

Community Family Court Application

Date: _____

General Information

Name: _____
Last First Middle

DOB: ___/___/___ Sex: M F Primary Language: _____

Ethnicity (Caucasian, African American, etc): _____

Native American/Alaskan Native Heritage? Y N Tribe: _____ Tribal Benefits? Y N

Marital Status: _____ Name of significant other: _____

Length of Current Relationship: _____ Do you ever feel afraid of you current partner? Y N

Did you serve in the military? Y N VA Eligible? Y N

Are you currently homeless or without a stable residence? Y N

Current Physical Address : _____ City _____ State _____

Zip _____ Is this your Primary Address? Y N Type of Residence (apt, rental, etc) _____

Others in household: _____ Relationship: _____

Does anyone in your current residence use medical marijuana or illegal drugs? Y N

Mailing (if different): _____ City _____ State _____ Zip _____

E-mail: _____ Phone: (_____) _____-

Cell Phone: (_____) _____- Message Phone: (_____) _____-

If the message phone is not yours, who owns it? _____

Emergency Contact:

Name: _____
First Middle Last

Relationship: _____

Ok to contact? Y N Phone: (_____) _____-

Alternate Contact Number: (_____) _____-

Legal Information:

Please list every county/state where you've had charges or legal trouble:

Please list states/counties where you believe you may have outstanding warrants:

Probation Officer? _____

Attorney? _____

DHS – Child Welfare case worker _____

Financial Information

Do you owe Child Support? Y N If so, how much? _____

Do you owe money to other courts or counties? Y N If so, how much? _____

Are/will your wages be Garnished? Y N Uncertain

Why? _____ How much per month? _____

Transportation

Do you have reliable Transportation? Y N Do you have a valid ODL? Y N
Current Insurance? Y N

If suspended, or revoked please list all courts where you have outstanding cases or fines:

Education

Last Year Completed? _____ High School Grad: Y N GED: Y N Some College: Y N

College Degree: Y N Last school attended? _____

Current School? _____ Grade: _____ School Contact Name: _____

Employment Information

Are you employed? Y N If no, source of income? _____

Primary Employment: _____ Occupation: _____

Employer Contact Name: _____ Employer Contact Number: (_____) _____-_____

Income: _____ Per: _____ Approximate Hrs per Week: _____

Longest you've kept employment? _____ Primary Skills/Occupation: _____

Are you receiving public assistance (TANF or Food Stamps)? Y N

Additional Sources of Income _____

Medical/ Mental Health History

Medical

Do you have current medical insurance? Y N

Current Physician: _____ Facility: _____

Last medical appointment or emergency room visit: _____ Reason: _____

Pregnant? Y N Significant Other Pregnant? Y N Due Date? ____/____/____

Do you have any chronic or current medical conditions? Y N

Please list current medical conditions, including prescribed medication (even if you are not currently taking your medication):

Mental Health:

Have you ever been diagnosed with a mental health condition? Y N

Please list current and previous mental health diagnoses: _____

Are you currently under the care of a therapist, mental health clinician, or physician for a mental health condition? Y N

If so, please provide name/contact information: _____

Have you ever been hospitalized due to mental illness? Y N

If so, please provide the date, location and reason for your hospitalization(s): _____

Have you ever taken medication for mental illness? Y N

Please list all mental health medication you are currently taking: _____

Please list mental health medications you have been prescribed in the past or are no longer taking: _____

Substance Abuse History

Longest period of total abstinence from **all drugs and alcohol** since start of use: _____

| Drug | Frequency (Daily, 1 x per week, etc) | Age Began Using | Route (IV, Snort, eat, etc) | Date of Last Use | Rank (order of preference) |
|------|--|--------------------|-----------------------------------|---------------------|----------------------------------|
| | | | | | |
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| | | | | | |
| | | | | | |

Have you attended addiction treatment in the past? Y N

If so, please provide the following information for **each treatment attempt** (you may write on the back of the application, if necessary):

Name of treatment center: _____ Dates attended: _____

Type of treatment (outpatient, inpatient): _____

Did you successfully complete treatment? Y N If no, why not? _____

Reason for treatment (court-ordered, personal decision, family intervention): _____

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Type of treatment (outpatient, inpatient): _____

Did you successfully complete treatment? Y N If no, why not? _____

Reason for treatment (court-ordered, personal decision, family intervention): _____

Needle Use in Past Year? Y N Use by current partner/spouse? Y N

Family/Social History:

Were you involved with child welfare as a minor? Y N In foster/relative care? Y N

Incarcerated or placed in a residential facility as a minor? Y N Who was your primary caregiver growing up? (Mother only, grandparent, adoptive parent, etc): _____

Did members of your immediate family abuse drugs or alcohol? Y N

Are any of your family members clean and sober now? Y N If so, who? _____

Goals/Hobbies/Personal Information

What type of work are you good at, or what type of employment do you enjoy? _____

Please describe something you are proud of accomplishing:

What are your personality strengths? Challenges?

Do you have anyone that you look up to and respect? Y N

If so, who and why? _____

What do you expect to get out of treatment court?

Comments/Other:

Minor Children – please list all children, even if they are not living with you. Please include children that are in a guardianship or have been adopted.

Name: _____ DOB: ____/____/____ Age: _____ Sex? M F

Other Parent's Name: _____

Are they actively involved with the child? Y N Child Welfare involved? Y N

Does your child live with you? Y N

If not, who do they live with? (Foster parent, grandparent, mother/father): _____

How often do you see your child? _____

Has your child ever been placed in foster care or with a relative by an outside agency (law enforcement, DHS)? Y N

Notes/ Special Needs: _____

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