The mission of the Collin County Drug Court is to protect public safety, reduce crime, and strengthen our community by providing rigorous judicial supervision, accountability, and evidence-based treatment for eligible individuals whose criminal behavior is driven by substance use disorders. Through consistent monitoring, personal responsibility, and compliance with court-ordered requirements, participants are held accountable for their actions while receiving the tools and support necessary to achieve lasting recovery. By promoting lawful behavior, reducing recidivism, and encouraging productive citizenship, the Collin County Drug Court enhances public safety and serves as a responsible steward of taxpayer resources.

If you are interested in this program, please fill out the following application and email it to the Drug Court Supervision Officer, Misty Ray at mailto:mray@co.collin.tx.us. For any additional questions, please feel free to contact Misty.

Thank you,

The 401st Collin County Drug Court Team

DRUG COURT PARTICIPANT CONSENT

CONSENT FOR DISCLOSURE OF CONFIDENTIAL SUBSTANCE ABUSE INFORMATION

I, _____, hereby consent to communication between my attorney _____, the evaluator completing the substance abuse/psych evaluation, and any person(s) assigned to or designated a part of the Drug Court Team of Judge Kimberly Laseter, of the 401st Judicial District Court of Collin County, Texas.

The purpose of, and need for, this disclosure is to inform the Court and all other named parties of my eligibility and/or acceptance for substance abuse treatment services and my treatment attendance, prognosis, compliance and progress in accordance with the Drug Court Program's monitoring criteria.

Disclosure of this information may be made only as necessary for, and pertinent to, hearings and/or reports concerning the criminal charges against me.

I understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective termination of my involvement with the Drug Court Program for the following case(s) _____.

I understand that any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations, which governs the confidentiality of substance abuse patient records and that recipients of this information may re-disclose it only in connection with their official duties.

_____

Signature Date

_____

Printed Name

_____

Social Security Acct #

_____

Date of Birth

_____

Witness Signature Date

401st Drug Court Intake Questionnaire
Judge Kimberly M. Laseter

Participant Information
Name:_____
Date: _____
Date of Birth: _____
Age: _____
Gender: _____
Phone: _____
Address: _____

Emergency Contact:

- Name: _____
- Relationship: _____
- Phone: _____

Referral Information
Referral Source:
☐ Judge
☐ Attorney
☐ Probation
☐ Treatment Provider
☐ Self
☐ Other: _____
Currently in Jail: Y☐ N☐
Current Charges:
_____

_____

Case Number(s):

_____

_____

Probation Officer: _____

Living Situation

Current Living Arrangement:

☐ Own home
☐ Rent
☐ With parents
☐ With spouse/partner
☐ With relatives
☐ Friend
☐ Recovery residence
☐ Shelter
☐ Homeless
☐ Other: _____

How long have you lived there? _____

Who lives in the home? _____

Is your living environment supportive of recovery?

☐ Yes
☐ No

Explain: _____

Family Information

Marital Status:

☐ Single
☐ Married
☐ Divorced
☐ Separated
☐ Widowed

Children:

☐ Yes
☐ No

If yes, how many, what age(s), do they live with you?

_____

Child Age Lives With You?

Describe your relationship with your family: _____

_____

Do family members use alcohol or drugs?
☐ Yes
☐ No
Any family history of addiction?
☐ Yes
☐ No
Explain: _____

_ _____

Who do have that is supportive right now in your life?

Education

Highest Grade Completed: _____

Diploma/GED?
☐ Yes
☐ No
College/Trade School?
☐ Yes
☐ No
Special Education Services?
☐ Yes
☐ No
Current Student?
☐ Yes
☐ No

Employment

Current Employment Status:
☐ Full-time
☐ Part-time
☐ Unemployed, if so, how long?
☐ Disabled
☐ Student
☐ Retired
Employer: _____

Position: _____

Length of Employment: _____

Monthly Income: _____

Previous Occupation: _____

Do you have reliable transportation?
☐ Yes
☐ No
Driver's License:
☐ Valid
☐ Suspended
☐ None

Military Service

Have you served in the military?
☐ Yes
☐ No
Branch: _____

Dates of Service: _____

Honorable Discharge?
☐ Yes
☐ No
Veteran Services Connected?
☐ Yes
☐ No

Substance Use History

Primary Drug of Choice: _____

Age First Used: _____

Frequency:
☐ Daily
☐ Weekly
☐ Monthly
☐ Occasional

Date Last Used: _____

Substance Use History

Substance	Age/First	Age/Last	Frequency	Route
Alcohol				
Marijuana				
Methamphetamine				
Cocaine				
Crack				
Heroin				
Fentanyl				
Prescription Opioids				
Benzos				
Hallucinogens				
Other: _____				

