



Adult Treatment Court Application
First Judicial District Adult Treatment Court – Lewis and Clark County

Date: _____

Applicant:

Name (Last, First, Middle): _____ DOB: _____ SSN# _____

Email Address: _____

Phone Number: _____ Email: _____

Gender: _____ Age: _____ Are you a US Citizen? YES / NO Ethnicity: _____

Housing: YOU MUST LIVE WITHIN 20 MILES OF HELENA, MONTANA CITY LIMITS

Have you ever been homeless? YES / NO If yes, when was the last year you were homeless? _____

Are you currently homeless? YES / NO Approximate number of days homeless in your lifetime? _____

Current living situation: (circle one) Own / Rent / Hotel/Motel / Transitional Housing /

With Friends/Relatives/Significant Other (not your own home) / Other: _____

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

Length of Time at this Address: ____ Years ____ Months How many times have you moved in the past 3 years? ____

Identification:

Driver's License Status: (circle one) Current / Suspended / Revoked / No Driver's License

If you circled anything other than "No Driver's License," above, list DL Number: _____

Do you have a current State ID? YES / NO If yes, list State ID Number: _____

Military History:

Are you currently serving in the United States Armed Forces or Military? YES / NO If yes, list branch: _____

Have you ever served in the United States Armed Forces or Military? YES / NO If yes, list branch(es): _____

If yes, are you enrolled in Veteran's Services? YES / NO / Not Applicable

Contact:

Name of Reference/Contact Person in the Community: _____

Phone Number: _____ Company/Business (if applicable): _____

Relationship Information:

Marital Status: Single Married Common Law Separated Divorced Widowed

In current status for how long? _____ Are you currently pregnant? YES / NO / Not Applicable

Spouse/Fiancé/Partner's Name: _____ Where do they live? _____

Do you have children? YES / NO If yes, have you lost custody of your children due to a legal problem? YES / NO

Adult Treatment Court Application
First Judicial District Adult Treatment Court – Lewis and Clark County

Children/Dependent Information:

- 1) _____
Child's Name Age Mother Father
Who has custody of this child? _____ Where does this child live? _____

- 2) _____
Child's Name Age Mother Father
Who has custody of this child? _____ Where does this child live? _____

- 3) _____
Child's Name Age Mother Father
Who has custody of this child? _____ Where does this child live? _____

- 4) _____
Child's Name Age Mother Father
Who has custody of this child? _____ Where does this child live? _____

- 5) _____
Child's Name Age Mother Father
Who has custody of this child? _____ Where does this child live? _____

- 6) _____
Child's Name Age Mother Father
Who has custody of this child? _____ Where does this child live? _____

Family Information:

Are either of your parents alive? YES / NO

| | | |
|-------|---------------------|-----------------|
| _____ | _____ | _____ |
| Name | Relationship to you | Where they live |
| _____ | _____ | _____ |
| Name | Relationship to you | Where they live |
| _____ | _____ | _____ |
| Name | Relationship to you | Where they live |
| _____ | _____ | _____ |
| Name | Relationship to you | Where they live |

Do you have any siblings? YES / NO

If yes, list their name(s) and where they live _____

With what family member(s) are you most in contact with? _____

Can they be contacted? List address and/or phone: _____

Would any of your family members be willing to participate with your treatment? YES / NO

Adult Treatment Court Application
First Judicial District Adult Treatment Court – Lewis and Clark County

Emergency Contact Information:

| | | | | |
|----|-------|---------------------|---------|-------|
| 1) | _____ | _____ | _____ | _____ |
| | Name | Relationship to you | Address | Phone |
| 2) | _____ | _____ | _____ | _____ |
| | Name | Relationship to you | Address | Phone |
| 3) | _____ | _____ | _____ | _____ |
| | Name | Relationship to you | Address | Phone |

Criminal Information:

List current Charge(s), Case Number(s), and Presiding Judge(s). If you have charged in more counties than Lewis and Clark, please indicate where: _____

How old were you when you were arrested for the very first time? _____

How many times have you been **arrested** for misdemeanor offenses? _____ Felony offenses? _____

How many times have you been **convicted** of a misdemeanor offense? _____ Felony offense? _____

What date were you arrested on your current case? _____ Are you currently incarcerated? YES / NO

Are you released on bond? YES / NO / Own Recognizance Bond Amount: \$ _____

Do you have any pending criminal cases? YES / NO If yes, for what charges and where? _____

Are you wanted or have active warrants in any other jurisdiction? YES / NO If yes, for what charges and where? _____

Are you on Probation or Parole in Helena/Lewis and Clark County? YES / NO

If yes, who is your Probation/Parole Officer? _____

Are you on Probation or Parole in any other jurisdiction? YES / NO If yes, where? _____

Who is your Probation/Parole Officer? _____

Education:

Did you receive a high school diploma or GED? YES / NO

What is Applicant's highest level of education? _____

Do you have a degree? YES / NO If yes, what and from where? _____

Are you currently a student? YES / NO If yes, where? _____

Do you have difficulty reading? YES / NO Do you have difficulty writing? YES / NO

