

EIGHTH JUDICIAL DISTRICT DRUG COURT

PLEASE READ CAREFULLY! THE INFORMATION REQUESTED ON THIS WORKSHEET IS MANDATORY. ALL QUESTIONS MUST BE ANSWERED. IT WILL BE UTILIZED TO ASSIST IN YOUR ASSESSMENT FOR ENTRY INTO THE DRUG COURT AND FOR NO OTHER REASON. THIS INFORMATION WILL ONLY BE DISSEMINATED TO INDIVIDUALS WHO HAVE A NEED TO KNOW. HOWEVER, FAILURE TO COMPLETELY AND TRUTHFULLY ANSWER ALL QUESTIONS MAY BE GROUNDS FOR DENYING ENTRY INTO THE DRUG COURT.

Today's Date: _____/_____/_____

Who told you about Drug Court? (check which one applies)

Court/Judicial District Attorney DHS Probation/Parole Prosecutor Self Other

First Name: _____

Middle Name: _____

Last Name: _____

Suffix: _____

Alias: _____

Address: (include Street-City-State-Zip Code) _____

E-mail: _____

What is your Race/Ethnicity? (check which one applies)

African American Alaskan Native Asian/Pacific Caucasian Hispanic/Latino

Multi-racial Native American Other _____

Natural Gender: Male Female

Have you ever had gender re-assignment surgery or procedures? Yes No

Are you expecting to have re-assignment surgery within the next 5 years? Yes No

Height: _____ ft. _____ in. _____ Weight: _____ lbs. Natural Eye Color: _____

Natural Hair Color: _____ DOB: ____/____/____ Age: _____

Marital Status:(check which one applies)

Married Single Separated Divorced Widowed Common Law Relationship

Phone: (It **MUST** be a working number. We **MUST** be able to get in contact with you.)

Home _____ - _____ - _____ Work _____ - _____ - _____ Cell _____ - _____ - _____

*****DRUG COURT USE ONLY*****

Agency: _____ Officer: _____ Approval: Yes No GED or HS Diploma? Yes No

Special Conditions: _____

Drug of Choice: _____

Previous Treatment: _____

Do you have a Social Security Number? Yes No If yes, what is it? _ _ - _ - _ _

Driver's License Status: (check which one applies)

Expired/Not Valid Never had any Revoked Suspended Valid

Driver's License #: _____

In what State do you have your Driver's License? _____

Do you have a State ID #? Yes No

If yes, what is your State ID Number? _____

In what city and state were you born? _____

What is your Current Charge(s): _____

Date of arrest: _____ Arresting Agency: _____ Arresting Officer: _____

Are you currently in Jail: Yes No

What Jail? _____ Jail Admit Date: _____

Do you have any prior Felony Convictions? Yes No

If yes, list all Felony Convictions: _____

Do you have prior Misdemeanor Convictions? Yes No

If yes, list all Misdemeanor Convictions: _____

Do you have any Previous Convictions of a Violent Crime or Sex Offense?

Yes No

If yes, what was the offense? _____

Do you have any Previous Convictions for Domestic Violence? Yes No

Do you have Outstanding Warrants? Yes No Where? _____

Are you currently on Probation? Yes No Agency and PO's Name: _____

Are you currently on Parole? Yes No Agency and PO's Name: _____

Do you have any pending Felony Criminal Charges other than this current charge? Yes No

If yes, list all pending charges and the agency that charged you:

Do you have any pending Misdemeanor Criminal Charges? Yes No

If yes, list all pending charges and the agency that charged you:

Do you have any failures to appear to court? None 1 2 3 or more

Have you ever been in a Drug Court?

- No Successfully Completed Transferred to another Jurisdiction Unsuccessful – Absconded
 Unsuccessful – New Offense Unsuccessful – Program Violation Voluntary Withdrawal

Have you had any Substance Abuse problems? Yes No

List all mood altering drugs you have used in the past 2 years: (example: marijuana, cocaine, alcohol etc.)

