

FIFTEENTH JUDICIAL DISTRICT DRUG COURT PROGRAM

INSTRUCTIONS

READ CAREFULLY: Thank you for your interest in participating in the 15th Judicial District Drug Court Program. Please complete the following application thoroughly and legibly. You will find enclosed in this packet information about the program. Read completely before completing the application and take note of the reasons you would be “ineligible” to participate. Once you have completed this application, return to jail personnel and they will contact our office to pick up the application. Once we have received it, we will begin processing the application. This can take several weeks to process. If you are found eligible, and you are male, a determination will be made if you are eligible for community drug court or the Morgan County Recovery Court. If you decide that this is not a program you would like pursue or you feel you are not eligible, please notify jail personnel so we can take your name off the list.

CLIENT INFORMATION

Last name: _____ First: _____ M: _____

S.S.# _____ D.O.B. _____ Age: _____ Hair Color: _____ Eyes: _____

Gender: M F Alternate name(AKA): _____

Height: _____ Weight: _____ Are you a military veteran? Y N

Type of discharge: _____ Marital Status: M S D W Number of kids: _____

Age(s) of kids: _____ Are you pregnant? Y N

Who has custody of your kids? _____ If not you, what is their address? _____

RACE: ALASKA NATIVE AMERICAN INDIAN BLACK/AFRICAN AMERICAN ASIAN WHITE MULTI-RACIAL OTHER

ENGLISH FLUENCY: EXCELLENT GOOD MODERATE POOR NOT AT ALL PREFERRED LANGUAGE: _____

UNITED STATES CITIZEN? Y N Tomis # _____ Drivers License #: _____

Is your license valid? Y N Do you have available transportation to treatment and drug court? Y N

Do you have a gang affiliation? Y N Explain: _____

Contact Information

Address: _____

County: _____ Who do you live with? _____

Is the person you live with on probation or parole? Y N If yes, what for? _____

Home #: _____ Cell _____ How long have you lived at this address? _____

How many address changes have you had in the last 12 months? (do not count jail) _____

Would you say that you live in a "high crime" neighborhood? Y N

Number of children living in the home with you in the last 6 months? _____

List previous address: _____

Collateral Contact: someone that we can contact on your behalf: Name _____

Address: _____

Relation to you: _____ Have you ever lived in another state? Y N Where? _____

Do you have any charges in any other state? If yes, Explain: _____

Does anyone in the home use alcohol or illegal drugs? Y N Prescription drugs? Y N

Education Information

Highest grade level completed? 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE

Where did you attend high school? _____ Do you have your diploma? Y N

GED? Y N Special Ed student? Y N Were you ever expelled or suspended? Y N

IF YOU ATTENDED COLLEGE, HOW LONG DID YOU ATTEND AND DID YOU GET YOUR DEGREE? _____

If yes, where and for what? _____

List any skills, abilities, or vocational interests: _____

Are you currently or have you ever been in the military? Y N If yes, what branch? _____

If yes, were you honorably discharged? Y N If you were in the military, have you been screened for

traumatic brain injury? Y N Post traumatic stress disorder? Y N

Criminal Information

Are you in jail? Y N Where? _____ When did you come to jail? _____

Who was your sentencing Judge? _____ Are you in jail for probation violation? Y N

If yes, what is the underlying charge(s): _____ If no, what are you currently in jail for?

_____ When were you arrested on the underlying charge? _____ What is the offense level? Felony Misdemeanor

When were you sentenced? _____ What is your sentence length? _____

Is this your first offense? Y N If no, list any past charges and convictions:

Who was your attorney? _____ Do you have a release date? Y N

If so, when? _____ Do you have charges pending? Y N

If yes, where? _____

What charges are pending? _____

Who was your probation officer? _____

What was your most severe violation of probation charge? _____

If you violated your probation for new charges, when were you arrested for those new charges? _____

Do you have a juvenile record? Y N Explain: _____

Have you ever spent time in the State Pen? _____ How many times have you been in jail? _____

Have you ever had any write ups while in jail? Y N Explain: _____

Age you were at first conviction: ____ Age at first arrest: _____ Any arrests under 18? Y N

Explain: _____

Have you ever been charged or convicted of: **Sale of drugs?** Y N **Meth Manufacture?** Y N

