

Specialty Court Participant Admission Form

File Information

Last Name First Middle Date of Birth / /

Driver's License State and Number (if applicable): _____ SID (if applicable): _____

Gender (circle one): M / F Height _____ Weight _____ Hair Color _____ Eye Color _____

Race (circle one): African-American, Alaskan Native, Asian, Pacific Islander, Caucasian, Native American,
Other: _____ Ethnicity (circle one): Hispanic, Non-Hispanic, Refused

Primary Language (circle one): English, Spanish, Cambodian, Chinese, Korean, Laotian, Russian, Vietnamese
Other: _____

Contact Information

Home Phone: () _____ Cell Phone: () _____ Work Phone: () _____

Message Phone: () _____ Source of Message: _____

Email Address: _____

Current Address

Physical Address: _____
Street City State Zip

Mailing (if different): _____
PO Box or Street, City State Zip

General Information

Residence (circle one): Own / Rent / Partner's Home / Relative's Home / Friend's Home / Homeless / Other: _____

Do you have a caseworker? Y / N Name of Caseworker: _____

Do you have an attorney? Y / N Name of Attorney: _____

Are you currently on probation? Y / N Location: _____

Have you served in the military? Y / N Branch: _____ Active? Y / N

Year Enlisted/Year Discharged: _____ Discharge Type: _____

Are you eligible for VA benefits? Y / N Are you eligible for tribal benefits? Y / N

Education & Employment

Highest grade completed: _____ Have you graduated from high school? Y / N

How many years of education have you completed? _____ Current School: _____

Are you employed? Y / N Current or former employer: _____
 Occupation: _____ Employer Contact Name & Phone: _____
 Income: \$ _____ Per: hour / week / month / year How many hours do you work per week? _____
 Employment start date: ___/___/___ Employment end date: ___/___/___
 If terminated, why? _____
 If not employed, what is your primary source of income? _____

Family Information

Marital Status (circle one): Married / Divorced / Separated / Single / Living as Married

Spouse/Partner/S.O.: _____ /___/___
 Last Name First Middle Date of Birth

Address: _____
 Street City State Zip

Frequency of Contact: _____ Does the family member live with you? Y / N

Uses Drugs or Alcohol? Y / N No Contact Order? Y / N On Probation? Y / N Incarcerated? Y / N

Children

_____ /___/___
 Last Name First Middle Date of Birth

Address: _____
 Street City State Zip

Frequency of Contact: _____ Does the child live with you? Y/N

DHS Involved? Y / N / Previously Number of times in foster care: _____

Who has legal custody? I do / other parent / other family / DHS / OYA / adult child

_____ /___/___
 Last Name First Middle Date of Birth

Address: _____
 Street City State Zip

Frequency of Contact: _____ Does the child live with you? Y/N

DHS Involved? Y / N / Previously Number of times in foster care: _____

Who has legal custody? I do / other parent / other family / DHS / OYA / adult child

Last Name First Middle _____ / ____ / ____
Date of Birth

Address: _____
Street City State Zip

Frequency of Contact: _____ Does the child live with you? Y/N

DHS Involved? Y / N / Previously Number of times in foster care: _____

Who has legal custody? I do / other parent / other family / DHS / OYA / adult child

Health

Do you have insurance? Y / N If yes, what type of insurance do you have? OHP / PRIVATE / TRIBAL / OTHER

Are you pregnant? Y / N Significant other pregnant? Y / N Due Date ____ / ____ / ____

Physician Name: _____ Phone Number: (____) _____

Facility: _____ Last Contact: _____

Medical Conditions / Prescribed Medications (describe): _____

Substance Use History (list any substances used past or present)

Longest abstinent/sober period: _____ months Length of use: _____ years

Drug	Route (smoke/snort/oral/IV)	How often	Last Use	Age Began
1 st Drug _____	_____	_____	_____	_____
2 nd Drug _____	_____	_____	_____	_____
3 rd Drug _____	_____	_____	_____	_____
4 th Drug _____	_____	_____	_____	_____
5 th Drug _____	_____	_____	_____	_____

Have you used needles to inject drugs in the past year? Y / N

Does your partner or roommate(s) use drugs or alcohol? Y / N Who: _____

Did members of your family use drugs while growing up? Y / N Who: _____

Treatment History

Have you been in substance use treatment before? Y / N How many times? _____

Type of treatment: ___ Out Patient ___ Residential Agency: _____

City: _____ How Long? _____ Did you complete treatment? Y / N

Type of treatment: ___ Out Patient ___ Residential Agency: _____

City: _____ How Long? _____ Did you complete treatment? Y / N

