



**B. EDUCATIONAL/EMPLOYMENT/FINANCIAL BACKGROUND**

1. Highest grade/degree earned: \_\_\_\_\_ Training/Technical Education Completed: \_\_\_\_\_
2. Have you ever been expelled or suspended from school or college? YES NO How many times? \_\_\_\_\_
3. Were you employed at the time of arrest for offense that you are applying to drug court? YES NO
4. Do you have a job? YES NO If yes, give name and address of employer: \_\_\_\_\_  
\_\_\_\_\_
5. Salary: \$ \_\_\_\_\_ per \_\_\_\_\_ Hours worked per week: \_\_\_\_\_
6. Have you had more than one employer in the past two (2) years? YES NO How many? \_\_\_\_\_
7. Have you lost jobs due to your drinking/using? YES NO If yes, how many? \_\_\_\_\_
8. Have you ever missed work or put off work because of drinking/using? YES NO  
If yes, explain: \_\_\_\_\_
9. Does someone contribute to your financial support in any way? YES NO  
If yes, how much? \$ \_\_\_\_\_ How often? \_\_\_\_\_
10. Are you receiving government assistance? YES NO If yes, list types of assistance received:  
\_\_\_\_\_
11. Have you been ordered to pay child support? YES NO If yes, are payments current? YES NO
12. How would you describe your current financial situation? STABLE/NO PROBLEM UNSTABLE/ PROBLEMS

**C. FAMILY/SOCIAL BACKGROUND**

1. Marital Status:  Single  Separated  Widowed  
 Married  Divorced  Common-law Married
2. How long has this been your marital status? \_\_\_\_\_ Years \_\_\_\_\_ Months
3. Are you currently satisfied with your marital or relationship status? YES NO
4. What is your CURRENT living arrangement?  
 Alone  With Parents  With other family  
 With spouse/partner & children  With spouse/partner alone  With children alone  
 Controlled environment (Jail)  With friends  No stable environment
5. How long have you lived in this situation? \_\_\_\_\_ Years \_\_\_\_\_ Months
6. Does anyone at this residence, not including yourself, use drugs or alcohol? Circle one: YES NO
7. Has anyone at this residence, not including yourself, been to treatment? Circle one: YES NO

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8. Has anyone at this residence, not including yourself, been incarcerated for 30 or more days? YES NO

9. Do you consider the residence where you currently live: STABLE NOT STABLE

10. Do you have children? YES NO If yes, list sex and age(s): \_\_\_\_\_

11. Do you have custody of your children? YES NO If yes, how many? \_\_\_\_\_

12. Do you have a current/active case with DHR? YES NO

**\*\*\*If yes, you must go to page 8 and complete Release of Information that will allow DHR to share information with Morgan County Drug Court.**

13. List any close family members who had/have a problem with alcohol/drugs: \_\_\_\_\_  
\_\_\_\_\_

14. Do your parents have a criminal record? YES NO

15. List people you were close to who have died and the year they died: \_\_\_\_\_  
\_\_\_\_\_

16. Is your family/significant other supportive of your entering treatment? Circle one: YES NO

17. Is your family/significant other willing for you to stay at home while you are in treatment? YES NO

18. Describe emotional support available from family or others in your life? STRONG NONE/WEAK

19. Level of Satisfaction with current level of support from family or others: SATISFIED NOT SATISFIED

20. Have you ever been associated with a gang or any gang related activity? Circle one: YES NO

21. How many of your friends have criminal involvement (ex: jail/prison, probation, illegal activities)? Circle one:  
NONE SOME MOST

22. Describe how often you have contact with criminally involved friends. Circle one:  
NO CONTACT AT RISK OF CONTACT REGULAR CONTACT

23. Do you live in a high crime neighborhood or area? Circle one: YES NO

24. Are drugs readily available in your neighborhood? Circle one:  
NOT GENERALLY SOMEWHAT EASILY AVAILABLE

#### **D. CRIMINAL HISTORY**

1. How many times have you been arrested? \_\_\_\_\_

2. Age at first arrest? \_\_\_\_\_ Age at most serious arrest? \_\_\_\_\_

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3. Please check what offenses you have been arrested for in the past and how many times for each.
- Disorderly Conduct     Loitering     Public Intoxication     Possession of Controlled Sub.  
 DUI     Robbery     Assault/Battery     Distribution  
 Major Driving Violation     Murder     Theft/Burglary/Forgery     Prostitution  
 Other, specify: \_\_\_\_\_

4. Have you ever been arrested for activities associated with using alcohol/drugs? YES NO

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Do you have current legal problems? YES NO If yes, please list below.