List all other mood altering drugs you have tried:

Have you had any prior Substance Abuse Treatment? Yes No

If yes, how many times in treatment? _____ Where? _____

What is your Drug of Choice: 1st _____ 2nd _____ 3rd _____

Are you currently an IV Drug User? Yes No

Have you ever used IV Drugs? Yes No

If yes, what kind? _____

Have you ever heard voices or hallucinated when drinking or using drugs? Yes No

Do you feel you have a substance abuse problem? Yes No

What age were you when you began using drugs? _____

What age were you when you began using alcohol? _____

Do you smoke Cigarettes? Yes No

If yes, how many packs per day? _____

Did you start smoking before using alcohol/drugs or afterwards? Before Afterwards

Are you currently in a Substance Abuse Treatment Program? Yes No

Are you currently taking any medications? Yes No

If yes, list all medications and what you take it for:

Do you have a Physical Condition that causes you problems? Yes No

If yes, list all Physical Conditions:

Do you have a Psychological/Mental Condition? Yes No

If yes, list all Psychological/Mental Conditions:

Have you ever been given medication to help with your Substance Abuse? Yes No
If yes, what were you given and how long did you take it? _____
Who prescribed it? _____ Comments: _____

Are you pregnant? Yes No N/A If yes, what is your due date? _____
Do you have any communicable diseases? (check all that apply)

Hepatitis B Hepatitis C HIV Tuberculosis Other: _____

Is it possible that you have a communicable or sexually transmitted disease? Yes No
What could you possibly have? _____

Would you like to be treated for sexually transmitted diseases? Yes No

Do you have medical insurance? Yes No

If yes, what kind? Medicaid Medicare Private Insurance Other _____

Do you have a history of any Mental Health Condition(s)? Yes No

Were you treated for this condition? Yes No

Do you have a history of any Medical Condition(s)? Yes No

What is your highest education completed?

11th grade or less GED High School Graduate Some Trade School Trade School Graduate

Some College 2 Year College Graduate 4 Year College Graduate Some Post Graduate

Advanced Degree Community College Not in School

What is your current employment status?

Employed Full-Time Employed Part-Time Not Working Retired

Full-Time Student Volunteer Disabled

What is your primary source of income? _____

What is your total monthly income (entire household)? _____

What is the longest time you worked on one job? Years: _____ Months: _____

How many jobs you have you held in the past 5 years? _____

How many biological children do you have? _____ How many children live with you? _____

List Children's Names/Ages: _____

Do you have child support obligations? Yes No

If yes, check which one applies:

None Not Paying Paying Current Paying Not Current

Do you have reliable transportation? Yes No

Have you ever served in a branch of the US Military? Yes No

If yes, what branch? _____ How were you discharged? _____

What is your religious group or church affiliation? _____

Is your mother living? Yes No If no, how long has your mother been deceased? _____

Is your father living? Yes No If no, how long has your father been deceased? _____

Were you raised by someone other than your parents? Yes No If yes, who? _____

How many brothers do you have? _____ How many sisters do you have? _____

Do any of the following individuals have a drug/alcohol problem? (Circle all that apply)

Father Mother Brother Sister Grandfather Grandmother Uncle Aunt Child Spouse Girlfriend Boyfriend

Do you have financial problems now? Yes No

What is your highest annual income in the past 5 years? _____

Do you currently live with anyone? Yes No With whom? _____

How many times have you moved in the last three years? _____

What is the length of time at your current primary address? Years: _____ Months: _____

What are your living arrangements? Dependent Independent Homeless

Emergency Contact:

1. Name: _____ Relationship: _____

Phone: _____ - _____ - _____

2. Name: _____ Relationship: _____

Phone: _____ - _____ - _____

3. Name: _____ Relationship: _____

Phone: _____ - _____ - _____

Notes:

Signature: _____ Date: _____ - _____ - _____