

MARION COUNTY DUI COURT PROGRAM APPLICATION

PLEASE PRINT NEATLY

GENERAL:

Name: Last _____ First: _____ MI: _____

Date of Birth: _____ Race: _____ SSN# (last four): _____

Address (1): _____ City _____ Zip Code _____

Address (2): _____ City _____ Zip Code _____

Telephone #: (Home) _____ (Cell) _____ (Work) _____

Sex: Female or Male (circle one)

Marital Status: Single, Married, Divorced, Separated (circle one) # of Dependents: _____

EMERGENCY CONTACT: Name _____

Telephone # (s): _____ Relationship: _____

Name of Child(ren)

List all other persons residing with you:

Driver's License #: _____ State: _____

Make/Model of Vehicle(s) Owned/Leased: _____

Date of Arrest	CURRENT CHARGES (list all):	Court Case #(s):

Date of Arrest	CRIMINAL HISTORY (list charges):	City/State:

The Marion County Drug Court does not discriminate against qualified applicants on the basis of race, color, religion, gender, age, national origin, marital status, handicap (disability) or veteran status or as otherwise prohibited by federal, state or local law.

Office of the Court Administrator, Fifth Judicial Circuit
Marion County DUI Court
110 NW 1st Avenue, Room 1-1057 Ocala, FL 34475
Telephone: 352-401-6769 Fax: 352-401-8160

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ANNUAL FAMILY INCOME: (circle one)

(1) \$0-\$5,999 (2) \$6,000-\$10,999 (3) \$11,000-\$15,999 (4) \$16,000-\$20,999 (5) \$21,000-\$25,999
 (6) \$26,000-\$29,999 (7) \$30,000-\$49,999 (8) \$50,000-\$60,000 (9) 61,000-75,000 (10) Over \$76,000

SOURCES OF INCOME: (check all that apply):

Employment Pension Social Security Disability Worker's Compensation SSD
 SSI Spouse AFDC Other (describe): _____

EDUCATION:

Years of Education Completed: _____ GED High School Community College
 College Graduate School Technical/Vocational Business School Other _____

TRADE(s) OR SKILL(s):

(1) General Labor (2) Janitorial/Cleaning (3) Manufacturing
 (4) Food Service (5) Warehouse/Shipping (6) Retail Store
 (7) Office-Clerical (8) Office-Professional (9) Driver
 (10) Medical (11) Trade, Craft, Skill (12) Sales
 (13) Other: _____

MILITARY SERVICE: Yes No Dates of Military Service: _____

VA ELIGIBLE: Yes No

EMPLOYMENT HISTORY: List all employment for the past 5 years:

Dates Employed	Employer	Occupation	City & State

Current Employment Status: Full-Time Part-Time Unemployed Not in labor force

Current Employer's Name: _____

Address of Employer: _____

City _____ Zip Code _____ Telephone#: _____

Length of time with current employer: _____

Reason for leaving last employment: _____

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DRUG HISTORY(if any):

Drug(s) Used	Route (IV, Oral, Smoke, Snort)	Frequency	Age Began	Last Use

1st Drug of choice: _____ 2nd Drug of choice: _____
 3rd Drug of choice: _____ 4th Drug of choice: _____

Comments:

- Used needles in the last year.
- Substances/drugs by participant's spouse, partner, housemate, or others living with participants. If yes, describe:

DRUG TREATMENT HISTORY (Treatment attempts prior to drug court).

Prior treatment/counseling for drug/alcohol abuse: Yes No If Yes, Complete the below box

Type of Treatment	Treatment Provider	Name of City/Town	Began	Ended	Outcome (Completed/Reason for Leaving)

Choose all that apply.

- (1) 12 Step (2) Offender (3) Drug/Alcohol (4) Detoxification (5) Methadone Maintenance
 (6) Outpatient (7) Psychotherapy (8) Residential (9) Other:

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MENTAL HEALTH HISTORY: have you ever undergone a mental health evaluation or treatment?

Yes No Unknown If Yes, add any comments on the treatment, evaluation outcome or diagnosis: _____

Date(s) evaluation: _____

Dates of Treatment: From: _____ To: _____

Therapist/Hospital or Facility's name and location:

Reason for treatment: _____

List any medications prescribed during treatment:

MEDICAL HISTORY:

Describe your current health status: _____

Are you currently under the care of any physician: No Yes If yes, provide physician(s) name(s) and address(es) in the below box:

Physician Name	Address	Telephone Number	Reason for Treatment

Do you suffer any from chronic illness, disease or condition? No Yes If yes, indicate the illness or condition and describe current treatment being received if any:

If pregnant, month of pregnancy: _____

List any disabilities: _____

List any and all prescribed or over the counter medications you are currently using:

Childhood Diseases:

Past Surgeries:

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I have a substance abuse problem and hereby request to be considered for the Marion County DUI Court Program. I understand that the opportunity to participate in this program is a privilege, not a right. I acknowledge that if I am accepted, there will be rules and responsibilities that I will be expected to follow that will include treatment and frequent drug screens. I understand that I can expect to receive incentives when I progress in the program and sanctions when I do not.

I further hereby grant permission to disclose and deliver to the treatment provider(s) and The DUI Court Judge, Drug Court Personnel, State Attorney, Public Defender, Salvation Army probation and any private attorney retained on my behalf any and all information contained in this application and any subsequent records from any Marion County DUI Court. Such information may include my criminal history, medical, mental health, and psychiatric record information. This information is used in reference to decisions related to my involvement and participation in the Marion County DUI Court Program.

SIGNATURE

DATE

WITNESS PRINTED NAME

WITNESS SIGNATURE

DATE

NOTE: IF APPLICATION HAS NOT BEEN COMPLETED IN IT'S ENTIRELY IT MAY NOT BE PROCESSED.

FOR REFERRING SOURCE OR ATTORNEY
Name/Title:
Firm:
Mailing Address:
Telephone Number(s):
Facsimile Number:
E-mail address: