

MARION COUNTY MISDEMEANOR DRUG COURT (MDC) PROGRAM

MDC Application Packet & Instructions

This packet contains the forms and information needed to make application for admission to the Marion County Misdemeanor Drug Court program (MDC);

SECTION I

- | | |
|-------------------------------------|---------|
| 1. MDC Contact information | Page 1. |
| 2. Application procedures | Page 2. |
| 3. MDC Application fee instructions | Page 2. |

SECTION II

- | | |
|-------------------------------|------------|
| 4. MDC Application | Pages 3-4. |
| 5. MDC Release of Information | Page 5. |
| 6. MDC Screening information | Page 6. |

SECTION III

- | | |
|--------------------------------|-----------|
| 7. MDC Participation Agreement | Pages 7-9 |
|--------------------------------|-----------|

Contact Information:

Court Administration

Marion County Judicial Center, Room 1-1057

Telephone: 352/401-6706 Facsimile 352/401-6726

MDC APPLICATION PROCEDURES

The following are the procedures to be followed when a defendant wishes to be admitted into the Marion County Misdemeanor Drug Court (MDC) Program:

1. The defendant completes the application and accompanying releases and delivers the application and releases to the Administrative Manager's office, together with the \$25.00 non-refundable application fee.
2. The Administrative Manager or designee reviews, the application and forwards copies to the State Attorney's Office, the MDC presiding judge and the approved providers.
3. The application is reviewed by the MDC Team at its next regular staffing, the Assistant State Attorney and counsel for the defendant are welcome to attend the staffing meeting. The Assistant State Attorney advises the Team as to the State's position on the defendant's application. A written recommendation is made to the trial judge together with a proposed order of reassignment, if applicable.
4. The presiding MDC judge reviews the recommendation of the MDC Team, the position of the State Attorney and, if applicable, the trial court judge executes the transfer order placing the defendant on the Misdemeanor Drug Court docket.
5. The defendant attends the next regularly scheduled MDC hearing and at that hearing the order establishing MDC requirements and the MDC Agreement is executed by the presiding judge, a copy of which is provided to the defendant and his/her counsel.

Application Fee:

The nonrefundable application fee of \$25.00 shall be in the form of a Money Order made payable to:

Marion County BOCC

The application fee must be paid prior to the application being submitted for review to the Office of the State Attorney and the MDC team.

MARION COUNTY MISDEMEANOR DRUG COURT (MDC) PROGRAM

APPLICATION/RELEASE

PERSONAL INFORMATION

First Name: _____ Middle: _____ Last Name: _____ Suffix: _____

Alias: _____

Social Security #: _____ DL State: _____ DL/ID #: _____ DL Status: _____

Address: _____ City: _____ State: _____ Zip: _____

Living Arrangement: Independent Homeless Dependent with (Name and Relationship)

Phone Number: _____ Alternate Number: _____ Alternate Number: _____

Date of Birth: _____ Marital Status: Single Married Separated Divorced Widowed

Spouse's Name: _____ Spouse's Occupation: _____

Race/Ethnicity: African American Caucasian Multi-Racial Asian / Pacific Islander
 Hispanic / Latino Native American Other: _____

Children (use back page if there are more):

Name: _____ Living with Client: Yes No/Lives with: _____

Age: _____ Attending School: Yes No School Attending: _____

Name: _____ Living with Client: Yes No/Lives with: _____

Age: _____ Attending School: Yes No School Attending: _____

Name: _____ Living with Client: Yes No/Lives with: _____

Age: _____ Attending School: Yes No School Attending: _____

Child Support:

N/A Paying Current Paying Not Current Not Paying Support Enforcement Involved: Yes No

Others residing in the home other than children and spouse already listed:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

CRIMINAL HISTORY

Current Charge or Previous Conviction of a Violent Crime or Sex Offense, Other Than Domestic Violence? Yes No

