

Specialty Court Participant Intake Form

File Information

_____/_____/_____
Last Name First Middle Date of Birth
Driver's License State and Number (if applicable): _____ **SID Number** _____
Gender (circle one): M / F **Height** _____ **Weight** _____ **Hair Color** _____ **Eye Color** _____
Race (circle one): African-American, Asian, Pacific Islander, Caucasian, Native American, Multiracial,
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: _____
Are you currently on probation? Y / N Location: _____

Employment & Income

Are you employed? Y / N Current or former employer: _____
Occupation: _____ Start date: ____/____/____ End date: ____/____/____
Employer's Address: _____
Supervisor's Name: _____ Supervisor's Phone: _____

Typical Work Schedule: _____ How many hours do you work per week? _____

Income: \$ _____ Per: hour / week / month / year

If terminated, why? _____

If not employed, what is your primary source of income? _____

Criminal History

Please list past convictions and pending charges

Case Number	Date Filed	Charge Filed	Vio/Mis/Fel/Ref	Status	Result
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Case Number	Date Filed	Charge Filed	Vio/Mis/Fel/Ref	Status	Result
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Case Number	Date Filed	Charge Filed	Vio/Mis/Fel/Ref	Status	Result
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Vehicles

Do you own any vehicles? Y / N Make: _____ Model: _____ Year: _____

Color: _____ License Plate Number: _____

Education

Highest Level of Education: Some Middle School Some High School High School Graduate

Some College Associate's Degree Bachelor's Degree Post Graduate Degree

Are you currently enrolled in school? Y / N If so, where? _____

If not, list last school attended: _____ Month/ Year: _____

Military Service

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

Active? Y / N Service During Combat? Y / N

Date enlisted: ____ / ____ / ____ Discharge date: ____ / ____ / ____ Discharge Type: _____

Do you receive health care from the VA? Y / N Do you receive Veterans benefits for a service connected disability? Y / N

Family Information

Marital Status: Single / Married / Divorced / Widowed / Separated / Partner

Spouse/Partner/S.O.: _____

First Name	Middle Name	Last Name	Date of Birth
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Phone Number: (____) _____

Address: _____

Street	City	State	Zip
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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

Dependents / Children

First Name	Middle Name	Last Name	Date of Birth
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Address: _____

Street	City	State	Zip
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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

First Name	Middle Name	Last Name	Date of Birth
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Address: _____

Street	City	State	Zip
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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

First Name	Middle Name	Last Name	Date of Birth
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Address: _____

Street	City	State	Zip
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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

Other Contacts

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

How do you know this person? _____ Phone Number: (_____) _____

Address: _____
 Street City State Zip

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

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

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

How do you know this person? _____ Phone Number: (_____) _____

Address: _____
 Street City State Zip

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

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

Health

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

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

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)

Age you first used drugs: _____ 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: _____ Start date: ____ / ____ / ____ End date: ____ / ____ / ____

Did you complete treatment? Y / N

Type of treatment: Out Patient Residential Agency: _____

City: _____ Start date: ____ / ____ / ____ End date: ____ / ____ / ____

Did you complete treatment? Y / N

Mental Health History

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

Are you currently seeing a counselor for your mental health condition? Y / N

Have you been hospitalized for a mental health condition? Y / N

Are you currently taking medication for a mental health condition? Y / N

Signature

Print Name

____ / ____ / ____
Date