

## **TREATMENT COURT PROGRAM APPLICATION**

1902 E. US Hwy 175, Kaufman, Texas 75142

**IMPORTANT: APPLICATIONS WILL BE REVIEWED BY TREATMENT COURT PANEL STAFF.**

Dear Candidate/Attorney,

Please complete the attached application for the treatment court program(s) being considered in your case. You have been identified by your attorney and the Assistant District Attorney as a potential candidate for one or more of Kaufman County's treatment court programs.

Be sure to fill out the application in its entirety and return it to your attorney so they can submit it to the appropriate treatment court panel for review. If you have any questions or difficulty completing the application, please consult your attorney. It is the defense attorney's responsibility to ensure that you fully understand the expectations and requirements of any program you are applying for.

We encourage you to ask questions and make sure you have a clear understanding of the program. An overview summary of the program requirements is included with this application.

**Please check which program you are seeking consideration for:**

- County Court at Law  
DWI Diversion Court
- County Court at Law 2  
Mental Health Court
- 422<sup>nd</sup> District Drug Treatment Court

**Attorneys:**

Once the candidate has completed the application, please review to ensure that the application is complete. **Incomplete applications will not be considered.**

Attorney Name (Printed): \_\_\_\_\_

Attorney Signature: \_\_\_\_\_

Attorney Contact Information:

\_\_\_\_\_  
\_\_\_\_\_

Assigned Asst District Attorney Name: \_\_\_\_\_

Assigned Asst. District Attorney Signature: \_\_\_\_\_

**Treatment Court District Attorney Approval:**

Yes       No

Initials: \_\_\_\_\_

# **TREATMENT COURT PROGRAM APPLICATION**

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## **PERSONAL INFORMATION:**

Male  Female

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Alias: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Marital Status:  Single  Married  Separated  Divorced  Widowed

Race/Ethnicity:  African American  Caucasian  Multi-Racial  Asian/Pacific Islander

Hispanic/Latino  Native American  Other: \_\_\_\_\_

Is English your primary language spoken:  Yes  No If No, then language: \_\_\_\_\_

Do you require the use of an interpreter:  Yes  No

Social Security # (last four): \_\_\_\_\_

DL State: \_\_\_\_\_ DL/ID#: \_\_\_\_\_ DL Status: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Living Arrangement:  Independent  Homeless  Dependent with (Name and Relationship)

Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

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

Spouse's Name: \_\_\_\_\_ Spouse's Occupation: \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone(s):** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

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**NAMES OF CHILDREN:**       **Check this box if you do not have any children**

Children (use back of page if there are more):

Name: \_\_\_\_\_ Living with Client:  Yes  No/Lives with: \_\_\_\_\_

Attending School:  Yes  No School Attending: \_\_\_\_\_

Male:  Female:  DOB: \_\_\_\_\_ Age: \_\_\_\_\_

CPS Involvement:  Yes  No If Yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Living with Client:  Yes  No/Lives with: \_\_\_\_\_

Attending School:  Yes  No School Attending: \_\_\_\_\_

Male:  Female:  DOB: \_\_\_\_\_ Age: \_\_\_\_\_

CPS Involvement:  Yes  No If Yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Living with Client:  Yes  No/Lives with: \_\_\_\_\_

Attending School:  Yes  No School Attending: \_\_\_\_\_

Male:  Female:  DOB: \_\_\_\_\_ Age: \_\_\_\_\_

CPS Involvement:  Yes  No If Yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Living with Client:  Yes  No/Lives with: \_\_\_\_\_

Attending School:  Yes  No School Attending: \_\_\_\_\_

Male:  Female:  DOB: \_\_\_\_\_ Age: \_\_\_\_\_

CPS Involvement:  Yes  No If Yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

**CHILD SUPPORT:**

N/A    Paying Current    Paying Not Current    Not Paying    Support Enforcement Involved:  Yes  No

**List others residing in the home other than children or spouse:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

*Kaufman County Treatment Court programs do not discriminate against qualified applicants on the basis of race, color religion, gender, national origin, marital status, handicap (disability), or veteran status or as otherwise prohibited by federal, state, or local law.*