If Yes: What Offense _____

Previous Conviction for Domestic Violence? Yes No Outstanding Warrants: Yes No

Pending Criminal Charges: Yes No Previous Court Failures To Appear: Yes No

Currently on Probation: Yes No Probation Officer's Name: _____

History Of Prior Drug Court Participation: None Successful Voluntary Withdrawal Unsuccessful Absconded

Current Dependency Case? Yes No FFN Caseworker Name: _____

Has there ever been a Dependency Case? Yes No

If yes, year and outcome: _____

EMPLOYMENT HISTORY

Current Employment Status: Unemployed Full-Time Part-Time Disabled Retired Student

If Employed :

Name of current employer: _____

Average number of hours worked per week: _____

Length of time with current employer: _____

Primary Source of Support:

- | | | |
|--|---|---|
| <input type="checkbox"/> Adoption Subsidy | <input type="checkbox"/> Disability | <input type="checkbox"/> Family |
| <input type="checkbox"/> Foster Care Subsidy | <input type="checkbox"/> Retirement Plan | <input type="checkbox"/> Salary/Wages |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Social Security Disability | <input type="checkbox"/> Veteran's Benefits |
| <input type="checkbox"/> Welfare | <input type="checkbox"/> Workers Compensation | <input type="checkbox"/> None |
| <input type="checkbox"/> Other: _____ | Gross Monthly Income (from all sources): \$ _____ | |

Employment History (previous job experiences and why you are no longer employed there):

What type of work are you interested in?

Describe any previous volunteer involvement you have had:

Describe any community or church involvement you have been a part of:

Transportation Status:

Reliable Transportation No Reliable Transportation - Comments _____

Prior Military Service (Years in Service, Branch & Rank): _____

Do you have a DD214? Yes No Discharge Status: _____ Registered with VA Services: Yes No

EDUCATION HISTORY:

Highest Education Completed:

- | | | |
|--|--|--|
| <input type="checkbox"/> No High School Diploma: Last Grade Completed: _____ | <input type="checkbox"/> GED | <input type="checkbox"/> High School Diploma |
| <input type="checkbox"/> Some Trade School | <input type="checkbox"/> Trade School Graduate | <input type="checkbox"/> Major/Minor: _____ |
| <input type="checkbox"/> Some College | <input type="checkbox"/> College Graduate 2 year Program | <input type="checkbox"/> Major/Minor: _____ |
| <input type="checkbox"/> College Graduate 4 year Program | | <input type="checkbox"/> Major/Minor: _____ |
| <input type="checkbox"/> Advanced Degree | | <input type="checkbox"/> Major/Minor: _____ |

If you do not have your High School Diploma or GED, explain what led you to drop out : _____

Did you have an Individualized Educational Program ("IEP") when in school? Yes No Unsure

Were additional services provided while you were in school (tutoring, specialized classes, counseling, speech or other therapies)?

What difficulties/issues did you have in school?

Name of Judge currently assigned to the criminal case: _____

RELEASE OF INFORMATION

The purpose of, and need for, this exchange of information is to provide information about my eligibility for, and participation in the Marion County Misdemeanor Drug Court (MDC) Program application process. The information to be exchanged may include information about any diagnosis which will include, but is not limited to: medical history, including current assessments, diagnosis, treatment and medications, arrest and prior criminal record, risk and alcohol/drug use assessment and diagnosis information.

The Misdemeanor Drug Court (MDC) team members are: the presiding MDC Court Judge, Assistant State Attorney, Public Defender, or other Defense Counsel, Director of Case Management; Administrative Manager, Drug Court staff, the Marion County probation provider and treatment providers as needed.

I agree that the disclosure of the Application, Intake/Screening and Treatment information, prior to the Misdemeanor Drug Court (MDC) termination, sentencing, and /or revocation of this consent shall not be a breach of my right to confidentiality.

I understand that any disclosure made regarding mental health and substance abuse treatment is bound by Part 2 of Title 42 of the Code of Federal Regulations (42CFR, part 2), which governs the confidentiality of mental health and substance abuse patient records and that recipients of this information may re-disclose it only in connection with their official duties, and only with respect to these particular criminal proceedings.

