



APPLICATION TO MENTAL HEALTH COURT

Date of Application: _____

NAME: _____

ALIAS(ES): _____

ADDRESS (physical): _____

ADDRESS (mailing) _____

TELEPHONE NUMBER(S): _____

HOW LONG AT CURRENT ADDRESS: _____ CITIZEN STATUS: _____

PREVIOUS ADDRESS: _____

CO-HABITANT(S)/RELATIONSHIP: _____

NEXT OF KIN: _____ RELATIONSHIP: _____ TELEPHONE #: _____

MEDICAL AND SUBSTANCE ABUSE HISTORY

DO YOU HAVE A MENTAL HEALTH DIAGNOSIS? _____

ARE YOU CURRENTLY RECEIVING MENTAL HEALTH SERVICES AND/OR CASE MANAGEMENT SERVICES? IF SO, PLEASE PROVIDE THE NAME OF SERVICE PROVIDER(S):

HAVE YOU EVER BEEN HOSPITALIZED FOR PSYCHIATRIC SERVICES? _____

ANY SERIOUS MEDICAL PROBLEMS? _____

NAME OF PHYSICIAN: _____

CURRENTLY ON ANY MEDICATIONS? IF SO, PLEASE LIST: _____

PROBLEMS WITH DRUGS OR ALCOHOL OR BOTH?: _____

DESCRIBE SUBSTANCE USE: _____

EVER RECEIVED INPATIENT TREATMENT FOR SUBSTANCE ABUSE?: _____

IF SO, WHERE AND WHEN: _____

EVER RECEIVED OUTPATIENT TREATMENT FOR SUBSTANCE ABUSE?: _____ IF SO, WHERE AND WHEN: _____

DEMOGRAPHICS

RACE: _____ SEX: _____ DOB: _____ SOC SEC. #: _____

HEIGHT: _____ WEIGHT: _____

EYE COLOR: _____ HAIR COLOR: _____

DISTINGUISHING MARKS: _____

HAVE YOU EVER SERVED IN THE MILITARY? _____

EVER SERVED IN COMBAT? _____ VETERANS STATUS: _____

TRANSPORTATION

DRIVERS LICENSE ? Yes ___ No ___ LICENSE NUMBER: _____

RESTRICTIONS ? _____

DO YOU OWN YOUR OWN VEHICLE? _____

DO YOU HAVE ACCESS TO TRANSPORTATION? _____

PROBATION OFFICER: Yes ___ No ___ Name _____

FINANCIAL AND EMPLOYMENT INFORMATION

INCOME: _____

IS THIS INCOME SUFFICIENT TO MEET YOUR CURRENT BILLS? _____

EMPLOYER: _____ TELEPHONE #: _____

EMPLOYER ADDRESS: _____

EDUCATIONAL BACKGROUND:

HIGH SCHOOL GRADUATE? _____

ANY ADVANCED EDUCATION, TRAINING OR CERTIFICATES EARNED?

CHILDREN/CHILD CARE NEEDS

DO YOU HAVE ANY CHILDREN? IF SO, HOW MANY AND THE AGES:

IS CHILD CARE AN ISSUE?: _____

PENDING CRIMINAL MATTERS

DEFENSE ATTORNEY: _____ TELEPHONE #: _____

CURRENT CHARGES: _____ DOCKET #: _____

STAGE IN THE COURT PROCESS: _____

NEXT COURT EVENT: _____ DATE: _____ JUDGE: _____

DATE OF ARREST: _____ LOCATION OF ARREST: _____

PRESENTLY INCARCERATED: NO _____ YES _____ JAIL #: _____

PRIOR CONVICTIONS (ADULT)

<u>DATE:</u>	<u>CHARGES:</u>	<u>COURT:</u>

JUVENILE RECORD: _____ YES _____ NO

LOCATION OF COURT: _____

IN MY SPARE TIME, I LIKE TO DO THE FOLLOWING (hobbies/interests):

I understand that I need to be evaluated in order for HOH to determine if I am eligible for this program. The evaluation process will take place in a timely manner.

SIGNATURE OF DEFENDANT: _____ DATE: _____

This application will not be considered for admission into The HOH Program unless the following certification has been completed. I hereby certify that I have fully explained the HOH Program and that I have reviewed with him/her the contents of the HOH Participant Handbook and Participation Agreement.

DEFENSE COUNSEL SIGNATURE

DATE

- Public Defender
- Retained Counsel