COURT LOCATION	JUDGE/PROBATION OFFICER	CHARGES

**\*\*\*If you are currently on probation, go to page 9 and complete Release of Information that will allow your probation officer/case manager to share information with Morgan County Drug Court.**

6. Do you have a current court return date? YES NO If yes, when? \_\_\_\_\_

7. Have you ever been convicted of a felony? YES NO If yes, list offense and estimated date of conviction.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. How many times have you been on probation? \_\_\_\_\_ How many times revoked from probation? \_\_\_\_\_

9. How many times have been sentenced to jail? \_\_\_\_\_ Sentenced to prison? \_\_\_\_\_

10. How many time have you received an official misconduct while incarcerated as an adult? \_\_\_\_\_

**E. MEDICAL BACKGROUND**

1. Do you have any major concerns about your health? YES NO If yes, explain: \_\_\_\_\_

2. Do you have any longstanding health issues that still cause you concern? YES NO

If yes, specify: \_\_\_\_\_

3. Do you receive Disability for a medical problem? YES NO If yes, specify: \_\_\_\_\_

4. Do you have a doctor? YES NO If yes, who? \_\_\_\_\_

5. Are you pregnant? YES NO If yes, how many months? \_\_\_\_\_ Complications? \_\_\_\_\_
6. Have you ever had seizures? YES NO If yes, date of last seizure: \_\_\_\_\_
7. List any medication(s) you should or do take: \_\_\_\_\_
8. Are you currently taking your medications as prescribed? YES NO
9. List any medications you are allergic to: \_\_\_\_\_
10. Do you have any physical problems that would cause you difficulty in treatment? YES NO
- If yes, explain: \_\_\_\_\_
25. Have you had health problems related to drinking/using? YES NO
- If yes, specify: \_\_\_\_\_
26. Do you often have diarrhea, indigestion or nausea due to drinking/using? YES NO
- If yes, specify: \_\_\_\_\_
27. Have you had any treatment for mental illness? YES NO If yes, when: \_\_\_\_\_  
Where: \_\_\_\_\_ Treated for: \_\_\_\_\_
28. Have you ever had suicidal thoughts? Circle one: YES NO If yes, please explain \_\_\_\_\_
- \_\_\_\_\_

***If you are currently under the care of a physician, clinic, counselor, treatment center, etc., go to page 10 and complete Release of Information that will allow the doctor, counselor or treatment center to share information with Morgan County Drug Court.***

**F. SUBSTANCE ABUSE BACKGROUND**

1. List ALL drug(s) used:

SUBSTANCE USED	AGE OF FIRST USE	DATE LAST USED	HOW LONG USED	HOW FREQUENTLY USED	HOW USED – SMOKED, SNORTED, INJECTED, BY MOUTH
ALCOHOL					
MARIJUANA					
SYNTHETIC MARIJUANA					
COCAINE					
CRACK COCAINE					
METHAMPHETAMINE					
PRESCRIPTION MEDS: XANAX/VALIUM, ETC					
PAIN MEDS					
AMPHETAMINES					
METHADONE					
SUBOXONE					
HEROIN					
INHALANTS					
OTHERS:					

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2. At what age did you began using alcohol regularly? \_\_\_\_\_ Age you began using drugs regularly? \_\_\_\_\_
3. What was the estimated daily cost of use? \_\_\_\_\_
4. What is your drug of choice? \_\_\_\_\_
5. Have you ever overdosed? YES NO If yes, what substance(s)?  
\_\_\_\_\_

6. How many times have you been treated for:

Alcohol Use \_\_\_\_\_ When? \_\_\_\_\_

Where? \_\_\_\_\_

Drug Use \_\_\_\_\_ When? \_\_\_\_\_

Where? \_\_\_\_\_

4. How many of these times were for detox only? Alcohol Use: \_\_\_\_\_

Drug Use: \_\_\_\_\_

5. Have you ever been treated on an outpatient basis? YES NO If yes, when: \_\_\_\_\_

For how long: \_\_\_\_\_ Where? \_\_\_\_\_

6. Have you ever attended Celebrate Recovery, AA/NA, 12 step meetings? YES NO If yes, when, where, how long:

\_\_\_\_\_  
\_\_\_\_\_

At this time, do you feel you need help or treatment? YES NO

**Yes** **No**

In the past year have you used alcohol/drugs more than you meant to?

Have you spent more time using/drinking than you intended to?

Have you neglected responsibilities because of drug or alcohol use? (missed work/school, not taken care of your children, not paid bills, etc)

Have you ever felt like you needed to cut down on your drinking or drug use?

Has family or friends asked you to stop drinking or using drugs?

Has anyone told you that you drink or use drugs too much?

Do you find yourself thinking a lot about drinking or drugs?

Have you ever used drugs/alcohol to relieve sadness, anger or boredom?

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**G. BELIEFS AND BEHAVIORS**

- 1. When is it okay to ignore laws and rules? Circle one: NEVER SOMETIMES WHEN I NEED TO
- 2. Do you worry about other people’s problems? Circle one:  
CONCERNED FOR OTHERS CONCERNED FOR FAMILY/FRIENDS NOT CONCERNED FOR OTHERS
- 3. Do you feel you sometimes have lost control of events in your life? Circle one:  
GENERALLY IN CONTROL SOMETIMES LACK CONTROL GENERALLY NOT IN CONTROL
- 4. Do you think it is okay to tell a lie? YES NO
- 5. Do you consider yourself a risk taker? YES NO
- 6. Do you walk away from fights? Circle one: YES SOMETIMES RARELY
- 7. Do you believe in “Do Unto Others Before They Do Unto You”? Circle one: YES NO

\*\*\*\*\*

My signature below indicates the following:

- All information I have provided above is true and correct to the best of my knowledge.
- I have received a copy of the drug court contract and understand drug court rules and expectations.
- I understand that if I am accepted into the drug court program, I must be willing to plea guilty.

