

Drug Court Application



Application Process

1. Discuss the Drug Court Program with defense attorney.
2. Fill out and submit the following application to the Wright County Court Services Department.
3. **Once application is received** by the Drug Court, you will be required to keep two scheduled appointments. These appointments must be completed before the Team will further consider your application.
 - The Court Services Office will call you to schedule a LSI-R (Risk/Needs Assessment)
 - _____ will call you to schedule a Chemical Health Assessment

*Your attorney will receive written notification of acceptance or denial into the program.

4. If you are accepted into the program, you must complete the following forms:
 - Drug Court Participant Contract
 - Drug Court Prohibited Substances Contract
 - Drug Court Supervision Fee Contract
 - Drug Court Medical Privilege Release
 - Drug Court Authorization for Release of Confidential Information
 - Drug Court Drug Testing Referral



Application to Wright County Drug Court Program

10th Judicial District

Date of Application	Do you need disability accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state request:	Will an interpreter be needed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No Driver's License Number
Reliable Transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No		State ID Number
Do You Have Children? <input type="checkbox"/> Yes <input type="checkbox"/> No Do You Pay Child Support? <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of Dependents
Significant Other		
NAME- Last, First, Middle (include Aliases)		DOB
		Criminal Court Involvement-If so what?
Other Members of Household		
NAME- Last, First, Middle (include Aliases)		DOB
		Criminal Court Involvement-If so what?
Next of Kin		Relationship
		Telephone Number
Current Employer	Monthly Income	Receive Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are You an Addict? <input type="checkbox"/> Yes <input type="checkbox"/> No	Primary Drug of Choice	
Primary Care Provider/Physician		

Mental Health Diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No		Take Psychotropic Medications? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List all Mental Health Diagnoses		List Medications	
Drug & Alcohol Evaluation Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No		LSI-R Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Agency Completing	Date	Score	Date
Highest Grade Completed		GED <input type="checkbox"/> Graduation <input type="checkbox"/>	
Skill or Trade		Certification or Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No	
On Probation Currently? <input type="checkbox"/> Yes <input type="checkbox"/> No		Probation Officer	
Current Charges			Offense Date:
Do you have any matters pending in any other court? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of court		Charges	
Have you ever been sentenced to drug court before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of court		Date:	
Have you ever been sentenced to the Penitentiary? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date:	
Defense Attorney Name		Telephone Number	
<p>"The defendant consents to the disclosure of this Drug Court application information, including a Risk/Needs Assessment and a Substance Abuse Assessment, prior to entry of a plea, for purposes of obtaining information useful for acceptance into the Drug Court Program."</p>			
_____		_____	
Defense Attorney Signature	Date	Applicant Signature	Date