

APPLICATION FOR SPECIALTY COURT

Please check the appropriate Court you are applying for:

Treatment Court Behavioral Health Court

CASE # _____ CRIMINAL CHARGE(S) _____

OTN _____ PROBATION/PAROLE VIOLATION: Yes No

DATE OF ARREST: _____ B.A.C. (If applicable): _____

Please complete the following information. Failure to complete this form in its entirety may result in a delay and/or denial into the program.

Name: _____ Age: _____

DOB: _____ SS#: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Length at present address: _____ List below five years prior residences:

Family Support System (Please provide a list of family members in your support system, along with their contact information) *Information on this application may be shared with these family members.

- | | | | |
|----------|---------|----------|-----------|
| 1. Name: | Number: | Address: | Relation: |
| 2. Name: | Number: | Address: | Relation: |
| 3. Name: | Number: | Address: | Relation: |
| 4. Name: | Number: | Address: | Relation: |

Place of Employment _____ Medical Insurance: Yes or No

Are you currently on Probation/Parole? _____ State or County: _____ In Jail? _____

Attorney Name: _____ Phone: _____

Drug User: _____ Drug Choice: _____ Length of Use: _____

Alcohol User: _____ Frequency: _____ Length of Use: _____

Mental Health Issues/Diagnosis: _____

Have you been to inpatient mental health or drug and alcohol treatment? If so when and where?

Physician: _____ **Medications:** _____

Caseworker: _____ **Who referred you to this program?** _____

Are you currently attending counseling or involved in any program? If yes, list below.

List Agency providing services:

Date of Formal Arraignment: _____

Signature: _____ **Date:** _____

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For Official Use Only. Do not write in the space below:

Application Sent to DA/VW

Application Sent to APO

Sent for Assessment

Assessment Completed

**Application Sent to
Judge**

**Application To
Committee**

**Application Sent to Office
Of The Victim Witness
Coordinator**

DISTRICT ATTORNEY RECOMMENDATION

RECOMMENDED: Yes or No

NOT RECOMMENDED (Why?):

COMMENTS:

District Attorney

Date

VICTIM WITNESS COORDINATOR RECOMMENDATION

RECOMMENDED: Yes or No

NOT RECOMMENDED (Why?):

COMMENTS:

Victim Witness Coordinator

Date

FORM E