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**CRIMINAL HISTORY:** (If necessary, use the back side or another sheet of paper to list criminal charges/history)

Date of Arrest	ACTIVE CRIMINAL CASES (List All):	Court Case Numbers:

Attorney Name: \_\_\_\_\_ Attorney Contact Info: \_\_\_\_\_

Prosecutor Assigned to Case: \_\_\_\_\_

Jail Status:  In Jail  Not in Jail Date Admitted to Jail: \_\_\_\_\_ Date Released from Jail: \_\_\_\_\_

Do you have any pending charge(s) in another county?  Yes  No If yes, name of county(s): \_\_\_\_\_

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

Date of Arrest	PRIOR CRIMINAL OFFENSES/CONVICTIONS (List All):	City/State

Current charge or previous conviction of a violent crime or Sex Offense, other than Domestic Violence:  Yes  No

If Yes: What Offense? \_\_\_\_\_

Previous conviction for Domestic Violence:  Yes  No Outstanding Warrants:  Yes  No

Pending Criminal Charges:  Yes  No Previous Court Failure to Appear:  Yes  No

Currently on Probation:  Yes  No

Probation Officer: \_\_\_\_\_ PO Contact Info: \_\_\_\_\_

Gang Affiliation:  Current  Previous  None

If current or previous affiliation, please explain: \_\_\_\_\_

Prior Adjudications:  Yes  No Number of Prior Adjudications: \_\_\_\_\_

Prior Treatment Court Participation:  None  Successful  Voluntary Withdrawal  Unsuccessful  Absconded

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## EMPLOYMENT HISTORY:

Current Employment Status:  Unemployed  Full-Time  Part-Time  Disabled  Retired  Student

If Employed:

Name of Current Employer: \_\_\_\_\_

Average number of hours worked per week: \_\_\_\_\_

Length of time with current employer: \_\_\_\_\_ Months \_\_\_\_\_ Years

Primary Source of Support:

<input type="checkbox"/> Adoption Subsidy	<input type="checkbox"/> Disability	<input type="checkbox"/> Family
<input type="checkbox"/> Foster Care Subsidy	<input type="checkbox"/> Retirement Plan	<input type="checkbox"/> Salary/Wages
<input type="checkbox"/> Social Security	<input type="checkbox"/> Social Security Disability	<input type="checkbox"/> Veteran's Benefits
<input type="checkbox"/> SNAP/AFDC	<input type="checkbox"/> Workers Compensation	<input type="checkbox"/> None
<input type="checkbox"/> Other: _____		Gross Monthly Income (from all sources: \$ _____)

Employment History (previous job experiences and why you are no longer employed there):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What type of work are you interested in?

\_\_\_\_\_  
\_\_\_\_\_

Describe any previous volunteer involved you have had:

\_\_\_\_\_  
\_\_\_\_\_

Describe any community or church involvement you have been a part of:

\_\_\_\_\_  
\_\_\_\_\_

Prior Military Service (Branch, Rank, Years in Service):

Branch \_\_\_\_\_ Rank: \_\_\_\_\_ Years In Service: \_\_\_\_\_

Do you have a DD 214?  Yes  No Discharge Status: \_\_\_\_\_

Registered with VA Services:  Yes  No

Transportation Status:

Reliable Transportation  No Reliable Transportation

Comments: \_\_\_\_\_

Make/Model of Vehicle(s): \_\_\_\_\_ Vehicle is  Owned  Leased

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## **EDUCATION HISTORY:**

Highest Education Completed:

- \_\_\_ No High School Diploma: **Last Grade Completed:** \_\_\_\_\_ \_\_\_ GED \_\_\_ High School Diploma
- \_\_\_ Some Trade School \_\_\_ Trade School Graduate \_\_\_ Major/Minor: \_\_\_\_\_
- \_\_\_ Some College \_\_\_ College Graduate 2-year Program \_\_\_ Major/Minor: \_\_\_\_\_
- \_\_\_ College Graduate 4-year program \_\_\_ Major/Minor: \_\_\_\_\_
- \_\_\_ Advanced Degree \_\_\_ Major/Minor: \_\_\_\_\_
- \_\_\_ Currently Attending School Name of School Attending: \_\_\_\_\_

If you do not have your High School Diploma or GED, explain what led you to drop out: \_\_\_\_\_

Did you have an Individualized Education Program ("IEP") when in school?  Yes  No  Unsure

Were additional services provided while you were in school? (Tutoring, specialized classes, counseling, speech, or other therapies)? \_\_\_\_\_

What difficulties/issue did you have in school?

