

Info for Attorney

Application Procedure

- 1) Obtain an application packet & brochure
- 2) Review all information about the program thoroughly with your client.
- 3) Locate page 7 of this application packet titled “Request for Admittance”. Have your client sign, then you sign the form, then provide form to the Prosecutor for signing.
- 4) After all have signed the form, take the form to the Probation Officer, Tammy Reddic, for further instructions.

Any deviation from this process may cause delay and, possibly, a missed opportunity for your client.

Thank you,

Steven Janway, Coordinator

416th Felony Drug Court

Rev. 8.12.2016

DRUG COURT PARTICIPANT CONSENT

CONSENT FOR DISCLOSURE OF CONFIDENTIAL SUBSTANCE ABUSE INFORMATION

I, _____, hereby consent

to communication between my attorney _____,

the evaluator _____, completing the substance abuse/psych
evaluation and any person(s) assigned or designated to the Drug Court Team of

Judge Andera Thompson, of the 416th Judicial District Court of Collin County, Texas.

The purpose of, and need for, this disclosure is to inform the Court and all other named parties of my eligibility and/or acceptance for substance abuse treatment services and my treatment attendance, prognosis, compliance and progress in accordance with the Drug Court Program's monitoring criteria.

Disclosure of this information may be made only as necessary for, and pertinent to, hearings and/or reports concerning the criminal charges against me.

I understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective termination of my involvement with the Drug Court Program for the above referenced case(s).

I understand that any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations, which governs the confidentiality of substance abuse patient records and that recipients of this information may re-disclose it only in connection with their official duties.

Signature

Date

Printed Name

Social Security Acct #

Date Of Birth

Witness Signature

Date



Felony Drug Court Program Application

I am voluntarily applying to the Felony Drug Court Program. I understand that I must review this application with the Drug Court Staff. This application will be reviewed and I will undergo an Intake Assessment and Eligibility Determination. I also understand that as part of my Drug Court application and admissions process, there will be discussions between the Drug Court Team, including but not limited to: the Judge, Prosecutor, Drug Court Coordinator, Defense Attorney, and Drug Court Probation Officer pertaining to my involvement in the Drug Court Program. I grant permission for these discussions to take place to assist in determining my eligibility and on-going progress in Drug Court. I certify that the information that I have provided on this application is correct to the best of my knowledge.

Signature of Applicant

Date

Printed Name

The information provided below, along with the information in your Substance Abuse Evaluation, will not be included in the Court's file as a public record. The information will be sealed in an envelope for the review by the District Attorney, the Drug Court Team and the Judge hearing your case.

Last Name: _____ First Name _____ MI _____

Maiden Name (if applicable): _____ Alias(s): _____

Currently in Custody: _____ Y _____ N If yes, where?: _____

DOB: _____ Age: _____ Race: _____ Gender: _____

Social Security #: _____ - _____ - _____ U.S. Citizen? Y or N If No, Citizenship? _____

Primary Language/Languages Spoken: _____

Current Situation (new charge or on probation?): _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Address: _____ City/Zip: _____

Email Address: _____

Emergency Contact: _____ Phone: _____

Relation: _____ Do you have a Legal Guardian? _____ Y _____ N

If yes, Guardian Name & Phone: _____

Do you receive Social Security Benefits? _____ Y _____ N; If yes, \$ _____

Do you receive Veterans' Benefits? _____ Y _____ N; If yes, \$: _____

Do you have Medicare, Medicaid, or private insurance? _____ Y _____ N; If yes, who provides insurance (company) & #: _____

Family and Relationships:

Please name and give the relationships of supportive people in your life right now?

Marital Status (circle): Single Living w/Partner Married Separated Divorced Widowed

Spouse Name/Significant Other: _____

Do you have children? Y or N If yes, how many? _____

If you have children, please list name and ages: _____

Are you financially supportive of your children? Y or N Do you receive child support? Y or N

Are you required to pay child support? Y or N If yes, are you current on your payments? Y or N

Residence: Time at current residence? _____ Number of times moved in past year? _____

Name, age, & relationships of persons living with you? _____

Criminal History:

Are you facing (check all that apply): Violation of Probation: _____
New Misd. Charge(s): _____ New Felony Charge(s) _____

Attorney: _____ Phone #: _____

Address: _____ Fax #: _____

Current Charge(s): _____ Docket No: _____

_____ Docket No: _____

_____ Docket No: _____

Prior Adult Charges: _____ Date: _____ Convicted Y or N: _____ Sentence/Court: _____

Pending charges elsewhere in this or other state? Y or N

Explain: _____

Prior Probation/Parole: Y or N (If yes, please fill in dates, county and any violations)

Dates: County: Violations of probation: _____

Education:

