

SUMTER COUNTY FELONY & MISDEMEANOR DRUG COURT PROGRAM

DRUG COURT Application Packet & Instructions

This packet contains the forms and information needed to make application for admission to the Sumter County Felony and Misdemeanor Drug Court program (DRUG COURT);

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Contact Information:
Court Administration
Sumter County Courthouse, Room 120
Telephone: 352-569-6942 Facsimile (352) 569-6985

DRUG COURT APPLICATION PROCEDURES

The following are the procedures to be followed when a defendant wishes to be admitted into the Sumter County Drug Court (DRUG COURT) Program:

1. The defendant reviews the program brochure, completes the application and accompanying releases.
2. The Defendant contacts the Program Assistant's office at 352-569-6942 to schedule a review of the application and program screening.
3. The Program Assistant or designee reviews, the application and forwards copies to the State Attorney's Office, the Drug Court presiding judge and the approved providers.
4. The application is reviewed by the Drug Court Team at its next regular staffing, the Assistant State Attorney and counsel(s) 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 at of reassignment, if applicable.
5. The presiding Drug Court judge reviews the recommendation of the Drug Court Team, the position of the State Attorney and, if applicable, the trial court judge executes the transfer order placing the defendant on the Drug Court docket.
6. The defendant attends the next regularly scheduled Drug Court hearing and at that hearing the order establishing Drug Court requirements and the Drug Court Agreement is executed by the presiding judge, a copy of which is provided to the defendant and his/her counsel.

SUMTER COUNTY DRUG COURT PROGRAM APPLICATION

APPLICATION/RELEASE

Please check the appropriate box to indicate which Drug Court Program applies to you.

Misdemeanor Drug Court

Defendants charged with a misdemeanor for related charges; prostitution; possession of alcohol under the age of 21 (other allowable misdemeanors may be considered).

Adult Felony Drug Court

First time offenders (Do not check this box if you have more than one felony charge).

PERSONAL INFORMATION

Male

Female

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: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

CRIMINAL HISTORY

Name of Judge currently assigned to the criminal case: _____

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

Do you have any pending charges in another county? Yes No If yes, name of county _____

Charges _____

Date of Arrest	CRIMINAL HISTORY List charges	City/State

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:

- ___ Adoption Subsidy ___ Disability ___ Family
- ___ Foster Care Subsidy ___ Retirement Plan ___ Salary/Wages
- ___ Social Security ___ Social Security Disability ___ Veteran's Benefits
- ___ Welfare ___ Workers Compensation ___ None
- ___ 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?

The Sumter County Drug Court Programs do not discriminate against qualified applicant 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.

EMPLOYMENT HISTORY (continued)

Describe any previous volunteer involvement you have had:

Describe any community 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:

___ No High School Diploma: Last Grade Completed: _____ ___ GED ___ High School Diploma

___ Some Trade School ___ Trade School Graduate ___ Major/Minor: _____

___ Some College ___ College Graduate 2 year Program ___ Major/Minor: _____

___ College Graduate 4 year Program ___ Major/Minor: _____

___ Advanced Degree ___ 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 Sumter County Drug Court (DRUG COURT) 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 Drug Court (DRUG COURT) team members are: the presiding Drug Court Court Judge, Assistant State Attorney, Public Defender, or other Defense Counsel, Program Assistant, Drug Court staff, the Sumter County Probation provider and treatment providers as needed.

I agree that the disclosure of the Application, Intake/Screening and Treatment information, prior to the Drug Court (DRUG COURT) 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 those 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; T Tried.

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...Why do you believe this program would be appropriate for you?
