

**REQUEST FOR SCREENING FOR ADULT DRUG COURT\*\***

Please Print Clearly

Date of Request: \_\_\_\_\_

Attorney: \_\_\_\_\_

Defendant's Name: \_\_\_\_\_  
(Defendants currently on Methadone Maintenance or Suboxone are not eligible.) Date of Birth \_\_\_\_\_

Hernando County address: \_\_\_\_\_

Name of Adult Contact at residence: \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

Judge/Docket: \_\_\_\_\_ Next Court Date: \_\_\_\_\_

Case Number(s): \_\_\_\_\_

Scoresheet Points (if available): \_\_\_\_\_

Names of Persons Defendant will be living with: \_\_\_\_\_ Telephone/Cell Phone Nos. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Drug(s) of Choice: \_\_\_\_\_ Length of Addiction: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current MEDICATIONS: \_\_\_\_\_

Any Pending OPEN charges in other counties? YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES" please list:

CHARGE(S): \_\_\_\_\_ COUNTY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Copy sent to:      State Attorney      Drug Court Coordinator

This request has been discussed and reviewed with Judge Tombrink.

**\*\*REQUIREMENT:** Since 7/1/13 there is a \$250.00 prepayment of program fee required, or 50 hours of Community Service (at a monitored and approved DOC site) within 30 days of signing the Waiver and Plea Agreement. Failure to complete Community Service hours may cause sentencing. Completion of Community Service does not go toward a reduction in the program fee, which will remain \$1,835.00, plus any additional sanction fees.