



Family Treatment Court Participant Referral Application
First Judicial District Family Treatment Court – Lewis and Clark County

Date Submitted: _____

Applicant:

Name: _____ Date of Birth: _____

Current Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Referral Information:

Name: _____ Phone Number: _____

Email: _____

Applicant's Children:

1) _____ Age _____ DN Case Number _____ 2) _____ Age _____ DN Case Number _____
Name Name

3) _____ Age _____ DN Case Number _____ 4) _____ Age _____ DN Case Number _____
Name Name

5) _____ Age _____ DN Case Number _____ 6) _____ Age _____ DN Case Number _____
Name Name

Criminal Case History (if any):

Criminal Case Number(s): _____

Prosecutor: _____ Defense Attorney: _____

Sentencing Judge: _____

Is applicant currently on probation/parole? YES / NO If yes, who is applicant's PO? _____

Is applicant currently incarcerated? YES / NO If yes, where? _____

Has applicant ever been convicted of or pled guilty to a crime? YES / NO If yes, were any deferred? _____

Has applicant ever been convicted of or pled guilty to a sexual or violent offense? YES / NO

Has applicant ever been required to register as a sexual or violent offender? YES / NO

Substance Use/Abuse History (if any):

1st Drug of Choice: _____ 2nd Drug of Choice: _____

Is applicant currently in treatment? YES / NO If yes, provider name? _____

Pertinent Information/History of Applicant:

ATTORNEY AUTHORIZATION

I _____ hereby give my client, _____, authorization to communicate with
Attorney Family Treatment Court Applicant
Family Treatment Court, and its related personnel.

Attorney Signature Date