Signature of applicant

Date

Name of attorney (Please Print)

Signature of attorney

Date

Intake Screening Information

SUBSTANCE ABUSE HISTORY

Prior Substance Abuse: ___ Yes ___ No Prior Substance Abuse Treatment: ___ Yes ___ No
IV Drug User: ___ Yes ___ No History Of IV Drug Use: ___ Yes ___ No
Drug of Choice: Enter P-Primary, S-Secondary, A-Additional
___ Tobacco ___ Alcohol ___ Cannabinoids (marijuana) ___ Steroids/Inhalants
___ Cocaine ___ Crack ___ Amphetamine ___ Methamphetamine
___ RX: Depressants ___ RX: Stimulants ___ RX: Opioid Pain Relievers ___ Other: _____
(Circle the ones used)
___ Dissociative: Ketamine / PCP/ Salvia/ DXM/ Spice/ Bath Salts ___ Club Drugs: MDMA/ Rohypnol /GHB
___ Hallucinogens: LSD/Mescaline/Psilocybin

Were you under the influence of any substances when arrested for this charge or any other charges?
Explain: _____

Age Began Drugs: ___ Years Using Drugs: ___ Age Began Alcohol: ___ Years Using Alcohol: ___

Ever been involved in a substance abuse treatment program? ___ Yes ___ No
Explain: _____

Current Medications: ___ Yes ___ No If Yes, Condition is: ___ Physical ___ Psychological ___ Both
Medications: _____

Ever been treated for substance abuse through a pharmacological intervention such as Methadone Treatment? ___ Yes ___ No
Where? Comments: _____

Pregnant?: ___ Yes ___ No ___ N/A Due Date: _____ Hospital: _____ Doctor: _____
Comments: _____

Medical Insurance: ___ None ___ Medicaid ___ Medicare ___ Private: Carrier: _____

History Of Mental Health Condition(s): ___ Yes ___ No Explain: _____

History Of Medical Condition(s): ___ Yes ___ No Explain: _____

HOME LIFE

Number Of Times Moved In The Last Three Years? ___ Comments: _____
Length Of Time At Current Primary Address? ___ Comments: _____

Describe your home situation:

Do you have any close friends? Who? Are they involved with the court system?

Trauma/Loss

Has there been any significant trauma or loss in your life (e.g., loss of a family member or friend, separation from a close relative)?

Your turn to share...anything else you feel is important for us to know:

**AGREEMENT TO PARTICIPATE IN THE MARION COUNTY
MISDEMEANOR DRUG COURT PROGRAM (MDC)**

Initial Each:

_____ 1. I am the Defendant in the below-styled case and have been charged with the offense(s) below which qualify me for entry into the Misdemeanor Drug Court Program (MDC) pursuant to Florida Statute 397.334(2) pre-trial based drug court.

Name _____ Case No. _____
Charge(s) _____

_____ 2. I understand my right to an attorney in criminal proceedings.

_____ 3. I understand my rights to: plead not guilty, require the State to prove the charge(s) against me beyond a reasonable doubt, to a jury trial, to confront the witnesses against me, to compel attendance of witnesses on my behalf, to testify on my own behalf or remain silent, and to appeal any judgment and sentence imposed against me.

_____ 4. I understand my right to plead guilty or no contest and request a sentence within the maximum and minimum penalties for my charge(s) instead of participating in the MDC.

_____ 5. I understand that upon successful completion of the Marion County Misdemeanor Drug Court (MDC) Program, the criminal prosecution of the above-listed offense(s) will be terminated and these charge(s) will be dismissed.

_____ 6. I understand my right to a speedy trial under the Florida Rules of Criminal Procedure as well as the Constitutions of the United States and the State of Florida and I hereby waive my right to a speedy trial which is the right to be brought to trial within ninety (90) days of my arrest.

