

APPLICATION FOR ADMISSION
PERRY COUNTY SUBSTANCE ABUSE COURT PROGRAM

(Note to staff: participant must sign "General Consent For Release of Confidential Information" form)

THIS IS AN APPLICATION ONLY. THIS DOES NOT GUARANTEE ACCEPTANCE INTO THE PROGRAM.

REFERRED BY: _____ YOUR **FULL** NAME: _____

D.O.B.: _____ SEX: _____ RACE: _____ AGE: _____

SSN: _____ - _____ - _____ DRIVER'S LICENSE #: _____

VEHICLE DESCRIPTION: _____

HOW DID YOU FIND OUT ABOUT THIS PROGRAM: _____

ARE YOU PRESENTLY INCARCERATED: YES NO WHERE: _____

CRIMINAL CHARGES AGAINST YOU NOW: _____

NAME OF YOUR ATTORNEY: _____ NAME OF COURT: _____

PRIOR CRIMINAL CHARGES:

	DATE	COURT/ COUNTY	CHARGES		DATE	COURT/ COUNTY	CHARGES
1				3			
2				4			

YOUR HOME ADDRESS: _____

Number & Street City State Zip

WHO LIVES AT THIS ADDRESS:

	NAME	RELATIONSHIP		NAME	RELATIONSHIP
1			3		
2			4		

HOW LONG HAVE YOU LIVED AT THIS ADDRESS: _____

PHONE: (home) _____ (cell) _____ (work) _____

MARITAL STATUS: _____ SPOUSE/SIGNIFICANT OTHER'S NAME: _____

HOW MANY KIDS DO YOU HAVE?: _____ ARE YOU PREGNANT? YES NO

WHO HAS CUSTODY OF YOUR CHILDREN: _____

HIGHEST GRADE YOU COMPLETED IN SCHOOL: _____

OCCUPATION: _____ EMPLOYER: _____

SALARY:\$ _____ Wk/Mo/Yr OTHER INCOME:\$ _____

YOUR ANNUAL INCOME:\$ _____ ARE YOU RECEIVING PUBLIC ASSISTANCE: YES NO

PRIOR TREATMENT:

	NAME OF DOCTOR OR AGENCY	TYPE OF TREATMENT	DID YOU COMPLETE THE TREATMENT?
1			

2			
3			

DO YOU HAVE MEDICAL INSURANCE?: YES NO NAME OF INSURANCE CO.: _____
 ARE YOU A VETERAN? YES NO DID YOU GET AN HONORABLE DISCHARGE? YES NO
WHO WE CAN CONTACT IF WE CAN'T GET A HOLD OF YOU:

NAME RELATIONSHIP ADDRESS PHONE

YOUR DRUG & ALCOHOL HISTORY – INCLUDE BOTH LEGAL & ILLEGAL DRUGS:

DRUG OR ALCOHOL NAME	HOW OFTEN DO YOU USE IT?	DATE YOU FIRST USED IT	DATE YOU LAST USED IT	DRUG OR ALCOHOL NAME	HOW OFTEN DO YOU USE IT?	DATE YOU FIRST USED IT	DATE YOU LAST USED IT

WHAT IS THE MAIN REASON YOU USE DRUGS/ALCOHOL? _____

FAMILY MEMBERS THAT USE DRUGS AND/OR ALCOHOL: _____

YOU COMMENTS AND QUESTIONS: _____

YOU MUST SIGN AND RETURN A “GENERAL CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION” FORM WITH THIS APPLICATION BEFORE IT WILL BE REVIEWED.

The undersigned hereby requests admission into the Perry County Substance Abuse Court Program (Program). My signature authorizes the Program and the Prosecutor to access and share my criminal history and driving record. I agree to submit to IRAS and clinical screens.

 (PRINT) APPLICANT NAME

 APPLICANT SIGNATURE

 DATE

 (PRINT) STAFF MEMBER NAME

 STAFF MEMBER SIGNATURE

 DATE

**YOU MUST RETURN THIS FORM TO:
 PERRY COUNTY SUBSTANCE ABUSE COURT
 2211 HERRMAN STREET
 TELL CITY, IN 47586
 812-547-9775**