



HENDERSON COUNTY ADULT RECOVERY COURT APPLICATION

Daniel Conway, Adult Recovery Court Coordinator
828-845-0391
DConway@hendersoncountync.gov

Please fill out the information below and have your attorney submit to the Adult Recovery Court ADA

Applicant Name: _____ Date: _____

Phone # _____ Date of Birth: _____

Address: _____

Attorney Name: _____

Attorney Email: _____

Charge:	Citation #
1. _____	_____
2. _____	_____
3. _____	_____

Custody Status: _____ Jail _____ Bond

Probation Officer Name: _____

Next Court Date: _____

Have you ever served in the military? _____ Yes _____ No

ARC Referral Form
Please give this form to James Capps, Assistant District Attorney
James.r.capps3@nccourts.org