

Thank you for your interest in the Collin County Felony DWI/Drug Court program.

You will need the attached forms to start the application process. Your client must reside in Collin County or contiguous county, not have any current/active assaultive cases, have reliable transportation and flexibility in their schedule to accommodate the time-intensive nature of this program. It must be THE priority in their life for this program to be successful for them.

- 1) Your client will need to fill out the "Personal Data Sheet" application form.
- 2) Have your client complete a Substance Abuse Evaluation* with a licensed provider.
- 3) The "Request for Admittance" needs to be filled out by you, signed by you and your client, then provided to the prosecutor.

Once the prosecutor has signed the "Request for Admittance", all documents should then be provided to Dione Adams, the DWI/Drug Court Supervision Officer, to prepare for your client's interview.

The defendant will need to schedule an appointment with Ms. Adams by calling 972-548-4259 within 7 days after the prosecutor's review. A handbook is included with this packet for your client's review which outlines our program and all that is to be expected/required during their participation.

Once the Team has reviewed the request and supporting documents, a decision will be made whether or not to bring the individual into the program. You will then be contacted by phone or email with the Team's decision.

THE DEFENDANT MUST ENTER THE PROGRAM WITHIN TWO WEEKS OF APPROVAL NOTIFICATION.

Please let us know if you have any questions. We look forward to working with you and your client.

Sincerely,

Todd Hill

366th Court Coordinator
Collin County
2100 Bloomdale Road, Suite 30146
McKinney, Texas 75071
Tel: (972) 548-4570

* There is a list of providers for the Substance Abuse Evaluation in the handbook on page 3. This evaluation will be at the client's expense and usually costs around \$150. Your client may choose to go to a provider not listed, which is fine, as long as they are a licensed substance abuse counselor/treatment provider.

ALL STEPS MUST BE COMPLETED FOR A CASE TO BE BROUGHT TO THE TEAM FOR REVIEW. NO ONE WILL BE ACCEPTED INTO THE DWI/DRUG COURT PROGRAM WITHOUT PRIOR APPROVAL BY THE TEAM.

Rev. 1.20.2015



Felony DWI/Drug Court Program Application

I am voluntarily applying to the Felony DWI/Drug Court Program. I understand that I must review this application with the DWI/Drug Court Staff. This application will be reviewed and I will undergo an Intake Assessment and Eligibility Determination. I also understand that as part of my Drug Court application and admissions process, there will be discussions between the Drug Court Team, including but not limited to: the Judge, Prosecutor, Drug Court Coordinator, Defense Attorney, and Drug Court Probation Officer pertaining to my involvement in the Drug Court Program. I grant permission for these discussions to take place to assist in determining my eligibility and on-going progress in Drug Court. I certify that the information that I have provided on this application is correct to the best of my knowledge.

Signature of Applicant

Date

Printed Name

The information provided below, along with the information in your Substance Abuse Evaluation, will not be included in the Court's file as a public record. The information will be sealed in an envelope for the review by the District Attorney, the Drug Court Team and the Judge hearing your case.

Last Name: _____ First Name _____ MI _____

Maiden Name (if applicable): _____ Alias(s): _____

Currently in Custody: _____ Y _____ N If yes, where?: _____

DOB: _____ Age: _____ Race: _____ Gender: _____

Social Security #: _____ - _____ - _____ U.S. Citizen? Y or N If No, Citizenship? _____

Primary Language/Languages Spoken: _____

Current Situation (new charge or on probation?): _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Address: _____ City/Zip: _____

Email Address: _____

Emergency Contact: _____ Phone: _____

Relation: _____ Do you have a Legal Guardian? _____ Y _____ N

If yes, Guardian Name & Phone: _____

Do you receive Social Security Benefits? _____ Y _____ N; If yes, \$ _____

Do you receive Veterans' Benefits? _____ Y _____ N; If yes, \$: _____

Do you have Medicare, Medicaid, or private insurance? _____ Y _____ N; If yes, who provides insurance (company) & #: _____

Family and Relationships:

Please name and give the relationships of supportive people in your life right now?

Marital Status (circle): Single Living w/Partner Married Separated Divorced Widowed

Spouse Name/Significant Other:_____

Do you have children? Y or N If yes, how many?_____

If you have children, please list name and ages:_____

Are you financially supportive of your children? Y or N Do you receive child support? Y or N

Are you required to pay child support? Y or N If yes, are you current on your payments? Y or N

Residence: Time at current residence? _____ Number of times moved in past year? _____

Name, age, & relationships of persons living with you?_____

Criminal History:

Are you facing (check all that apply): Violation of Probation: _____

New Misd. Charge(s): _____ New Felony Charge(s) _____

Attorney: _____ Phone #: _____

Address: _____ Fax #: _____

Current Charge(s): _____ Docket No: _____

_____ Docket No: _____

_____ Docket No: _____

Prior Adult Charges: Date: Convicted Y or N: Sentence/Court:

