



**Drug Treatment Court for Grafton County  
Program Application (pg. 1 of 5)**

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_ Alias(es): \_\_\_\_\_ DOB: \_\_\_\_\_

Race: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Contact Phone #: (\_\_\_\_) \_\_\_\_\_

Current Marital Status:  Single  Married  Divorced  Living w/partner  Separated  Widowed

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How long at this address? \_\_\_\_\_ Citizen Status: \_\_\_\_\_

Cohabitants: \_\_\_\_\_ Relationship: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Next of kin: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Referral Source: \_\_\_\_\_ Name of Referral: \_\_\_\_\_

**Demographics:**

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Distinguishing Marks? \_\_\_\_\_ Locations: \_\_\_\_\_

**Veteran's Information:**

Have you ever served in the military?  Yes  No

Have you ever served in combat?  Yes  No

If yes, are you affiliated with any Veteran Services?  Yes  No

**Criminal Justice Information:**

Do you have any prior convictions?  Yes  No

DATE	CHARGES	COURT



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Do you have a juvenile record? [ ] Yes [ ] No

Current Charges: \_\_\_\_\_

Indictment # \_\_\_\_\_ Stage in Court Process: \_\_\_\_\_

Next Court Event: \_\_\_\_\_ Date: \_\_\_\_\_ Judge: \_\_\_\_\_

Date of Arrest: \_\_\_\_\_ Location of Arrest: \_\_\_\_\_

Pending charges other than those listed above? [ ] Yes [ ] No

If yes, explain: \_\_\_\_\_

NOTE: Please list ALL current pending charges, including those in other states and counties. Failure to do so may result in your application being denied.

Attorney for current charges: \_\_\_\_\_ Phone: \_\_\_\_\_

Attorney for pending charges: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you currently on probation or parole? [ ] Yes [ ] No

If yes, name of your PPO: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you ever been convicted of a violent crime? [ ] Yes [ ] No

Are you currently incarcerated? [ ] Yes [ ] No If yes, date of incarceration: \_\_\_\_\_

Do you have any Detainers? [ ] Yes [ ] No Jurisdiction: \_\_\_\_\_

Substance Abuse and Health History

I have a problem with: [ ] Drugs [ ] Alcohol [ ] Both drugs and alcohol

Age of first Use \_\_\_\_\_ What did you use? \_\_\_\_\_

First drug of choice: \_\_\_\_\_ Age \_\_\_\_\_ Date of last use \_\_\_\_\_

Second drug of choice: \_\_\_\_\_ Age \_\_\_\_\_ Date of last use \_\_\_\_\_

Third drug of choice: \_\_\_\_\_ Age \_\_\_\_\_ Date of last use \_\_\_\_\_

Have you ever been treated for a substance abuse problem? [ ] Yes [ ] No

Number of previous substance abuse admissions? \_\_\_\_\_ Inpatient \_\_\_\_\_ Outpatient



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Number of previous mental health admissions? \_\_\_\_\_ Inpatient \_\_\_\_\_ Outpatient

If there has been a diagnosis, please describe here: \_\_\_\_\_

Do you have any current serious medical problems?  Yes  No

Please describe here: \_\_\_\_\_

Are you currently on any prescription medications?  Yes  No

Please list here: \_\_\_\_\_

**Personal Information:**

Highest level of education completed? \_\_\_\_\_ Post-secondary schooling?  Yes  No

Do you have a GED?  Yes  No      Are you interested in getting your GED?  Yes  No

Do you have a driver's license?  Yes  No      Are there any restrictions?  Yes  No

Please explain: \_\_\_\_\_

Do you have a vehicle or access to a vehicle?  Yes  No

Will transportation be an issue for you?  Yes  No

**Financial and Employment Information:**

Are you currently employed?  Yes  No      Where? \_\_\_\_\_

Is this current income sufficient to meet your current bills?  Yes  No

Do you have Health Insurance?  Yes  No      Name of Insurance carrier \_\_\_\_\_

**Child Care Needs:**

Do you have any children?  Yes  No      If yes, what are the names and ages: \_\_\_\_\_

Do you currently have custody of these children?  Yes  No



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**Are you in immediate need of any of the following services?**

- **Housing:**  Yes  No
- **Medical Care/Insurance:**  Yes  No
- **Domestic Violence Info:**  Yes  No
- **Food:**  Yes  No
- **Dental Care:**  Yes  No
- **Educational Assistance:**  Yes  No
- **Pregnancy Care:**  Yes  No
- **DMV Information:**  Yes  No
- **Health and Nutrition:**  Yes  No

In your own words, explain briefly why you would like to enter into the Drug Treatment Court Program and what you hope to gain from it: \_\_\_\_\_

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What do you like to do in your free time? \_\_\_\_\_

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***Please Read Carefully***

I understand it is my responsibility to return any calls received by the Therapist attempting to schedule an appointment. Failure to schedule or appear for this appointment could result in my application for the Drug Treatment Court being denied. I am aware that the Therapist will make a decision as to the level of care that is needed.

SIGNATURE OF DEFENDANT: \_\_\_\_\_ Date: \_\_\_\_\_

This application will not be considered for admission into Drug Treatment Court unless the following certification has been completed. I hereby certify that I have fully explained the Drug Treatment Court program and that I have reviewed with my client the contents of the Drug Treatment Court Participant Handbook and Participation Agreement.

Defense Counsel Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing this I acknowledge and agree to follow everything in the Drug Treatment Court Handbook. If I have any questions, I will contact the Drug Treatment Court Team.

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Signature

Date

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Defense Counsel

Date