Do you possess a High School Diploma? Y or N Place & Date: _____

Highest level of education? _____ Where? _____

Have you ever been diagnosed with a learning disability? Y or N If yes, please explain _____

If diagnosed with a learning disability, were you on medication for this? Y or N If yes, please list meds: _____

Have you taken any college classes? Y or N If yes, where/when: _____

Military Status:

Have you had any military service? Y or N If yes, branch, years, rank & discharge status: _____

Work/Vocational:

Are you presently employed? Y or N If yes, Full-time Part-time Temporary (circle one)

Current Employer: _____ Employer Phone: _____

Employer Address: _____

Supervisor's Name: _____ Length of Time Employed There: _____

Job Title: _____ Job Duties: _____

If Unemployed: How Long: _____ Reason: _____

Do you receive Disability Benefits?: Y or N If yes, what type: _____

Medical:

Do you have any medical problems that restrict your activities? Y or N If yes, please explain: _____

Are you presently on prescription medication for medical reasons? Y or N If yes, list name/dosage: _____

Do you have a primary care physician?: Y or N

Dr.'s name/address/phone: _____

When was the last time you saw a physician? _____

Date of last complete physical? _____ Doctor completing: _____

Mental Health/Developmental/Intellectual Disabilities:

Are you currently a client with any mental health provider? Y or N

If yes, who is your therapist and/or case manager – please provide name & phone number: _____

Have you ever been *diagnosed* with a mental illness and/or a developmental disability?: Y or N If yes, please explain: _____

Have you ever *sought treatment* for a mental health illness?: Y or N

If yes, where: _____ When: _____

For what: _____

Have you ever been hospitalized for mental health reasons? Y or N If yes, why/where/when: _____

Are you currently prescribed medication for anxiety, depression or any other symptoms? Y or N

If yes, which medication and dosage: _____

Do you find this medication helpful? Y or N If NO, please explain: _____

Have you ever seen a Psychiatrist before? Y or N If yes, please explain: _____

Have you ever had *any thoughts of suicide*? Y or N If yes, please explain: _____

Have you ever *attempted suicide*? Y or N If yes, when & how: _____

Have you ever had thoughts of harming someone else? Y or N If yes, when & how: _____

Driving:

Do you currently possess a driver's license?: Y or N If yes, what state?: _____

Do you have any pending issues with your license?: Y or N If yes, please explain: _____

Have you ever lost your driver's license? Y or N If yes, please explain: _____

If you lost your driver's license, what will it take for you to get it back? _____

Do you currently own an automobile? Y or N If yes, make/model/plate: _____

Substance Use:

Prior Substance Abuse Treatment/Counseling/Self-Help Meeting Attendance? Y or N If yes, please list dates & places: _____

My first Drug of Choice is: _____ Age first use? _____ Quantity 1st use: _____
Quantity last use: _____ Date of last use? _____

My Second Drug of Choice is _____ Age first use? _____ Quantity 1st use: _____
Quantity last use: _____ Date of last use? _____

My Third Drug of Choice is _____ Age first use? _____ Quantity 1st use: _____
Quantity last use: _____ Date of last use? _____

Drug Court Goals:

The Felony Drug Court Program is an alternative sentencing program for individuals who possess a desire to make life/ behavioral changes. What changes do you believe you need to make at this point and time in your life?

Why should you be accepted into the Drug Court Program? _____

Cause No. _____

STATE OF TEXAS

§

IN THE DISTRICT COURT

V.

§

____ JUDICIAL DISTRICT

§

COLLIN COUNTY, TEXAS

REQUEST FOR ADMITTANCE TO DRUG COURT

Comes Now the Defendant and submits this "Request For Admittance To Drug Court," and would show the Court the following:

I.

The Defendant intends to enter a plea of (circle one of the following): (guilty) (no contest) (true).

II.

The Defendant has been approved for consideration for entry into the 416th District Court Felony Drug Court Program by the District Attorney and by the Drug Court Team as evidenced by the signatures below.

III.

The Defendant has read the brochure describing the rules of the Drug Court Program.

IV.

The Defendant understands that approval by the District Attorney and the Drug Court Program is not binding on the Court and that the Court may assess the Defendant's punishment anywhere within the range provided for by law.

V.

The Defendant understands that if this request is granted, the Defendant will be required to successfully complete the Drug Court Program and failure to do so may result in a motion to revoke the Defendant's probation being filed with the full range of punishment being available to the Court at a future hearing.

WHEREFORE, the Defendant respectfully requests that this Honorable Court consider this Request for Admittance to Drug Court and that the Court grant the same and place the Defendant in the Drug Court Program as a term and condition of his probation.

Signed this ____ day of _____, 201 ____.

Respectfully submitted,

Attorney for the Defendant

Defendant

AGREED

OPPOSED

Assistant District Attorney

Revised 8.12.2016