## **HOME LIFE:**

Number of times moved in the last three years? \_\_\_\_\_ Comments: \_\_\_\_\_

Length of time at current primary address? \_\_\_\_\_ Comments: \_\_\_\_\_

Do you have any close friends? Who? Are they involved with the court system?

## **Trauma/Loss**

Has there been any significant trauma or loss in your life (e.g., loss of a family member or friend, separation from a close relative)?

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Your turn to share.... anything else you feel is important for us to know:

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**RELEASE OF INFORMATION**

County Court at Law  
DWI Diversion Court

County Court at Law 2  
Mental Health Court

422<sup>nd</sup> District Drug Treatment Court

The purpose of, and need for, this exchange of information is to provide information about my eligibility for, and participation in the Kaufman County Treatment Courts application process. The information to be exchanged may include information about any diagnosis which will include, but is not limited to: medical history, including current assessments, diagnosis, treatment and medications, arrest and prior criminal record, risk and alcohol/drug use assessment and diagnosis information. I authorize the disclosure and release of the aforementioned information to the specified Treatment Court Program team members.

The Kaufman County Treatment Court Program team members are: the presiding Court Judge, Assistant District Attorney, Public Defender, or other Defense Counsel, Community Supervision Officer(s), and other Kaufman County treatment providers as needed.

I agree that the disclosure of the Application, Intake/Screening and Treatment information, prior to the treatment court termination, sentencing, and /or revocation of this consent shall not be a breach of my right to confidentiality.

I understand that any disclosure made regarding mental health and substance abuse treatment is bound by Part 2 of Title 42 of the Code of Federal Regulations (42CFR, part 2), which governs the confidentiality of mental health and substance abuse patient records and that recipients of this information may re-disclose it only in connection with their official duties, and only with respect to these particular criminal proceedings.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Attorney (Please Print)

\_\_\_\_\_  
Signature of Attorney

\_\_\_\_\_  
Date

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**SUBSTANCE ABUSE HISTORY** Fill out completely. If not applicable use N/A

Drug of Choice: Enter **P**-Primary Drug of Choice, **S**-Second Drug of Choice, **T**- Any substance you have used **in your lifetime**

P-S-T	Substance	Age of First Use	Date of Last Use	Ever Injected?
	Alcohol			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Marijuana – Cannabinoids (Delta 8, 9, 10)			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Cocaine			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Crack			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Methamphetamine			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Methadone			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Steroids/Inhalants			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Ketamine (Special K)/PCP/DXM			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Salvia			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Spice – Synesthetic Marijuana			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Bath Salts			<input type="checkbox"/> Yes <input type="checkbox"/> No
	MDPV "Molly"			<input type="checkbox"/> Yes <input type="checkbox"/> No
	LSD/Mescaline/Psilocybin (Mushrooms)			<input type="checkbox"/> Yes <input type="checkbox"/> No
	MDMA (Ecstasy)/Rohypnol/GHB			<input type="checkbox"/> Yes <input type="checkbox"/> No
	RX: Stimulants – Adderall, Ritalin, etc.			<input type="checkbox"/> Yes <input type="checkbox"/> No
	RX: Depressants – Xanax, Quaalude, etc.			<input type="checkbox"/> Yes <input type="checkbox"/> No
	RX: Opiates – Oxy, Roxy, Lortab, etc.			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other(s) :			<input type="checkbox"/> Yes <input type="checkbox"/> No

Are you a current Tobacco Smoker?  Yes  No      How much tobacco do you smoke per day? \_\_\_\_\_

Are you interest in information about Smoking Cessation Programs?  Yes  No

History of Substance Abuse Treatment:

Never had any S. A. Treatment     Court-Ordered S.A. Treatment     Other S.A. Treatment Attended

