



**MISSOURI CIRCUIT COURT
TWELFTH JUDICIAL CIRCUIT
DRUG/DWI COURT APPLICATION**

Comprised of Audrain, Montgomery & Warren Counties

INFORMATION SHEET

The attached application and the application fee in the form of a money order of \$10 must be received by the Administrator at 104 W. Main Street, Suite G, Warrenton, MO 63383, **14 days prior** to your next scheduled court hearing to be screened. **Your application will be reviewed by the Prosecuting Attorney, at which time, it will be determined if you are being referred for further screening. After completion of screening, the Prosecuting Attorney, your counsel and you will be notified of the decision. Your application fee will not be deposited unless you are referred by the Prosecuting Attorney for screening.**

ELIGIBILITY

To be eligible for participation in the Drug/DWI Court program you must:

1. Be 17 years of age or older and a resident within the 12th Judicial Circuit
2. Complete the application and pay a non-refundable application fee of \$10.00 made payable to the 12th Circuit Drug Court
3. Charged with a non-violent drug related felony crime
4. No criminal history (felonies) of violence or sex offenses
5. A weapon cannot have been used in commission of the crime

CONSIDERATIONS

In considering whether a defendant will be referred into the program, the Prosecuting Attorney may consider the following factors:

1. The nature of the crime charged and the circumstances surrounding it;
2. Any special characteristics or circumstances of the defendant;
3. Whether the defendant has previously participated in any treatment court program;
4. Whether there is a probability that the defendant will cooperate with and benefit from the treatment court program;
5. Recommendations, if any, of the involved law enforcement agency, the victim and the treatment provider;
6. Provisions for restitution;
7. Any aggravating or mitigating circumstances;
8. Prior psychological, psychiatric and chemical treatments or counseling programs;
9. The defendant's criminal history, including whether defendant has any convictions for crimes against persons;
10. Availability of appropriate treatment and treatment provider; and
11. The interest of justice.

TERMS AND CONDITIONS

The participant and policy & procedure manuals will provide all of the programs' terms and conditions. They can be accessed through our website at www.modrugcourtswork.com and/or they will be provided to you at screening. There is a monthly program fee you are required to pay in addition to any other costs, fees, fines, restitution assessed to your case.

CONTACT INFORMATION

If you need further information and/or have any questions about the application process, please contact me:

Christie Becker-Markovich

Administrator

Business: (636)456-7136 ext 2

Email: Christie.becker-markovich@courts.mo.gov

12TH CIRCUIT DRUG/DWI COURT SCREENING APPLICATION DATE _____

LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
ADDRESS		PHONE NUMBER	
DATE OF BIRTH	SOCIAL SECURITY NUMBER	VALID DRIVERS LICENSE <input type="checkbox"/> YES <input type="checkbox"/> NO	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

RACE/ ETHNICITY

ASIAN / PACIFIC ISLANDER
 AMERICAN INDIAN / ALASKAN NATIVE
 BLACK HISPANIC
 WHITE UNKNOWN

FEMALES

ARE YOU PREGNANT? YES NO

HAVE ANY OF YOUR BABIES BEEN EXPOSED TO DRUGS OR ALCOHOL WHILE YOU WERE PREGNANT? YES NO

NUMBER OF CHILDREN 18 AND YOUNGER

_____ IN FOSTER CARE
 _____ LIVE OUT OF YOUR HOME
 _____ TERMINATION OF PARENTAL RIGHTS
 _____ LIVE IN YOUR HOME
 NONE

ARE YOU MAKING COURT ORDERED CHILD SUPPORT PAYMENTS?

YES
 NO
 NOT APPLICABLE

CURRENT MARITAL STATUS

SINGLE
 MARRIED
 DIVORCED
 SEPARATED
 WIDOWED

FEMALES: List your maiden name and any other names you have used.

