

Treatment Court Application

Date: _____

General Information

Name: _____
Last First Middle

DOB: ___/___/___ Sex M / F Primary Language _____

Ethnicity (Caucasian, African American, etc) _____ Tribal Benefits Eligible? Y / N

Marital Status _____ Significant Other? _____

Length of Current Relationship _____ Do you ever feel afraid of you current partner? Y / N

Did you serve in the Military? Y / N VA Eligible? Y / N

Current Address:
Physical Address _____ City _____ State ____ Zip _____

Is this your Primary Address? Y / N Type of Residence (appt, rental, etc) _____ How long? _____

Others in household _____ Relationship _____

Mailing (if different) _____ City _____ State ____ Zip _____

E-mail _____ Phone (____) ____ - _____

Cell Phone (____) ____ - _____ Message Phone (____) ____ - _____

If the message phone is not yours, who owns it? _____

Emergency Contact:
Name _____ Relationship _____
First Middle Last

Ok to contact? Y / N Phone (____) ____ - _____ Alt. contact #: (____) ____ - _____

Legal Information

Please list every county/state where you've had charges or legal trouble

Where (what courts) do you have pending Charges? _____

Probation Officer? _____ Attorney? _____

Child Welfare Worker? _____

Financial Information

Do you owe Child Support? Y/N If so, how much? _____

Do you owe money to other courts or counties? Y/N How much? _____

Are/will your wages be Garnished? Y/N/Uncertain Why? _____
How much per month? _____

Transportation

Do you have reliable Transportation? Y / N Do you have a valid ODL? Y / N Current Insurance? Y / N

If suspended, or revoked please list all courts where you have outstanding cases or fines.

Education

Last Year Completed? _____ High School Grad: Y / N GED: Y / N College Degree: Y / N

School Contact Name _____ Current School? _____ Grade _____

Estimated Graduation Date ____/____/____

Employment Information

Are you employed? Y / N If no, source of income? _____ How long? ____/____

Primary Employment _____ Occupation _____

Employer Contact Name _____ Employer Contact Number (____) _____ - _____

Income _____ Per _____ Approximate Hrs per Week ____

Longest you've kept employment? _____ Primary Skills/Occupation _____

Are you receiving public assistance (TANF)? Y / N If yes, Caseworker's Name _____

Additional Sources of Income _____

Medical/ Mental Health History

Medical

Insurance _____

Physician Name _____ Facility _____

Physician Address _____ City _____ State _____ Zip _____

Physician Phone (____) _____ - _____ Last Contact _____

Pregnant? Y / N Significant Other Pregnant? Y / N Due Date? ____/____/____

Any Medical Conditions/Comments?

Mental Health:

Diagnosis _____ Doctor _____ Facility _____

Phone (____) _____ - _____ Evaluation Type _____ Evaluation Date ____/____/____

Did you do treatment? ____/____ How long did you do treatment? ____? ____

Mental Health Counselor _____ Phone (____) _____ - _____

Please list all medication you are currently taking

Substance Abuse History

Longest Clean and Sober Period since starting use (in months) _____

Drug	Frequency (Daily, 1 x per week, etc)	Age Began Using	Route (IV, Snort, eat, etc)	Date of Last Use	Rank (order of preference)

Alcohol & Drug Counselor _____ Agency _____ Phone (____) ____ - ____

Have you attended addiction treatment in the past? **Y / N** How many times? _____

Needle Use in Past Year? **Y / N** Use By Partner or Housemate? **Y / N** Did you family use growing up? **Y / N**

Reasons/ Benefits of use/Comments?

Goals/Hobbies/Personal Information

How do you like to spend your free time? _____

What type of work are you good at, or what type of employment do you enjoy? _____

Please describe something you are proud of accomplishing? _____

What are some personality traits that you have that you think will help you in your life? _____

Do you have anyone that you look up to and respect? If so, why? _____

What do you expect to get out of treatment court? _____

What goals do you hope to accomplish while participating in a treatment court program? _____

Comments/Other:

Children

Name _____ DOB _____ Age _____ Sex? **M / F**

Address _____ City _____ State _____ Zip _____

Phone (____) ____ - ____ Who has legal custody? _____

School Name _____ Phone (____) ____ - ____

Other Parent's Name _____ Are they actively involved with the child? **Y / N**

Lives in Household? **Y / N** Frequency of Contact _____

DHS Involved? **Y / N**

Who are they living with? _____ Date Children Were Taken ____ / ____ / ____

Times in Foster Care ____ CASA _____

Check all that apply: No Contact Order ____ On Probation ____ Incarcerated ____ Uses Drugs/Alcohol? ____

Notes/ Special Needs

Where would your child live if you were required to do residential treatment? _____

Name _____ DOB _____ Age _____ Sex? **M / F**

Address _____ City _____ State _____ Zip _____

Phone (____) ____ - ____ Who has legal custody? _____

School Name _____ Phone (____) ____ - ____

Other Parent's Name _____ Are they actively involved with the child? **Y / N**

Lives in Household? **Y / N** Frequency of Contact _____

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Notes/ Special Needs

Where would your child live if you were required to do residential treatment? _____

Additional Children?

Name _____ DOB _____ Age _____ Sex? **M / F**

Where are they living? _____

Name _____ DOB _____ Age _____ Sex? **M / F**

Where are they living? _____