Unified Judicial System

Application to the Drug Court Program

_____ Circuit

Date of Application	Do you need disability accommodations: ☐ Yes ☐ No If yes, please state request:	Will an interpreter be needed? ☐ Yes ☐ No If yes, state language:
Name		Alias
Race	Sex	Date of Birth
Current Address (Street)	Telephone Number	Cell Phone Number
City	State / Zip	Other States Lived in:
How Long at this Address?	Armed Forces Veteran? ☐ Yes ☐ No	Valid Driver's License Number ☐ Yes ☐ No Reliable Transportation ☐ Yes ☐ No
Co-Habitant		Relationship
Do You Have Children? ☐ Yes ☐ No Do You Pay Child Support? ☐ Yes ☐ No		Number of Dependents
Next of Kin	Relationship	Telephone Number
Current Employer	Monthly Income	Receive Disability ☐ Yes ☐ No
Drug & Alcohol Evaluation Completed ☐ Yes ☐ No		LSI-R Completed ☐ Yes ☐ No
Agency Completing	Date	Score / Date
Highest Grade Completed	GED ☐	Graduation ☐
On Probation Currently ☐ Yes ☐ No		Probation Officer
Current Charges		Offense Date:
Have you ever been sentenced to drug court before? ☐ Yes ☐ No If yes, name of court Have you ever been sentenced to the Penitentiary? ☐ Yes ☐ No		Date: Date:
Do you have any matters pending in any other court? ☐ Yes ☐ No If yes, name of court		Charges
Defense Attorney Name		Telephone Number
Defense Attorney Signature	Date	Applicant Signature / Date

Adult Drug Court Program
Unified Judicial System
_____ Judicial Circuit

Records Release Authorization (Drug Court Involvement)

I, _____authorize
(Name of Client)

- The _____ Circuit Drug Court Team (to include the Judge, defense attorney, prosecutor, probation officers, treatment representatives, law enforcement, and other Drug Court Team member)

AND

- Treatment Provider/s (to be added once known):

(Name and address of treatment program)

_____

_____

_____

To communicate and to disclose to one another the following information: results of substance abuse evaluation/Treatment Needs Assessment (TNA), pertinent medical and/or psychological information, drug test results, or other diagnostic test results, and

Extent and nature of any addition information

_____

_____

_____

The purpose or need for the disclosure is to **monitor my compliance with conditions of the Drug Court.** I understand that this **consent cannot be revoked**, but will remain in effect until there has been a formal and effective **termination of** my involvement with the **Drug Court Program.**

_____ _____
Signature of Client Date

_____ _____
Signature of Witness Date

This information has been disclosed to you from records protected by federal confidentially rules (42 CFR-Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR-Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Adult Drug Court Program

Unified Judicial System

_____ Judicial Circuit

Records Release Authorization (Referral for Treatment)

I, _____herby give permission to

(Name of Client)

(Name and address of treatment program who completed Substance Abuse Evaluation)

_____

_____

_____

To release from my files the following information: results of substance abuse evaluation, involvement and requirements of the Drug Court Program, pertinent medical and/or psychological information, drug/alcohol screen/test results, other diagnostic test results, and

Extent and nature of any additional information:

_____

_____

_____

This information is to **be released to any substance abuse treatment/service provider within a 200-mile radius**. The purpose or need for the disclosure is for referral to substance abuse services in compliance with the conditions of the Drug Court mandate. I understand that this **consent cannot be revoked,** but will remain in effect until there has been a formal and effective **termination of** my involvement with the **Drug court Program**

_____ _____

Signature of Client Date

_____ _____

Signature of Witness Date

This information has been disclosed to you from records protected by federal confidentially rules (42 CFR-Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR-Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Adult Drug Court Program
Unified Judicial System
_____ Judicial Circuit

Records Release Authorization (Personal/Reciprocal)

I, _____herby give permission to
(Name of Client)

(Name and address of treatment program who completed Substance Abuse Evaluation)

_____

_____

_____

To release from my files the following information:
(Extent and nature of any additional information :)

_____

_____

_____

This information is to **be released to: (Person/program/organization receiving consent for disclosure)**

_____

The **purpose** or need for the disclosure is: (reason for the disclosure)

This **consent is subject to revocation** at any time except to the extent that action has been taken in reliance thereon, and will otherwise expire on/at: (Date/Event/Condition/or N/A)

_____

_____

_____ _____
Signature of Client Date

_____ _____
Signature of Witness Date

This information has been disclosed to you from records protected by federal confidentially rules (42 CFR-Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR-Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient