

COWETA CIRCUIT MENTAL HEALTH COURT APPLICATION

This form will be reviewed, initialed and signed by the defense attorney and submitted to the Assistant District Attorney assigned to the case. The form and file will then be submitted to the Drug Court Prosecutor.

IN OFFICE USE ONLY	<input type="checkbox"/> Solicitor's Office	<input type="checkbox"/> DA's Office	Rec'd Date: _____
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PERSONAL INFORMATION

Name: _____

Alias, including maiden name: _____

Date of Birth: _____ Social Security Number: _____

DL Number (or ID): _____ Phone number: _____

Are you currently incarcerated? Yes No If yes, where? _____

Home Address: _____

Are you US Citizen? Yes No If no, what type or VISA do you hold? _____

Are you employed? Yes No If yes, please answer the following:

Employer: _____

Phone Number: _____ Address: _____

Job Description (Please be detailed): _____

Are you Veteran? Yes No

Emergency Contact:

Name: _____

Number: _____ Relationship: _____

MENTAL HEALTH HISTORY

Have you ever been diagnosed with a mental illness? Yes No

Present Diagnosis: _____

Past Diagnosis: _____

Treatment

Have you ever received mental health service? Yes No

Date	Facility Name	Treatment Type

Are you currently prescribed **ANY** medications for your mental illness? Yes No

If yes, are you using them as prescribed? Yes No

If no, why not? _____ Next Appointment: _____

Prescribing Doctor	Medication	Dosage	Frequency

Were you prescribed **ANY** medications that you **CANNOT** take because of your incarceration? Yes No

Prescribing Doctor	Medication	Dosage	Frequency

Have you ever received services from Pathways Center? Yes No

Last Appointment: _____ Case Manager: _____

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SUBSTANCE ABUSE INFORMATION

Do you abuse any drugs or alcohol? Yes No

Type	Amount	Frequency

What is your drug of choice? _____

Have you ever received treatment for drug abuse? Yes No

Date	Facility Name	Treatment Type	Successful? Y/N

LEGAL INFORMATION

Do you have a Lawyer? Yes No If yes, please answer the following:

Name: _____ Phone Number: _____

Have you waived your Preliminary Hearing? Yes No

Past Convictions

Have you ever been convicted of a misdemeanor or felony offense? Yes No

If yes, please answer the below, use the back if you need more space.

Arrest Date:	Disposition:	Charge:

Current Charges

If there are more charges than spaces, please list the most sever or use the back of the page)

Next Court Date: _____

Agency:	Case Number:	Charge:

Other Pending Charges

Do you have any other pending charges in Troup County? Yes No

Arrest Date: _____ Charges: _____

Arrest Date: _____ Charges: _____

Do you have any other pending charges **NOT** in Troup County? Yes No

Agency name:
Case Numbers:
Charges:
Any other information:

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Probation/Parole

Are you currently on Probation or Parole? Yes No

If yes, please answer the below, use the back if you need more space.

PROBATION/ PAROLE	Y	N
In the case of a probation violation, does the individual still have at least 3 years left on the probation case?		
If not, will Def agree to the application of OCGA 42-8-34(g) which allows the sentencing court to extend probation?		
Are you currently on probation or parole anywhere other than Troup County?		
Where?		
Probation/Parole Officer(s) Name(s):		

Pending Court Orders

Are there any outstanding court orders pending against you? **Yes** **No**

Types	Y	N
Bench Warrant		
Protection Orders		
Support Orders (child support)		
Other Judgements		
ANY OTHERS: (List)		

List: _____

Acknowledgment

I, _____, understand that final determination about Mental Health Court eligibility
(Print your name)
 will be decided after review of all pertinent information. I agree to submit any additional information relevant to this
 Mental Health Court referral and that the facts set forth in this application are true and correct to the best of my knowledge,
 information and belief.

 Signature

 Date

PLEASE LEAVE THIS SECTION BLANK

****For Program Use Only. Do Not Write Below This Line, Thank you.****				Rec'd by
Def. Attorney/ Public Defender				
Assigned ADA/Solicitor	Approved	Denied	Date:	
Program ADA/Solicitor	Approved	Denied	Date:	
Notes:				<input type="checkbox"/> Solicitor <input type="checkbox"/> DA Office