IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT
MONTGOMERY COUNTY, ALABAMA

STATE OF ALABAMA, Plaintiff, v. _____, Defendant.	))))))	CC No. _____

PETITION TO ALLOW APPLICATION TO THE MONTGOMERY COUNTY DRUG COURT

COMES NOW, the Defendant in the above-styled case and respectfully petitions this honorable Court to allow the Defendant to make application for participation in the Montgomery County Drug Court.

1. The offense charged is not prohibited by the Alabama Drug Offender Accountability Act.
2. Counsel certifies that the Application for participation in the Montgomery County Drug Court has been completed with his/her assistance and has been delivered to the Deputy District Attorney assigned to the Defendant's case(s).
3. The Defendant has scheduled the required psychosocial assessment for _____ at _____ a.m./p.m. and agrees to follow the terms of the treatment recommendation.

Respectfully submitted this _____ day of _____, 20____.

_____ _____
Defendant Attorney for Defendant

CERTIFICATE OF SERVICE

I hereby certify that I have served a copy of this Petition and the original, completed Application to the Deputy District Attorney assigned to the Defendant's case(s) by personal delivery on this _____ day of _____, 20____.

_____
Attorney for Defendant

cc: Original – Court File
Drug Court File
Deputy District Attorney - _____
Attorney for the Defendant - _____
Original Judge of Assignment - _____

IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT
MONTGOMERY COUNTY, ALABAMA

STATE OF ALABAMA, Plaintiff, v. _____, Defendant.	))))))	CC No. _____

ORDER ALLOWING APPLICATION TO THE MONTGOMERY COUNTY DRUG COURT

Upon consideration of the Defendant's request to allow application to the Montgomery County Drug Court and the Alabama Drug Offender Accountability Act, it is hereby **ORDERED** that:

1. The Defendant is allowed to make application for participation in the Montgomery County Drug Court.

2. The Defendant is expected to adhere to treatment recommendations once the assessment is complete.

3. If approved, the Defendant is to complete Orientation and appear before the Drug Court Judge for Contract Signing.

4. The above-styled case is set for Review on the ____day of _____, 20____.

Done this _____ day of _____, 20____.

_____
CIRCUIT JUDGE

cc: Original – Court File
Drug Court File
Deputy District Attorney - _____
Attorney for the Defendant - _____
Original Judge of Assignment - _____

MONTGOMERY COUNTY DRUG COURT APPLICATION

TO: Montgomery County Drug Court

FROM: _____ **(Defendant)**

RE: Case No.(s): _____

I have pled guilty to the offense(s) for which I am charged and want to participate in the Montgomery County Drug Court. **I have also met with my attorney and meet the qualifications to apply to Drug Court and further understand that I must contact staff at Aletheia House at (334) 269-2150 prior to the submission of this application. I should identify myself as a Drug Court Applicant who is calling to schedule an appointment for an assessment.** I also understand that I will be allowed to reschedule my assessment appointment one (1) time before returning to the original judge of assignment for review of my application status. **NOTE: PLEASE INFORM THE COURT IF YOU HAVE ALREADY BEEN ASSESSED WITHIN THE LAST YEAR AND/OR IF YOU ARE CURRENTLY ENROLLED IN A TREATMENT PROGRAM.**

I understand that the Court may assist with reasonable accommodations; however, changes to employment, school, and/or childcare scheduling may be necessary for me to successfully participate in the Montgomery County Drug Court.

I will always tell the truth when addressing the Court and Drug Court Staff.

I understand that if I am allowed to participate in the Montgomery County Drug Court and it is later determined that I violated the terms of the Drug Court Contract, I may be terminated from the program and sentenced.

I will immediately inform the Drug Court Coordinator if I am charged with any other offense(s), including traffic offenses.

I understand that if I am approved to participate in the Montgomery County Drug Court, I must complete the following requirements:

1. **Participate in and complete a treatment program prescribed by the Court;**
2. **Pay associated fees (if applicable) with participating in Drug Court;**
3. **Follow all directives associated with participating in Drug Court.**

I HAVE READ AND UNDERSTAND THE REQUIREMENTS OF THE MONTGOMERY COUNTY DRUG COURT.