Pending charges elsewhere in this or other state? Y or N

Explain: _____

Prior Probation/Parole: Y or N (If yes, please fill in dates, county and any violations)

Dates: County: Violations of probation:

Education:

Do you possess a High School Diploma? Y or N Place & Date: _____

Highest level of education? _____ Where? _____

Have you ever been diagnosed with a learning disability? Y or N If yes, please explain _____

If diagnosed with a learning disability, were you on medication for this? Y or N If yes, please list meds: _____

Have you taken any college classes? Y or N If yes, where/when: _____

Military Status:

Have you had any military service? Y or N If yes, branch, years, rank & discharge status: _____

Work/Vocational:

Are you presently employed? Y or N If yes, Full-time Part-time Temporary (circle one)
Current Employer: _____ Employer Phone: _____
Employer Address: _____
Supervisor's Name: _____ Length of Time Employed There: _____
Job Title: _____ Job Duties: _____
If Unemployed: How Long: _____ Reason: _____
Do you receive Disability Benefits?: Y or N If yes, what type: _____

Medical:

Do you have any medical problems that restrict your activities? Y or N If yes, please explain: _____

Are you presently on prescription medication for medical reasons? Y or N If yes, list name/dosage: _____

Do you have a primary care physician?: Y or N
Dr.'s name/address/phone: _____
When was the last time you saw a physician? _____
Date of last complete physical? _____ Doctor completing: _____

Mental Health/Developmental/Intellectual Disabilities:

Are you currently a client with any mental health provider? Y or N
If yes, who is your therapist and/or case manager – please provide name & phone
number: _____

Have you ever been *diagnosed* with a mental illness and/or a developmental disability?: Y or N If yes,
please explain: _____

Have you ever *sought treatment* for a mental health illness?: Y or N
If yes, where: _____ When: _____
For what: _____

Have you ever been hospitalized for mental health reasons? Y or N If yes, why/where/when: _____

Are you currently prescribed medication for anxiety, depression or any other symptoms? Y or N
If yes, which medication and dosage: _____

Do you find this medication helpful? Y or N If NO, please explain: _____

Have you ever seen a Psychiatrist before? Y or N If yes, please explain: _____

Have you ever had *any thoughts of suicide*? Y or N If yes, please explain: _____

Have you ever *attempted suicide*? Y or N If yes, when & how: _____

Have you ever had thoughts of harming someone else? Y or N If yes, when & how: _____

Driving:

Do you currently possess a driver's license?: Y or N If yes, what state?: _____

Do you have any pending issues with your license?: Y or N If yes, please explain: _____

Have you ever lost your driver's license? Y or N If yes, please explain: _____

If you lost your driver's license, what will it take for you to get it back? _____

Do you currently own an automobile? Y or N If yes, make/model/plate: _____

Substance Use:

Prior Substance Abuse Treatment/Counseling/Self-Help Meeting Attendance? Y or N If yes, please list dates & places: _____

My first Drug of Choice is: _____ Age first use? _____ Quantity 1st use: _____
Quantity last use: _____ Date of last use? _____

My Second Drug of Choice is _____ Age first use? _____ Quantity 1st use: _____
Quantity last use: _____ Date of last use? _____

My Third Drug of Choice is _____ Age first use? _____ Quantity 1st use: _____
Quantity last use: _____ Date of last use? _____

Drug Court Goals:

The Felony DWI/Drug Court Programm is an alternative sentencing program for individuals who possess a desire to make life/ behavioral changes. What changes do you believe you need to make at this point and time in your life?

Why should you be accepted into the Drug Court Program? _____

Cause No. _____

STATE OF TEXAS

§

IN THE DISTRICT COURT

V.

§

____ JUDICIAL DISTRICT

§

COLLIN COUNTY, TEXAS

REQUEST FOR ADMITTANCE TO DRUG COURT

Comes Now the Defendant and files this "Motion For Admittance To Drug Court," and would show the Court the following:

I.

The Defendant intends to enter a plea of (circle one of the following): (guilty) (no contest) (true).

II.

The Defendant has been approved for consideration for entry into the 366th District Court Felony DWI/Drug Court Program by the District Attorney and by the Drug Court Team as evidenced by the signatures below.

III.

The Defendant has read the brochure describing the rules of the Drug Court Program.

IV.

The Defendant understands that approval by the District Attorney and the Drug Court Program is not binding on the Court and that the Court may assess the Defendant's punishment anywhere within the range provided for by law.

V.

The Defendant understands that if this request is granted, the Defendant will be required to successfully complete the Drug Court Program and failure to do so may result in a motion to revoke the Defendant's probation being filed with the full range of punishment being available to the Court at a future hearing.

WHEREFORE, the Defendant respectfully requests that this Honorable Court consider this Motion For Admittance to Drug Court and that the Court grant the same and place the Defendant in the Drug Court Program as a term and condition of his probation.

Signed this ____ day of _____, 201____.

Respectfully submitted,

Attorney for the Defendant

Defendant

AGREED OPPOSED

Assistant District Attorney