Treatment Information:

Year: \_\_\_\_\_ Location: \_\_\_\_\_ Completed:  Yes  No  
 Year: \_\_\_\_\_ Location: \_\_\_\_\_ Completed:  Yes  No  
 Year: \_\_\_\_\_ Location: \_\_\_\_\_ Completed:  Yes  No

Were you under the influence of any substance when arrested for this charge or any other charges?  Yes  No  
 If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

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### **HEALTH HISTORY:**

Current Medications:  Yes  No If Yes, Condition is:  Physical  Psychological  Both  
Medications:

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Ever been treated for substance abuse through a pharmacological intervention such as Methadone Treatment, Suboxone/Subutex, or Naltrexone/Antabuse?  Yes  No

Where? When? Comments: \_\_\_\_\_

Pregnant:  Yes  No  N/A Due Date: \_\_\_\_\_ Hospital: \_\_\_\_\_ Doctor: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Medical Insurance:  None  Medicaid  Medicare  Private: Carrier: \_\_\_\_\_

History of mental health condition(s):  Yes  No List: \_\_\_\_\_

History of medical condition(s):  Yes  No List: \_\_\_\_\_

History of Traumatic Brain Injury:  Yes  No Explain: \_\_\_\_\_

History of Communicable Disease:  Hep B  Hep C  HIV  Tuberculosis  Not Applicable

History of Psychiatric Hospitalizations:  **Check this box if you do not have any hospitalizations.**

PSYCHIATRIC FACILITY/LOCATION	LENGTH OF STAY	HOSPITALIZATION OUTCOME



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### **County Court at Law DWI Diversion Court:**

This program is approximately **14 to 18 months** in length. It encompasses six phases which are approximately 3 months each respectively, outside of the Orientation phase which is up to 2 months. Specifics required of all participants are the following:

- **Resides within Kaufman County.**
- *Meet with the judge based on what stage of the program you are involved in. The beginning requires weekly attendance.*
- *Pay the \$500 program participation fee. (This is required and will not be waived).*
- *Attend all community supervision appointments, provide clean UA's, and adhere to DWI supplemental conditions as directed by your CSO.*
- *Complete CSR and make payments as ordered through your community supervision.*
- *Attend and actively participate in all group and/or individual therapy sessions. The dates and times will be determined by the treatment provider.*
- *Follow through with all other resources and requirements as directed by the treatment panel.*

### **County Court at Law 2 Mental Health Court:**

This program is approximately **14 to 24 months** in length. It encompasses four phases which vary in length as the phase goals are different, outside of the Orientation phase which is up to 2 months in length. Specifics required of all participants are the following:

- *Has a verified diagnosis of Bipolar Disorder, Major Depressive Disorder, or Schizophrenia*
- **Candidates must be competent to be considered for this program.**
- **Resides within Kaufman County and can receive NTBHA funding if needed.**
- *Meet with the judge monthly regardless of what stage of the program you are involved in.*
- *Attend all community supervision appointments and provide clean UAs as directed by your CSO.*
- *Adhere to medication recommendations as directed by psychiatric provider.*
- *Complete CSR and make payments as ordered through your community supervision.*
- *Attend and actively participate in all group and/or individual therapy sessions. The dates and times will be determined by the treatment provider.*
- *Follow through with all other resources and requirements as directed by the treatment panel.*

### **422<sup>nd</sup> District Drug Treatment Court:**

This program is approximately **12 to 18 months** in length. It encompasses four phases which are approximately 3 months each respectively, outside of the Orientation phase which is up to 2 months. Specifics required of all participants are the following:

- **Resides within Kaufman County.**
- *Meet with the judge based on what stage of the program you are involved in. The beginning requires weekly attendance.*
- *Pay the \$500 program participation fee. (This is required and will not be waived).*
- *Attend all community supervision appointments and provide clean UAs as directed by your CSO.*
- *Complete CSR and make payments as ordered through your community supervision.*
- *Attend and actively participate in all group and/or individual therapy sessions. The dates and times will be determined by the treatment provider.*
- *Follow through with all other resources and requirements as directed by the treatment panel.*