_____ _____

Date **Defendant's Signature/Attorney's Signature**

ASSESSMENT DATE & TIME: _____

MONTGOMERY COUNTY DRUG COURT
APPLICANT SCREENING REPORT

NAME:_____CASE NO._____

ALIAS(ES):_____

_____

GENDER: MALE ___ FEMALE___ RACE: WHITE____ BLACK____
OTHER_____

DOB:_____ AGE:_____ SSN#:_____

HEIGHT:_____WEIGHT:_____HAIR COLOR:_____EYE COLOR:_____

IDENTIFYING MARKS:_____

_____

_____

ADDRESS:_____

CITY:_____STATE: _____ZIP: _____

NAME OF HOMEOWNER/LANDORD/PROPERTY MANAGER AND CONTACT INFORMATION:_____

_____

HOME PHONE:_____CELLULAR PHONE:_____

DL# OR STATE IDENTIFICATION #: ( )_____

STATUS OF D.L.:_____

LIST REASON FOR D.L. SUSPENSION OR REVOCATION, IF APPLICABLE:

_____

_____

DO YOU POSSESS A COMMERCIAL DRIVER LICENSE?_____

DO YOU HAVE RELIABLE TRANSPORTATION?_____

MARITAL STATUS: SINGLE MARRIED DIVORCED SEPARATED WIDOWED

SPOUSE:_____AGE:_____YEARS MARRIED:_____

LIST THE NAME(S) OF ALL INDIVIDUALS IN YOUR HOUSEHOLD AND INCLUDE THEIR RELATIONSHIP TO YOU (THE APPLICANT):_____

_____

_____

_____

NAMES OF APPLICANT'S CHILDREN, THEIR AGES, AND WHERE THEY RESIDE:

_____

_____

_____

CHILD SUPPORT: PAYING OUT:$_____ RECEIVING:$_____

AMOUNT:$_____ARREARAGE:$_____

ARREST/CRIMINAL HISTORY:

CURRENT CHARGE(S):_____

JUDGE:_____ATTORNEY:_____(RETAINED/APPOINTED)

ATTORNEY'S PHONE NO.:_____EMAIL:_____

DATE(S) OF ARREST FOR CURRENT CHARGE(S):_____

ARRESTING OFFICER(S) OR AGENCY:_____

EXPLAIN (IN DETAIL) THE ACTIONS WHICH LED TO YOUR CURRENT CRIMINAL CHARGE(S).

_____

_____

_____

_____

WAS A WEAPON INVOLVED IN YOUR CASE? IF YES, PROVIDE DETAILS.

_____

_____

_____

DO YOU HAVE A HISTORY OF VIOLENT BEHAVIOR?_____
IF YES, GIVE SPECIFIC DETAILS._____

_____

_____

_____

DO YOU OWE RESTITUTION? IF YES, HOW MUCH?_____

_____

TOTAL NO. OF ARRESTS:_____

ARE YOU PRESENTLY INCARCERATED?_____NAME OF JAIL:_____

_____

ARREST/CRIMINAL HISTORY CONTINUED:

DETAINERS?_____YES_____NO JURISDICTION(S)?_____

_____

LIST ALL PAST CRIMINAL CONVICTIONS, DATE OF CONVICTIONS, AND LOCATION OF CONVICTIONS.

_____

_____

_____

_____

LIST PRIOR PRISON/JAIL CONFINEMENTS: _____

_____

_____

ARE YOU CURRENTLY ON PROBATION OR PAROLE FOR ANY PAST CONVICTIONS? ( ) YES ( ) NO

IF YES, LIST THE NAME AND TELEPHONE NO. OF YOUR PROBATION OFFICER:

_____

_____

DO YOU HAVE ANY PENDING CHARGES (INCLUDING TRAFFIC CASES - MUNICIPAL AND/OR COUNTY) IN THIS OR ANY OTHER JURISDICTION? IF YES, PLEASE EXPLAIN (IN DETAIL) AND INCLUDE THE AMOUNT OF FINES/MONIES OWED.

_____

_____

_____

PERSONAL HISTORY:

LOCAL RELATIVE (Other than spouse):_____
ADDRESS:_____PHONE:_____
CITY:_____STATE:_____ZIP: _____

LOCAL RELATIVE (Other than spouse):_____
ADDRESS:_____PHONE:_____
CITY:_____STATE:_____ZIP: _____

IN CASE OF EMERGENCY, CONTACT:
NAME:_____
ADDRESS:_____PHONE:_____
CITY:_____STATE:_____ZIP:_____

EMPLOYMENT HISTORY:

CURRENT EMPLOYER:_____
ADDRESS:_____PHONE:_____
CITY:_____STATE: _____ZIP: _____
TIME EMPLOYED:_____INCOME_____
WORK SCHEDULE:_____
_____