\_\_\_\_\_  
Applicant signature Date

\_\_\_\_\_  
Witness signature Date

**MORGAN COUNTY DRUG COURT  
CRIMINAL JUSTICE RELEASE AUTHORIZATION**

I, \_\_\_\_\_, authorize \_\_\_\_\_  
(Client Name) DHR Case Manager

to communicate with Morgan County Drug Court, including Coordinator and Case Managers employed by Morgan County Community Corrections, and Drug Court team members such as attorneys, judges and treatment providers.

I am authorizing these agencies to share the following information (if applicable):

- My diagnosis, urinalysis results, information about my attendance, absences, compliance with appointments, referrals and requirements.
- Assessment results, assessment recommendations, bed updates at treatment facilities, and medications prescribed and compliance with medication regimens.
- Treatment admittance, compliance and discharge.
- Treatment plan
- Court dates

I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and the Health Insurance Portability and Accountability Act (HIPAA). I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically due to one of the following:

\_\_\_\_\_ There has been a formal and effective termination or revocation of my release from confinement, probation, parole or other proceeding.

\_\_\_\_\_ Specify date release expires: \_\_\_\_\_

I understand services may be denied if I refuse to consent to a disclosure for purposes of treatment, payment or health care operations, if permitted by state law. I will not be denied services if a refuse to consent to disclosure for other purposes.

\_\_\_\_\_  
Client Signature Date

\_\_\_\_\_  
Witness Signature Date

\*\*\*\*\* ONLY COMPLETE THIS FORM IF YOU HAVE AN ACTIVE DHR CASE \*\*\*\*\*

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**MORGAN COUNTY DRUG COURT  
CRIMINAL JUSTICE RELEASE AUTHORIZATION**

I, \_\_\_\_\_, authorize \_\_\_\_\_  
(Client Name) Probation/Parole Officer

to communicate with Morgan County Drug Court, including Coordinator and Case Managers employed by Morgan County Community Corrections, and Drug Court team members such as attorneys, judges and treatment providers.

I am authorizing these agencies to share the following information (if applicable):

- My diagnosis, urinalysis results, information about my attendance, absences, compliance with appointments, referrals and requirements.
- Assessment results, assessment recommendations, bed updates at treatment facilities, and medications prescribed and compliance with medication regimens.
- Treatment admittance, compliance and discharge.
- Treatment plan
- Court dates

I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and the Health Insurance Portability and Accountability Act (HIPAA). I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically due to one of the following:

\_\_\_\_\_ There has been a formal and effective termination or revocation of my release from confinement, probation, parole or other proceeding.

\_\_\_\_\_ Specify date release expires: \_\_\_\_\_

I understand services may be denied if I refuse to consent to a disclosure for purposes of treatment, payment or health care operations, if permitted by state law. I will not be denied services if a refuse to consent to disclosure for other purposes.

\_\_\_\_\_  
Client Signature Date

\_\_\_\_\_  
Witness Signature Date

\*\*\*\*\* ONLY COMPLETE THIS FORM IF YOU ARE CURRENTLY ON PROBATION/PAROLE \*\*\*\*\*

**MORGAN COUNTY DRUG COURT**

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**CRIMINAL JUSTICE RELEASE AUTHORIZATION**

I, \_\_\_\_\_, authorize \_\_\_\_\_  
(Client Name) Physician/Counselor/Clinic

to communicate with Morgan County Drug Court, including Coordinator and Case Managers employed by Morgan County Community Corrections, and Drug Court team members such as attorneys, judges and treatment providers.

I am authorizing these agencies to share the following information (if applicable):

- My diagnosis, urinalysis results, information about my attendance, absences, compliance with appointments, referrals and requirements.
- Assessment results, assessment recommendations, bed updates at treatment facilities, and medications prescribed and compliance with medication regiments.
- Treatment admittance, compliance and discharge.
- Treatment plan
- Court dates

I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and the Health Insurance Portability and Accountability Act (HIPAA). I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically due to one of the following:

\_\_\_\_\_ There has been a formal and effective termination or revocation of my release from confinement, probation, parole or other proceeding.

\_\_\_\_\_ Specify date release expires: \_\_\_\_\_

I understand services may be denied if I refuse to consent to a disclosure for purposes of treatment, payment or health care operations, if permitted by state law. I will not be denied services if a refuse to consent to disclosure for other purposes.

\_\_\_\_\_  
Client Signature Date

\_\_\_\_\_  
Witness Signature Date

\*\*\*\*\* ONLY COMPLETE THIS FORM IF YOU ARE UNDER THE CARE OF A DOCTOR OR ARE IN

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