

**HERNANDO COUNTY ADULT DRUG COURT
APPLICATION
PLEASE PRINT NEATLY**

GENERAL:

Name: Last _____ First: _____ MI: _____

Date of Birth: _____ Race: _____ SSN#: _____

Address(1): _____ City _____ Zip Code _____

Address(2): _____ City _____ Zip Code _____

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

Sex: Female Male Marital Status: Single, Married, Divorced, Separated,

Living as married, Other: _____

EMERGENCY CONTACT: Name: _____

Telephone #(s): _____ Relationship: _____

Name of Child(ren)

List all other persons residing with you: _____

Do you have a **valid FL Drivers' License/Identification card**? Yes: _____ No: _____ Other 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

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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) \$60,000-\$75,000 (10) Over \$75,000.

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 _____

INSURANCE: Do You Have Medical Insurance Coverage? No Yes: Company Name: _____

Are You Eligible / Receiving Benefits from Medicaid / Medicare? No Yes If Yes, What is your Medicaid / Medicare Number? _____

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:

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 used 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 ¹	Treatment Provider	Name of City/Town	Began	Ended	Outcome (Completed/Reason for Leaving)

¹ Choose all that apply.

- (1)12 Step (2) Offender (3)Drug/Alcohol (4)Detoxification (5)Methadone Maintenance (6)Out Patient
 (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 from any 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 Hernando County Drug 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 have read and understood the program requirements and fees associated with Drug Court and I am able to follow the requirements and pay all drug court fees, to wit:

- a. Prepayment on program fees: **\$ 250.00**
- b. Participation Fee: **\$ 285.00**
- c. Drug Screens/Case Management: **\$1,300.00**
- d. Sanction fee for positive/dilute drug screens: **\$25/50.00** *Initials*

I further hereby grant permission to disclose and deliver to the treatment provider(s) and Drug Court Personnel, State Attorney, Public Defender/any private attorney retained on my behalf, any and all information contained in this application and any subsequent records from any Hernando County 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 Hernando County Drug Court Program.

The Hernando 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.

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 AGENCY/ATTORNEY	
Name/Title:	
Agency/Firm:	
Mailing Address	
Telephone Number(s)	
Facsimile Number:	
E-mail address	