EDUCATION

HIGH SCHOOL DROP OUT
 LAST GRADE COMPLETED? _____

CURRENTLY ENROLLED IN HIGH SCHOOL
 HIGH SCHOOL DIPLOMA
 GED
 VOCATIONAL/TECHNICAL
 ENROLLED _____
 COMPLETED _____

CERTIFICATION/LICENSED
 ENROLLED _____
 COMPLETED _____

ASSOCIATE'S DEGREE
 SOME COLLEGE CLASSES
 CURRENTLY ENROLLED _____
 NO LONGER ENROLLED _____

B.A. / B.S.
 MASTERS DEGREE
 DOCTORATE DEGREE

EMPLOYMENT

FULL-TIME FULL-TIME + SCHOOL
 PART-TIME PART-TIME + SCHOOL
 MORE THAN 1 JOB

WHERE ARE YOU EMPLOYED?

HOW LONG HAVE YOU HAD THIS JOB?

PREVIOUS EMPLOYER?

UNABLE TO WORK DISABLED
 REASON _____

UNEMPLOYED
 REASON _____

HOW LONG HAVE YOU BEEN UNEMPLOYED?

ARE YOU LOOKING FOR WORK?
 YES NO

CURRENT LIVING ARRANGEMENTS

HOMELESS HOW LONG? _____
 LIVE WITH FAMILY/ FRIENDS (PAY NO RENT)
 HAVE YOU EVER LIVED ON YOUR OWN?
 YES NO

OWN -- HOW LONG AT THIS RESIDENCE? _____
 RENT -- HOW LONG AT THIS RESIDENCE? _____
 IN WHAT TOWN/ COUNTY DO YOU RESIDE? _____

BENEFITS RECEIVED AT THIS TIME
 (PLEASE CHECK ALL THAT APPLY)

CHILD SUPPORT SSD
 VA ASSISTANCE WIC
 FOOD STAMPS TANF
 SPOUSAL SUPPORT/ SSI
 ALIMONY MEDICAID
 NONE
 OTHER _____

DRUGS OF CHOICE
 (NUMBER IN ORDER OF PREFERENCE)

_____ NONE
 _____ METHAMPHETAMINE
 _____ TRICYCLIC ANTIDEPRESSANTS
 _____ AMPHETAMINES
 _____ MARIJUANA
 _____ COCAINE
 _____ PHENCYCLIDINE
 _____ ECSTASY
 _____ BENZODIAZAPINES
 _____ NICOTINE
 _____ MORPHINE
 _____ OPIATES
 _____ PRESCRIPTION DRUGS
 _____ OXYCOTIN
 _____ BARBITURATES
 _____ ALCOHOL
 _____ CREATININE
 _____ CARISOPRODOL
 _____ METHADONE _____ CLUB DRUGS

TO BE COMPLETED BY ADMINISTRATOR ONLY

TC # _____ CAUSE# _____ CODE _____
 COUNTY _____ CAUSE# _____ CODE _____

VETERAN STATUS

DID YOU EVER SERVE IN THE U.S. ARMED SERVICES? YES NO

DID YOU EVER SERVE IN THE U.S. NATIONAL GUARD OR RESERVES? YES NO

PRIOR AND CURRENT SUBSTANCE ABUSE HISTORY AND TREATMENT

FREQUENCY OF CURRENT DRUG USAGE: EVERY DAY ONCE A WEEK SEVERAL TIMES A WEEK OTHER _____

AGE OF FIRST USE? _____ FIRST DRUG(S) USED? _____

DATE OF LAST USE? _____ DRUG(S) LAST USED? _____

HAVE YOU USED IV DRUGS? YES NO

HAVE YOU EVER OVERDOSED FROM ALCOHOL, ILLEGAL DRUGS OR PRESCRIBED DRUGS? YES NO

IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER ATTENDED SUBSTANCE ABUSE TREATMENT OR RECEIVED HELP FOR DRUG AND/OR ALCOHOL ABUSE? YES NO