Arson? Y N **Assault (domestic or aggravated)?** Y N **Reckless Endangerment?** Y N

Weapons? Y N **Child Abuse?** Y N

How many prior **NON DRUG felony** convictions do you have? _____ # of **felony DRUG** convictions? _____

How many prior **NON DRUG misdemeanor** convictions do you have? _____ # of **misd. DRUG** convictions? _____

How many times have you been incarcerated in your lifetime? _____

How many times have you been arrested? _____ Do you owe child support? Y N

If yes, how much? _____ Back child support? _____

Medical and Mental Health Information

Do you currently have insurance? Y N If yes, who with? _____

Do you have any of the following: co-occurring disorders? Y N visual impairment? Y N TB? Y N

High Blood Pressure? Y N back Injuries? Y N Difficulty breathing? Y N Hearing loss? Y N

Have you ever been diagnosed with hepatitis? Y N Are you diabetic? Y N Allergies? Y N

Developmentally disabled? Y N Physically disabled? Y N Been diagnosed with HIV? Y N

Have you ever had a medical issue that required prescription pain medication? Y N

Please explain where you answered YES to any of the above: _____

Do you have any acute or chronic unresolved medical conditions? Y N If yes, please explain:

Any other medical issues not listed here: _____

Are you currently on any medication for a medical issue? _____

Do you have a mental health diagnosis? Y N If yes, explain: _____

Are you or have you ever been on any psychiatric medications? Y N explain: _____

When were you diagnosed? _____ Do you have a case worker? _____

Do you have a history of lethality? (trying to harm yourself?) Y N

If yes, explain: _____

Current emotional or behavioral stressors:

Who do you go to for emotional support? _____

Do you have social support? i.e.: AA, Church, School, Work..._____

A & D Background

Have you ever been in drug and/or alcohol treatment? Y N If yes, Where and When? _____

Were you court ordered or was this voluntary? _____

How long were you sober after attending treatment? _____

Do you have a history of withdrawal: yes no

The 30 days prior to incarceration, did you have a combination of/ or take by itself: alcohol, barbiturates, or benzodiazepines? _____

How much did you consume? _____

How many alcohol/drug related emergency room visits have you had? _____

At what age did you first use alcohol REGULARLY? _____ When was your last drink of alcohol? _____

What is your primary drug of choice? _____ Date of last use? _____

Rate the severity of use: severe moderate mild Frequency? _____ Method? _____

What would be your second drug of choice? _____ Date of last use? _____

severe moderate mild Frequency? _____ Method? _____

What would be your third drug of choice? _____ Date of last use? _____

severe moderate mild Frequency? _____ Method? _____

Have you ever used any of the following?

DRUG	AGE of first use	Date of Last use	Severity	Frequency
_____pills	_____	_____	_____	_____
_____marijuana	_____	_____	_____	_____
_____Cocaine	_____	_____	_____	_____
_____Meth	_____	_____	_____	_____
_____Alcohol	_____	_____	_____	_____

IV drug user? _____ Do you currently use any type of tobacco? Y N type? _____

How many days sober do you have at this time? _____

How many AA/NA meetings have you attended in the last 30 days? _____

Do you have any other addictions? _____ If yes, what? _____

Do you feel that the reason you are in jail or have criminal charges is because of your drug use? Y N

Employment Background

What was your employment status at the time of your incarceration? _____

Where did you last work? _____

Was this a full time, part time, or temporary employment? _____

How long did you work there? _____ Reason for leaving: _____

What is the longest period of time you held one job? _____ Where? _____

What other places have you worked at? _____

Number of weeks employed in the past six months? _____ In the past year? _____

Do you find yourself with a lot of free time? Y N

Other Information

List your strengths: (i.e. family support system, vocational skills, prior treatment, etc.)

List your weaknesses: (i.e. lack of support system, lack of employment, lack of housing, etc.)

In your own words, explain what your plan would be if you were released from jail today:

In your own words, explain why you need help and what you need help with:

Are you motivated to make a positive lifestyle change? _____

I acknowledge that I have completed this application to the best of my ability and I understand that if I have been untruthful about my answers that I will be denied eligibility to the Fifteenth Judicial District Drug Court Program.

Signature: _____ Date: _____