSES IN OUR COMMUNITY.

YOU WILL BE REQUIRED TO ATTEND COURT TWO (2) TIMES A WEEK, APPEARING BEFORE JUDGE FINNERTY AT 8:45 A.M. ON TUESDAYS AND FRIDAYS.

YOUR FIRST H.O.P.E. COURT APPEARANCE DATE WILL BE: _____.

COURT APPEARANCES ARE SIMPLY TO MONITOR YOUR PROGRESS.

IF CHARGES WERE FILED AGAINST YOU, IT WILL BE PUT ON HOLD UNTIL YOU ARE STABILIZED.

AT THE FIRST APPEARANCE, YOU WILL MEET WITH THE COORDINATOR, AMBER DONOVAN, TO OBTAIN AN ASSESSMENT. YOU MAY ALSO MEET WITH A REPRESENTATIVE FROM TRINITY TO DETERMINE AND ASSIST WITH ANY BARRIERS TO CARE. FOLLOWING YOUR ASSESSMENT, YOU WILL BE CONNECTED AS QUICKLY AS POSSIBLE WITH ADDICTION TREATMENT WHICH MAY INVOLVE MEDICATION ASSISTED TREATMENT.

IF YOU ARE EXPERIENCING A CRISIS OR IN AN EMERGENCY SITUATION, CONTACT 911 IMMEDIATELY OR CONTACT THE 24-HR CRISIS HOTLINE AT 607-442-6900.