IF YOU ANSWERED 'YES', PLEASE ANSWER THE FOLLOWING QUESTIONS

1. HAVE YOU EVER RECEIVED DETOX SERVICES? YES NO IF YES, HOW MANY TIMES? _____

WHERE DID YOU GO TO DETOX? _____

APPROXIMATE DATES OF DETOX TREATMENT? _____

DID YOU SUCCESSFULLY COMPLETE THE DETOX TREATMENT PROGRAM? YES NO

2. HAVE YOU EVER BEEN IN RESIDENTIAL (INPATIENT) TREATMENT? YES NO IF YES, HOW MANY TIMES? _____

WHERE DID YOU GO TO RESIDENTIAL TREATMENT? _____

APPROXIMATE DATES OF RESIDENTIAL TREATMENT? _____

DID YOU SUCCESSFULLY COMPLETE THE RESIDENTIAL TREATMENT PROGRAM? YES NO

3. HAVE YOU BEEN IN OUTPATIENT TREATMENT? YES NO IF YES, HOW MANY TIMES? _____

WHERE DID YOU ATTEND OUTPATIENT TREATMENT? _____

APPROXIMATE DATES OF OUTPATIENT TREATMENT: _____

4. HAVE YOU EVER ATTENDED AA, NA, 12 STEP OR OTHER SUPPORT GROUPS? YES NO

IF YES, WHAT TYPE? _____ HOW OFTEN DID YOU ATTEND? _____

5. ARE YOU CURRENTLY IN TREATMENT? YES NO IF YES, WHERE? _____

HOW OFTEN DO YOU ATTEND? _____

6. ARE YOU CURRENTLY ATTENDING AA, NA, 12-STEP OR OTHER SUPPORT GROUPS? YES NO

IF YES, WHAT TYPE? _____ HOW OFTEN DO YOU ATTEND? _____

IF YOU HAVE NEVER ATTENDED SUBSTANCE ABUSE TREATMENT, PLEASE ANSWER THE FOLLOWING QUESTIONS

1. DO YOU BELIEVE THAT YOUR USE OF DRUGS OR ALCOHOL HAS AFFECTED YOUR LIFE IN A NEGATIVE WAY? YES NO

2. DO YOU BELIEVE YOU COULD BENEFIT FROM SUBSTANCE ABUSE TREATMENT? YES NO

3. DO YOU WANT SUBSTANCE ABUSE TREATMENT? YES NO

MEDICAL INFORMATION

- 1. WHAT MEDICATIONS DO YOU TAKE ON A REGULAR BASIS? _____
- 2. ARE YOU CURRENTLY PRESCRIBED METHADONE OR ANY OTHER NARCOTIC DRUGS? YES NO
 IF YES, WHAT? _____
- 3. PLEASE EXPLAIN ANY MEDICAL OR PHYSICAL DISABILITIES THAT YOU HAVE THAT YOU BELIEVE WOULD PREVENT YOU FROM SUCCESSFULLY COMPLETING THE DRUG COURT PROGRAM. _____
- 4. DO YOU HAVE A REGULAR DOCTOR? YES NO

MENTAL HEALTH INFORMATION

(DIAGNOSIS OF A MENTAL ILLNESS WILL NOT NECESSARILY PREVENT YOUR BEING ACCEPTED INTO DRUG COURT.)

- 1. HAVE YOU BEEN DIAGNOSED WITH A MENTAL ILLNESS? YES NO
 DIAGNOSIS: _____
- 2. HAVE YOU BEEN HOSPITALIZED FOR TREATMENT OF A MENTAL ILLNESS? YES NO
 IF YES, WHEN? _____ WHERE? _____
 EXPLAIN: _____
- 3. DO YOU HAVE MEDICAL INSURANCE? YES NO
- 4. DO YOU HAVE A TREATING PSYCHIATRIST? YES NO
- 5. DO YOU TAKE MENTAL HEALTH MEDICATIONS? YES NO
 WHAT MEDICATIONS ARE YOU PRESCRIBED? _____

