

Troup County DUI/Drug Court Application

The Troup County DUI/Drug Court promotes a safer community by identifying non-violent substance abuse offenders and helping them successfully complete a judicially-supervised treatment program. Your complete disclosure and honesty will allow our staff to determine how we can provide you the quality services you deserve.

You must fill this application out in its entirety.

GENERAL DATA

Date: _____ Full Name: _____

DOB: _____ Age: _____ SS#: _____

Current Physical Address (include City and Zip): _____

Within city limits?: _____ What County do you reside in?: _____

Current Mailing Address (if different from above): _____

Home Phone: _____ Cell Phone: _____

Current Relationship Status: _____ How Long? _____

If in a relationship, name of significant other: _____

Highest level of education: _____ What year? _____

Were you ever in the Armed Forces?: _____ If yes, what branch?: _____

Are you currently employed?: _____ Where?: _____

What is your means of transportation to treatment?: _____

LEGAL BACKGROUND

Are you currently in jail?: _____ Arrest Date: _____

Name of your attorney: _____

Currently on Probation or Parole?: _____ Where?: _____

Name of probation or parole officer and telephone number: _____

How many DUI's in the last 5 years?: _____ Last 10 years?: _____ Lifetime?: _____

License #: _____ Is your license suspended/revoked? _____

Do you have any pending charges or court dates?: _____ If yes, when and what for? _____

Do you have any felonies?: _____ If yes, detail below:

Convicted of: _____ Date: _____

Location: _____ If more than one, use back of this form.

Who referred you to DUI/Drug Court? _____

Do you have an attorney?: _____ If yes, who?: _____

MEDICAL HISTORY

Do you have any current medical problems?: _____. If yes, please list:

If yes, what treatment and/or medications are you taking?:

Who is your treating physician?: _____ Phone number: _____

Would your medical problems interfere with your treatment responsibilities? _____

If yes, please explain:

Do you have any current psychiatric problems?: _____. If yes, please list:

Have you ever been diagnosed with a psychiatric problem? _____. If yes, please list:

Are you currently or have you ever taken medications for depression, anxiety attacks, panic attacks, mood swings, or other emotional problems?: _____

If so, please list your medications, dosage, and the dates taken: _____

SUBSTANCE USE INFORMATION

DRUG	YES/NO	HOW OFTEN	DATE OF LAST USE
Alcohol			
Marijuana			
Cocaine/Crack			
Amphetamines			
Prescriptive Drugs/Narcotics			
Other:			

Have you ever participated in substance abuse treatment before?: _____

If yes, when and where?: _____

Have you ever been hospitalized for withdrawal and/or detox?: _____

If yes, when and where?: _____

Do you see your substance use as a problem?: _____. If yes, how long? _____

Have you attempted to stop use?: _____. Longest period of abstinence: _____

Please explain how/why you believe DUI/Drug Court would be a benefit to you: _____

Thank you for your help and honesty. If we have overlooked any information that you feel is important to our consideration of you for this program, please let us know.

I, _____ attest that the information that I have provided the Troup County DUI/Drug Court is true and accurate.

SIGNATURE DATE

For Office Use Only: Solicitor's Office APPROVAL? Yes _____ No _____ Initials: _____

If no, please provide a brief explanation why? _____

DUI/Drug Court Team APPROVAL? Yes _____ No _____

If no, please provide a brief explanation why? _____

Date: _____ Signature: _____