_____ 7. I understand my right to participate in the discovery process under the Florida Rules of Criminal Procedure and I hereby waive my right to participate in the discovery process which is the right to obtain all information within the State's possession or control relevant to the offense(s) charged or any defense thereto.

_____ 8. I have been instructed on my Marion County Misdemeanor Drug Court (MDC) Program supervision, education and treatment obligations.

_____ 9. I accept the following terms and conditions under this agreement:

a. The prosecution of the above-listed offense(s) shall be deferred for a period of no less than six (6) months and no more than one (1) year.

b. I accept financial responsibility for treatment and educational programs.

c. I will submit to random urinalysis and/or breathalyzer tests in a manner directed by the Court, the Marion County Misdemeanor Drug Court (MDC) staff, probation counselor and/or treatment provider.

- d. If required by the Court, I will attend additional rehabilitative programs for substance abuse treatment deemed necessary to complete my treatment requirements.
- e. I further understand that non-compliance with this program may result in sanctions which the Court may impose. These include, but are not limited to, more intensive treatment and/or counseling. Violation of program requirements may also result in an increase of my attendance, urinalysis and task assignments; intensified court attendance and completion of community service hours. I further understand that the Court will review my treatment status on a regular basis and I may be terminated from the Marion County Misdemeanor Drug Court (MDC) for program violations.
- f. If required by the Court, I will attend an approved educational/vocational training program, perform community service work or attend self-help group meetings designated to aid my education or treatment.
- g. Unless in residential treatment, I will seek and/or maintain lawful employment or demonstrate I am enrolled as a full-time student.
- h. I will report to the assigned Misdemeanor Drug Court (MDC) Program staff or probation counselor as directed, answer questions truthfully and comply with instructions. I agree the officer may visit my home without my prior approval.
- i. I agree all entities conducting and/or overseeing any part of my evaluation, education and treatment may disclose to the Court and all MDC team participants the results of any urinalysis or breath test and other information regarding my compliance with the Misdemeanor Drug Court (MDC) requirements. I will sign a consent form for this purpose pursuant to code of Federal Regulations, 42 CFR 2.22. I understand that this information in its entirety will be utilized solely for the Misdemeanor Drug Court (MDC) Program court proceedings and shall not be disclosed in any other court proceeding.
- j. I will advise the Clerk of the Court and the Misdemeanor Drug Court (MDC) Program staff and probation counselor of any change of my address.
- k. I will pay all outstanding costs incurred for my participation in the Misdemeanor Drug Court (MDC) Program prior to dismissal of my charge(s).
- l. I will refrain from violating any law.
- m. I will refrain from consuming alcohol to excess; any medications not prescribed to me; or any illegal drugs.
- n. I waive objections to the results of urinalysis testing while a participant in the Misdemeanor Drug Court (MDC) Program.

____ 10. I understand this agreement applies only to the eligible charges that will be dismissed upon my completion of the Marion County Misdemeanor Drug Court (MDC) Program. Other offenses charged along with the eligible charges in this case must be disposed of separately.

____ 11. I understand that this agreement may be declared invalid if:

- a. The Court determines I have failed to comply with the Misdemeanor Drug Court (MDC) Program requirements or am unsuitable for treatment.
- c. I am arrested or given a notice to appear on a new criminal offense.

____ 12. **Should a participant be found in contempt of court, they would be subject to being incarcerated.**

I FULLY UNDERSTAND ALL PORTIONS OF THIS AGREEMENT AND MY EDUCATION, TREATMENT AND SUPERVISION OBLIGATIONS CONTAINED THEREIN.

I UNDERSTAND THAT I MUST BE ACCEPTED INTO THE MISDEMEANOR DRUG COURT (MDC) PROGRAM AND MERE APPLICATION IS NOT A GUARANTEE OF ACCEPTANCE.

Date _____

Defendant signature

Interpreter

Attorney

The Defendant is hereby accepted in the Marion County Misdemeanor Drug Court (MDC) Program

Marion County Misdemeanor Drug Court Judge