ADDITIONAL SOURCES OF INCOME:

TYPE:_____ AMOUNT_____

_____ _____

PREVIOUS EMPLOYER:_____
ADDRESS:_____PHONE:_____
CITY:_____STATE:_____ZIP: _____
TIME EMPLOYED:_____INCOME_____

IF UNEMPLOYED, LIST YOUR DAILY PLANS/ACTIVITIES:_____
_____
_____

MILITARY:

BRANCH_____ VETERAN_____ ACTIVE_____ YEARS SERVED_____

TYPE OF DISCHARGE_____

EDUCATION: LAST GRADE COMPLETED? _____ H.S. GRADUATE GED

COLLEGE:_____

WHAT TALENTS OR SKILLS DO YOU HAVE?

_____
_____
_____
_____

MEDICAL HISTORY:

DO YOU HAVE ANY HEALTH PROBLEMS? IF YES, LIST THEM BELOW:

_____
_____
_____
_____
_____
_____

MEDICAL HISTORY CONTINUED:

HAVE YOU EVER BEEN DIAGNOSED WITH ANY OF THE FOLLOWING?
HIV HEP TB OTHER:_____

HAVE YOU EVER BEEN DIAGNOSED WITH A MENTAL ILLNESS OR RECEIVED MENTAL HEALTH SERVICES AS A CHILD OR ADULT?

_____
_____
_____

IF YES, LIST THE DIAGNOSIS AND MEDICATION(S) PRESCRIBED:

_____
_____
_____
_____
_____

LIST ALL PHYSICIANS (NAME, ADDRESS, AND PHONE NUMBER):

_____
_____
_____
_____

LIST ALL MEDICATIONS (PRESCRIBED AND OVER-THE-COUNTER):

_____
_____
_____
_____
_____

SUBSTANCE ABUSE HISTORY:

HAVE YOU EVER USED ANY OF THE FOLLOWING SUBSTANCES?

THC COC CRACK OPI (EX: LORTAB, DEMEROL, PERCOCET) **AMP METH HEROIN LSD FETANYL ALCOHOL BZO (EX:** XANAX, KLONOPIN, ATIVAN) **INHALANTS HALLUCINOGENS**
OTHER:_____

WHAT IS YOUR SUBSTANCE(S) OF CHOICE? HOW LONG HAVE YOU USED?

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

SUBSTANCE ABUSE HISTORY CONTINUED:

ARE YOU CURRENTLY ENROLLED IN ANY TYPE OF MEDICATION ASSISTED THERAPY PROGRAM? ( ) YES ( ) NO

IF YES, LIST NAME OF MEDICATION, DOSAGE, TIME PERIOD, AND NAME/PHONE NO. OF PHYSICIAN/FACILITY:

DO YOU BELIEVE YOU HAVE A SUBSTANCE ABUSE PROBLEM?
( ) YES ( ) NO

LAST USE

DO YOU BELIEVE YOU NEED TREATMENT FOR SUBSTANCE ABUSE OR ADDICTION? ( ) YES ( ) NO

HOW DID YOUR DRUG USE/ABUSE BEGIN?

LIST PRIOR TREATMENT:

HAVE YOU EVER SOLD, MANUFACTURED, OR DISTRIBUTED DRUGS?

FAMILY HISTORY: Alcohol Substance Abuse

OTHER:

HAVE YOU EVER BEEN INVOLVED IN A GANG OR WITH GANG ACTIVITY?

HAVE YOU PREVIOUSLY APPLIED TO DRUG COURT OR COMPLETED A DIVERSION PROGRAM? IF YES, PROVIDE DATE(S).

DO YOU HAVE ANY RELATIVES THAT ARE CURRENTLY ASSIGNED TO MONTGOMERY COUNTY COMMUNITY CORRECTIONS OR PARTICIPATING IN DRUG COURT? IF YES, LIST THE NAME OF THE PARTICIPANT.

WHY ARE YOU APPLYING FOR PARTICIPATION IN THE MONTGOMERY COUNTY DRUG COURT?

WHAT WILL PREVENT YOU FROM COMPLETING THE MONTGOMERY COUNTY DRUG COURT? FOR EXAMPLE: EMPLOYMENT, TRANSPORTATION BARRIERS, HEALTH, ETC.

For Staff Use Only:

Application Status

- ☐ **Pending**
- ☐ **Approved**
- ☐ **Denied**

Notes:

Date