Troup County DUI/Drug Court Application

The Troup County DUI/Drug Court promotes a safer community by identifying non-violent substance abuse offenders and helping them successfully complete a judicially-supervised treatment program. Your complete disclosure and honesty will allow our staff to determine how we can provide you the quality services you deserve.

You must fill this application out in its entirety.

GENERAL DATA

Full Name: _____ Date: _____

DOB: _____ Age: _____ Who referred you? _____

Current Physical Address: _____

Within city limits? YES NO What county do you reside in? _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____

Are you currently employed? YES NO If yes, where? _____

License#: _____ State: _____ Is your license suspended/revoked? YES NO

If your license is suspended upon conviction, what would be your means of transportation? _____

_____

LEGAL BACKGROUND

Are you currently in jail? YES NO If yes, when were you arrested? _____

Do you have an attorney? YES NO If yes, who? _____

Attorney Phone: _____ Attorney Email: _____

Are you currently on Probation or Parole? YES NO If yes, where? _____

Name of probation or parole officer and telephone number: _____

Number of DUI convictions in the last 5 years: _____ Last 10 years: _____ Lifetime: _____

Do you have any pending charges or court dates? YES NO If yes, when/for what were you charged?

_____

Please fill in the box below with <u>any</u> prior convictions:

Arrest Date	Charge (indicate misdemeanor or felony)	County

MEDICAL HISTORY

Do you have any medical problems, limitations, or impairments that would interfere with your treatment responsibilities? YES NO

If yes, please explain: _____

_____

Have you ever been diagnosed with a mental illness? YES NO

If yes, please explain: _____

_____

SUBSTANCE USE INFORMATION

What is your current drug of choice? _____

Have you ever participated in substance abuse treatment before? YES NO

If yes, when and where? _____

_____

Have you ever been hospitalized for withdrawal and/or detox? YES NO

If yes, when and where? _____

_____

Do you see your substance use as a problem? YES NO

If yes, how long have you felt it was a problem? _____

What is your motivation for DUI/Drug Court? Why should we consider you? _____

_____

Thank you for your help and honesty. If we have overlooked any information that you feel is important to our consideration of you for this program, please let us know.

I, _____ attest that the information that I have provided the Troup County DUI/Drug Court is true and accurate.

Signature: _____ Date: _____

For Office Use Only: Solicitor's Office approval? YES NO Initials: _____

If no, please provide a brief explanation why: _____

_____

DUI/Drug Court Team APPROVAL? YES NO If no, please provide a brief explanation why _____

_____

Signature: _____ Date: _____