



MIDLAND COUNTY ADULT FELONY DRUG COURT PROGRAM
APPLICATION

I am voluntarily applying to the Adult Felony Drug Court Program. I understand that I must review this application with the Drug Court Staff. This application will be reviewed and I may be asked to undergo an Intake Assessment and Eligibility Determination. I also understand that as part of my Drug Court application and admissions process, there will be discussions between the Drug Court Team, including but not limited to: the Judge, Prosecutor, Drug Court Coordinator, Defense Attorney, and Drug Court Probation Officer pertaining to my involvement in the Drug Court Program. I grant permission for these discussions to take place to assist in determining my eligibility and on-going progress in Drug Court. I certify that the information that I have provided on this application is correct to the best of my knowledge.

Signature of Applicant

Date

Printed Name

The information provided below, along with the information in any Substance Abuse Assessment, will not be included in the Court's file as a public record. The information will be reviewed by the Drug Court Team.

Last Name: _____ First Name _____ MI _____

Maiden Name (if applicable): _____ Alias(s): _____

Currently in Custody: ___Y___N If yes, where?: _____

DOB: _____ Age: _____ Race: _____ Gender: _____

U.S. Citizen? Y or N If No, Citizenship? _____

Primary Language/Languages Spoken: _____

Current Situation (new charge or on probation?): _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Address: _____ City/Zip: _____

Email Address: _____

Emergency Contact: _____ Phone: _____

Relation: _____ Do you have a Legal Guardian? ___Y___N

If yes, Guardian Name & Phone: _____

Do you receive Social Security Benefits? ___Y___N; If yes, \$ _____

Do you have Medicare, Medicaid, or private insurance? ___Y___N; If yes, who provides insurance (company) & #: _____

Family and Relationships:

Please name and give the relationships of supportive people in your life right now:

Marital Status (circle): Single Living w/Partner Married Separated Divorced Widowed
Spouse Name/Significant Other: _____

Do you have children? Y or N If yes, how many? _____

If you have children, please list name and ages: _____

Are you financially supportive of your children? Y or N

Do you receive child support? Y or N Are you required to pay child support? Y or N

If yes, are you current on your payments? Y or N

Residence: Time at current residence? _____ Number of times moved in past year? _____

Name, age, & relationships of persons living with you? _____

Criminal History:

Attorney: _____ Phone #: _____

Pending charges or probations elsewhere, in any other jurisdiction? Y or N

Charge: Jurisdiction: Status

Education:

Do you possess a High School Diploma? Y or N Place & Date: _____

Highest level of education? _____ Where? _____

Have you ever been diagnosed with a learning disability? Y or N If yes, please explain _____

If diagnosed with a learning disability, were you on medication for this? Y or N

If yes, please list meds: _____

Have you taken any college classes? Y or N If yes, where/when: _____

Military Status:

Have you had any military service? Y or N If yes, branch, years, rank & discharge status:

Work/Vocational:

Are you presently employed? Y or N If yes, Full-time Part-time Temporary (circle one)
Current Employer: _____ Employer Phone: _____
Employer Address: _____
Supervisor's Name: _____ Length of Time Employed There: _____
Job Title: _____ Job Duties: _____
If Unemployed: How Long: _____ Reason: _____
Do you receive Disability Benefits?: Y or N If yes, what type: _____

Medical:

Do you have any medical problems that restrict your activities? Y or N If yes, please explain:

Are you presently on prescription medication for medical reasons? Y or N
If yes, list name/dosage: _____
Do you have a primary care physician?: Y or N
Dr.'s name/address/phone: _____
When was the last time you saw a physician? _____
Date of last complete physical? _____ Doctor completing: _____

Mental Health/Developmental/Intellectual Disabilities:

Are you currently a client with any mental health provider? Y or N
If yes, who is your therapist and/or case manager – please provide name & phone number: _____
Have you ever been *diagnosed* with a mental illness and/or a developmental disability?: Y or N
If yes, please explain: _____
Have you ever *sought treatment* for a mental health illness?: Y or N
If yes, where: _____ When: _____
For what: _____
Have you ever been hospitalized for mental health reasons? Y or N
If yes, why/where/when: _____
Are you currently prescribed medication for anxiety, depression or any other symptoms? Y or N
If yes, which medication and dosage: _____
Do you find this medication helpful? Y or N
If NO, please explain: _____
Have you ever seen a Psychiatrist before? Y or N
If yes, please explain: _____
Have you ever had any *thoughts of suicide*? Y or N
If yes, please explain: _____
Have you ever *attempted suicide*? Y or N
If yes, when & how: _____
Have you ever had thoughts of harming someone else? Y or N
If yes, when & how: _____

Driving:

Do you currently possess a driver's license?: Y or N If yes, what state?: _____

Do you have any pending issues with your license?: Y or N

If yes, please explain: _____

Have you ever lost your driver's license? Y or N

If yes, please explain: _____

If you lost your driver's license, what will it take for you to get it back? _____

Do you currently own an automobile? Y or N

If yes, make/model/plate: _____

Substance Use:

Prior Substance Abuse Treatment/Counseling/Self-Help Meeting Attendance? Y or N

If yes, please list dates & places: _____

My first Drug of Choice is: _____ Date of last use? _____

My Second Drug of Choice is _____ Date of last use? _____

My Third Drug of Choice is _____ Date of last use? _____

Drug Court Goals:

The Adult Felony Drug Court Program is an alternative sentencing program for individuals who possess a desire to make life/ behavioral changes. What changes do you believe you need to make at this point and time in your life?

Why should you be accepted into the Drug Court Program?