**CROOK COUNTY ADULT DRUG COURT SCREENING FORM**

The information provided will remain confidential within the Crook County Drug Court Team and will not be used in the prosecution of your case if you do not enter into the Drug Court Program. The information will only be used to decide if you are an appropriate candidate for the program. Please give honest and complete answers to the following questions.

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_ CURRENT AGE: \_\_\_\_\_\_\_\_\_\_

DRUG(S) OF CHOICE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AGE AT FIRST USE OF ILLEGAL DRUGS: \_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF LAST USE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LONGEST PERIOD OF SOBRIETY IN THE LAST 2 YEARS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CURRENT RELATIONSHIPS: MARRIED/ENGAGED/DATING (NAME) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOES ABOVE PERSON USE CONTROLLED SUBSTANCES? Y / N

DO YOU HAVE FAMILY MEMBERS WHO USE CONTROLLED SUBSTANCES? Y / N

DO YOU RESIDE WITH SOMEONE WHO USES CONTROLLED SUBSTANCES? Y / N

DO YOU HAVE ANY CHILDREN? Y / N IF SO, DO THEY RESIDE WITH YOU? Y / N

HAVE YOU PARTICIPATED IN A DRUG OR ALCOHOL TREATMENT PROGRAM IN THE PAST? Y / N

IF SO, DID YOU COMPLETE THE PROGRAM? Y / N

DATE OF LAST TREATMENT PROGRAM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HAVE YOU PARTICIPATED IN MORE THAN ONE TREATMENT PROGRAM? Y / N

HAVE YOU EVER BEEN DIAGNOSED WITH A MENTAL HEALTH CONDITION? Y / N

IF SO, WHAT CONDITION OR DIAGNOSIS? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HAVE YOU EVER ENGAGED IN MENTAL HEALTH TREATMENT? Y / N

DO YOU HAVE A MEDICAL CONDITION THAT REQUIRES TAKING MEDICATION? Y / N

DO YOU CURRENTLY TAKE PRESCRIPTION NARCOTIC MEDICATION? Y / N

ARE YOU EMPLOYED? Y / N IF NOT, WHEN WAS YOUR LAST EMPLOYMENT? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HAVE YOU EVER BEEN INCARCERATED? Y / N

IF SO, WHAT WAS THE LONGEST PERIOD OF INCARCERATION? \_\_\_\_\_\_\_\_\_\_\_\_\_

ARE YOU CURRENLTY ON PROBATION (BENCH OR SUPERVISED) IN ANY OTHER COUNTY? Y / N

DO YOU HAVE PENDING CRIMINAL CASES IN ANY OTHER COUNTY? Y / N

DO YOU HAVE A VALID DRIVER’S LICENSE? Y / N

DO YOU HAVE ACCESS TO TRANSPORTATION? Y / N

WHY DO YOU WANT TO PARTICIPATE IN THE DRUG COURT PROGRAM?

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Please submit this form to your attorney when completed. It will be provided to the Crook County Drug Court Team for consideration.