FAMILY AND FRIENDS

- 1. PLEASE DESCRIBE YOUR RELATIONSHIP WITH YOUR FAMILY: _____
- 2. WHO DO YOU TURN TO FOR SUPPORT? _____
- 3. DO YOUR FAMILY MEMBERS KNOW YOU ARE BEING SCREENED FOR DRUG COURT? YES NO
- 4. HAVE ANY OF YOUR FAMILY MEMBERS BEEN IN PRISON? YES NO
- 5. IS A FAMILY MEMBER IN PRISON AT THIS TIME? YES NO
- 6. IS ANY FAMILY MEMBER ON PAROLE/PROBATION? YES NO
- 7. HAVE YOU, YOUR SPOUSE (OR BOYFRIEND/ GIRLFRIEND), BEEN INVOLVED WITH THE JUVENILE OFFICE, OR CHILDREN'S DIVISION, BECAUSE OF ALLEGED ABUSE OR NEGLECT OF CHILDREN? YES NO

TRANSPORTATION

- 1. DO YOU HAVE A VEHICLE? YES NO IF YES, DO YOU HAVE AUTO INSURANCE? YES NO
- 2. IF YOU DO NOT HAVE A CAR, DO YOU HAVE OTHER MEANS OF TRANSPORTATION? YES NO

CRIMINAL HISTORY

- 1. HAVE YOU EVER BEEN CHARGED WITH DOMESTIC ASSAULT? YES NO
- 2. HAVE YOU EVER BEEN CONVICTED OF DOMESTIC ASSAULT? YES NO
- 3. HAVE YOU EVER BEEN CHARGED WITH A SEXUAL OFFENSE? YES NO
- 4. HAVE YOU EVER BEEN CONVICTED OF A SEXUAL OFFENSE? YES NO
- 5. HAVE YOU EVER SPENT TIME IN PRISON? YES NO
- 6. DO YOU HAVE ANY PENDING CHARGES, OTHER THAN THIS ONE? YES NO
 IF YES, PLEASE LIST CHARGES: _____
- 7. PLEASE LIST ALL PRIOR CONVICTIONS: _____
- 8. LIST ALL STATES YOU HAVE LIVED IN, OTHER THAN MISSOURI: _____

DEFENSE ATTORNEY

NAME _____ PHONE _____

ADDRESS: _____

- 1. I HAVE RECEIVED A COPY OF THE PROGRAM MANUALS FROM MY ATTORNEY YES NO
- 2. I HAVE DISCUSSED THE PROGRAM REQUIREMENTS WITH MY ATTORNEY YES NO

CUSTODY STATUS

1. CURRENTLY IN CUSTODY YES NO IF YES, WHERE? _____

COURT HEARING

NEXT SCHEDULED COURT HEARING: _____ DIVISION _____

MOTIVATION

STATE IN YOUR OWN WORDS WHY YOU WERE CHARGED WITH THIS OFFENSE:

PLEASE EXPLAIN WHY YOU WANT TO BE CONSIDERED FOR DRUG/DWI COURT:

I hereby make application to be screened for the 12th Judicial Circuit Drug/DWI Court. I understand that any information provided by me or authorized by me to be furnished to the program administrator and the prosecuting attorney in connection with this application will be kept confidential.

A false answer to any question or failure to complete this application in its' entirety may be grounds for recommendation against placement in the program and/or termination or sanction if found to be false after placement into said program. This completed application and the application fee in the form of a money order of \$10 must be received by the 12th Circuit Drug Court Administrator's Office- 104 W. Main Street, Suite G, Warrenton, MO 63383, **14 days prior** to your next scheduled court hearing to be screened.

I wish to make application to the 12th Judicial Circuit Drug/DWI Court Program on this date:

DEFENDANT SIGNATURE _____ DATE _____

- I HAVE A DISABILITY WHICH PROHIBITS ME FROM COMPLETING THIS FORM BY MYSELF? YES NO
- MY CLIENT HAS A DISABILITY WHICH PROHIBITS HIM/HER FROM COMPLETING THIS FORM BY HIM/HERSELF? YES NO

IF YES, THE ADMINISTRATOR WILL CONTACT YOU TO SCHEDULE AN APPOINTMENT TO COMPLETE IN PERSON.