Have you ever overdosed?
☐ Yes
☐ No
If yes, how many times? _____

Narcan administered?
☐ Yes
☐ No

Previous Treatment

Have you ever received treatment?
☐ Yes
☐ No
Type:
☐ Detox
☐ Residential
☐ Intensive Outpatient
☐ Outpatient
☐ MAT
☐ Counseling
Facility: _____

Dates: _____

Longest Period of Sobriety: _____

What helped you stay sober? _____

Medical History

Primary Care Provider: _____

Medical Conditions:
☐ Diabetes
☐ High Blood Pressure
☐ Hepatitis
☐ HIV
☐ Chronic Pain
☐ Seizures
☐ Other: _____

Current Medications: _____

_____

Medication Dosage Reason

Any Allergies?
☐ Yes
☐ No
Explain: _____

Mental Health

Have you ever been diagnosed with:
☐ Depression
☐ Anxiety
☐ PTSD
☐ Bipolar Disorder
☐ Schizophrenia
☐ ADHD
☐ Other: _____

Current Mental Health Provider: _____

Current Medications:

_____

Have you ever been hospitalized for mental health?
☐ Yes
☐ No
History of suicide attempts?
☐ Yes
☐ No
Current thoughts of self-harm?
☐ Yes
☐ No

Criminal Justice History

Number of Prior Arrests: _____

Number of Convictions: _____

Current Probation?
☐ Yes
☐ No
Current Parole?
☐ Yes
☐ No
History of Violent Charges?
☐ Yes
☐ No
History of DUI?
☐ Yes
☐ No
Pending Charges?
☐ Yes
☐ No
Explain: _____

_____

Financial Information

Monthly Income: _____

Sources:
☐ Employment
☐ SSI
☐ SSDI
☐ Family
☐ Public Assistance
☐ Other
Monthly Expenses: _____

Outstanding Fines or Court Costs?
☐ Yes
☐ No
Amount Owed: _____

Recovery Supports

Do you attend recovery meetings?
☐ AA
☐ NA
☐ Celebrate Recovery
☐ SMART Recovery
☐ Other _____
Sponsor?
☐ Yes
☐ No
Recovery Coach?
☐ Yes
☐ No
Church/Faith Community?
☐ Yes
☐ No
Positive Support System?
☐ Yes
☐ No

Goals

Why do you want to participate in Drug Court? _____
_____

What are your recovery goals? _____

_____

Employment Goals: _____

_____

Education Goals: _____

_____

Housing Goals:

Participant Strengths

What are your biggest strengths?

☐ Motivated
☐ Family Support
☐ Employment Skills
☐ Education
☐ Positive Attitude
☐ Stable Housing
☐ Other: _____

Any barriers or needs:

Check all that apply:

☐ Housing
☐ Employment
☐ Transportation
☐ Mental Health Counseling
☐ Medical Care
☐ Dental Care
☐ Childcare
☐ Food Assistance
☐ Medication Assistance
☐ Recovery Support
☐ Education
☐ Financial Counseling
☐ Anger Management
☐ Parenting Classes
☐ Domestic Violence Services
☐ Other: _____

Participant Agreement

I certify that the information provided is accurate and complete to the best of my knowledge. I am voluntarily applying to the Felony Drug Court Program. I understand that I must review this application with the 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.

Participant Signature: _____

Date: _____

Staff Signature: _____

Date: _____

CAUSE NO. _____

THE STATE OF TEXAS	**§**	**IN THE DISTRICT COURT**
	§	
v.	**§**	**401ST JUDICIAL DISTRICT**
	§	
_____	**§**	**COLLIN COUNTY, TEXAS**

REQUEST FOR ADMISSION TO DRUG COURT

Comes Now the Defendant and submits this "Request for Admission to Drug Court," and would show the Court the following:

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

II. The Defendant has been approved for consideration for entry into the 401st District Court Felony 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.

IV. 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 Request 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 _____, 202__.

Respectfully submitted,

_____

_____
Defendant

_____ _____

Attorney for the State (agreed / opposed) Attorney for the Defendant