RICHLAND COUNTY TREATMENT COURT PROGRAM APPLICATION

Sobriety Court & Drug Court

Name: _____ *Cell Phone:* _____

Address: _____ *Alternate Phone:* _____

_____ *Date of Birth:* _____/_____/_____
Age____

Living Situation: ☐ Rent ☐ Own ☐ Apartment ☐ Live with Family

☐ Other, *please specify:*_____ *How long at residence?*_____

Proof of Identification: ☐ ID/Driver's License _____ Valid ☐

Place of Birth: _____ *Additional State Residencies:* _____

_____

Alias/Maiden Name: _____ *Alias DOB:* _____/_____/_____

Sex assigned at birth: ☐ Male ☐ Female *Race:* _____

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Widowed ☐ Divorced

# of Children: _____ # in Household: _____ Under 18: _____

Annual Income: ☐ Less than $15,000 ☐ $15,001-25,000 ☐ $25,001-35,000

☐ $35,001-45,000 ☐ $45,001-55,000 ☐ More than $55,001

Education Status: ☐ 11th Grade or Less ☐ Diploma/GED ☐ Current Student

☐ Some College ☐ 2 or 4 Year Degree ☐ Vocational Degree

☐ Graduate Degree

Employment Status: ☐ Unemployed ☐ Part-Time ☐ Full-Time ☐ Other: _____

☐ Disability ☐ Retired ☐ Student – School: _____

Place of Employment: _____ *How long have you worked there?*_____

*Previous Employer(s), if above is less than 1 year:*_____

Do you have reliable transportation currently? ☐ Yes ☐ No

If license is suspended/revoked in the future, would you have reliable transportation? ☐ Yes ☐ No

PLEASE NOTE – TRANSPORTATION IS OF HUGE IMPORTANCE DUE TO THE MANY PROGRAM REQUIREMENTS. The program may be able to assist, at times, with providing a taxi but will not be able to be provide or fund a participant's entire transportation need.

Please indicate your current (or anticipated after incarceration) schedule.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Leave Time							
Return Time							

Please also indicate other times you have a consistent schedule (i.e. group sessions, school).

Please list or describe your criminal history.

_____

_____

Do you have a juvenile criminal history? ☐ No ☐ Yes

Are there any firearms in the residence in which you reside? ☐ No ☐ Yes

Are you currently on probation? ☐ No ☐ Yes

Who is your agent? _____

What are you on probation for? _____

Do you have medical/health insurance? ☐ No ☐ Yes

If so, what type? _____

Currently Pregnant? ☐ No ☐ Yes ☐ N/A *VA Benefits:* ☐ No ☐ Yes

*How is your **medical** health currently managed, include primary doctors name and phone number?*

_____

*List any significant **medical** problems (not mental health-related):*

_____ _____

_____ _____

*Have you ever had a **mental** health evaluation prior to entering RCTC Program?* ☐ No ☐ Yes

Was there a diagnosis, if so what? _____

*How is your **mental** health currently managed, include primary doctors name and phone number?*

_____

*List all **mental** health diagnoses (not medical health-related):*

_____ _____

_____ _____

*List **ANY/ALL** prescribed medications, duration prescribed, and the prescriber:*
(May be asked to provide current medication list from the doctor(s)/pharmacy.)

_____ _____

_____ _____

Substance use (Alcohol and/or Drug)

Primary sub. of choice: _____ *Secondary sub. of choice:* _____

Frequency used: _____ *Frequency used:* _____

Age at first use: _____ *Age at first use:* _____

Date of last usage: _____ *Date of last usage:* _____

Age first began using ^ regularly: _____ *Age first began using ^ regularly:* _____

Have you ever tried to quit or cut down on using ^ before? ☐ No ☐ Yes

Did you experience shakes or sweats? ☐ No ☐ Yes

Previous history of withdrawals/detox? ☐ No ☐ Yes

_____

_____

Do you have any history of selling, dealing, manufacturing or delivery, of substances of any kind?
Please note this is for informational/screening purposes only.

☐ No ☐ Yes

If yes, what substance(s) _____
Approximate time since last dealing/selling _____
Primary reason (ex. Money/profit, deal to use, part of environment). _____

Have you had previous treatment for substance abuse? ☐ No ☐ Yes

*If yes, when and where:*_____

_____

Have you ever served in the US Military? ☐ No ☐ Yes

What do you want your life to look like after Treatment Court?

_____

_____

_____

_____

Are you applying for Drug Court of OWI Court? (Circle one)

Please describe your history of use for all substances to the best of your ability. Any information you are willing to provide is helpful in determining your eligibility for Richland County Treatment Court.

- Specify substance, frequency, amount, periods of trying to quit or cut back, physical symptoms, consequences of use (legal, financial, employment, social, etc.).
- What did your use look like prior to your most recent arrest?

I hereby apply for acceptance in the Richland County Treatment Court Program. I understand:

1. My participation in this program is completely voluntary, but if accepted, my participation will be ordered by the court at the time of sentencing.

2. I will be responsible for timely payment to the Clerk of Courts for all fees, as well as any other fees I may incur from participation.

3. Participation in the program will require that I sign authorizations permitting the disclosure of protected health information between the treatment providers, the courts, Richland County Treatment Court, and Community Corrections (probation/parole). I will be required to disclose to a physician that I am part of the Treatment Court.

4. I must abstain from *all* alcohol and illegal drug use during my participation in the Treatment Court Program. I may be terminated from the program if I use alcohol or drugs.

5. I am responsible for discussing all aspects of the Treatment Court Program with my attorney prior to entering the program. If I do not have an attorney, I am responsible for obtaining information about the program requirements from the Office of the State Public Defender or the Treatment Court Coordinator.

6. I understand and consent that the information collected in this screening/application will not be used against me, however, some data may be retained for statistical analysis and becomes the property of the Richland County Treatment Court.

Furthermore, I confirm following and can provide documentation to support that:

7. I am an adult, Richland County resident.

8. I am a legal resident of the United States of America (as demonstrated by passport, birth certificate, or green card).

9. I have no prior serious violent offenses, no record of any felony weapons violations, and no criminal cases pending in another jurisdiction.

10. I am able to read at least at sixth grade level.

_____

Signature Date