Do you have difficulty concentrating? YES / NO Do you have difficulty with adding and/or subtracting? YES / NO

Do you have any other educational difficulties? YES / NO If yes, what? _____

Employment: *YOU MUST BE EMPLOYED IN HELENA, MONTANA*

Are you currently employed? YES NO Total Working Hours/Week: _____

Combined Annual Income: \$ _____

Adult Treatment Court Application

First Judicial District Adult Treatment Court – Lewis and Clark County

Employment: (continued)

1) Employer: _____ Address: _____
 Supervisor's Name and Title: _____ Phone Number: _____
 Wage: \$ _____ Hourly / Salary Hours/Week: _____ How long have you worked here? _____
 Is this job currently being held for you for any reason? YES / NO If so, why? _____

2) Employer: _____ Address: _____
 Supervisor's Name and Title: _____ Phone Number: _____
 Wage: \$ _____ Hourly / Salary Hours/Week: _____ How long have you worked here? _____
 Is this job currently being held for you for any reason? YES / NO If so, why? _____

3) Employer: _____ Address: _____
 Supervisor's Name and Title: _____ Phone Number: _____
 Wage: \$ _____ Hourly / Salary Hours/Week: _____ How long have you worked here? _____
 Is this job currently being held for you for any reason? YES / NO If so, why? _____

Are you looking for work? YES / NO If yes, what type of work are you looking for? _____

What kind of vocational skills do you have? _____

Financial Information:

ASSETS:

Cash on Hand \$ _____
 Checking Acct. Balance \$ _____
 Savings Acct. Balance \$ _____
 Value of Owned Vehicles \$ _____
 Life Insurance \$ _____
 Real Estate \$ _____
 Other \$ _____

LIABILITES:

Public Utility Debt \$ _____
 Personal Property \$ _____
 Mortgage(s) \$ _____
 Other Loans \$ _____
 Other Debt \$ _____

MONTHLY INCOME:

\$ _____

MONTHLY EXPENSES:

Rent \$ _____
 Utilities \$ _____
 Court Payments \$ _____

TOTAL ASSETS \$ _____

TOTAL LIABILITES \$ _____

TOTAL \$ _____

Are you currently receiving any Public Assistance? YES / NO If yes, when did you start receiving it? _____

Indicate the following benefits you are currently receiving:

_____ None _____ WIC _____ Child Support _____ SNAP
 _____ TANF _____ SSI/SSD _____ Medicaid _____ VA Assistance
 _____ Voc Rehab _____ Housing Assist. _____ LIEAP _____ Unemployment

Other Assistance: _____

Medical:

Do you have current Medical Insurance coverage? YES / NO

Medical Insurance Name: _____ ID Number: _____

Adult Treatment Court Application
First Judicial District Adult Treatment Court – Lewis and Clark County

Medical: (continued)

Do you have secondary Medical Insurance coverage? YES / NO

If yes, list Medical Insurance Name: _____ ID Number: _____

Do you have any medical conditions? YES / NO If so, explain: _____

Date of your last Physical (if unsure, list approximate date): _____

Do you have a Primary Care Provider/Physician? YES / NO

If yes, Physician's Name: _____ Business/Company: _____

Phone Number: _____

Are you currently taking any prescribed medications or any medications over the counter on a regular basis? YES / NO

If yes, list all names and reasons/for what conditions: _____

Mental Health:

Have you ever been involved in mental health counseling, had a mental health evaluation, or been committed to a mental health facility? YES / NO

If yes, when? _____ Where? _____

Were you hospitalized or given outpatient care? _____ For how long? _____

Are you currently under treatment for any mental health problem(s)? YES / NO

If yes, for what diagnosis/es? _____

Where? _____

Have you ever taken any medication for any behavior, mental, or emotional condition? YES / NO

If yes, list all names and reasons/for what conditions: _____

Do you have a history of any suicidal ideation(s)? YES / NO / DENY

Do you have any present thoughts of suicide? YES / NO

Have you ever been physically or sexually abused? Physically / Sexually / Both / No

Substance Use/Abuse History:

Are you currently receiving substance abuse treatment? YES / NO

If yes, what type? Inpatient / Intensive Outpatient / Outpatient / Continued Care

Where? _____

Have you ever received substance abuse treatment? YES / NO If yes, when? _____

Primary Drug of Choice: _____ Age of first use: _____ When did you last use? _____

Amount: _____ Frequency of Use: _____

Secondary Drug of Choice: _____ Age of first use: _____ When did you last use? _____

Amount: _____ Frequency of Use: _____

Tertiary Drug of Choice: _____ Age of first use: _____ When did you last use? _____

Amount: _____ Frequency of Use: _____

Adult Treatment Court Application
First Judicial District Adult Treatment Court – Lewis and Clark County

Substance Use/Abuse History: (continued)

Quaternary Drug of Choice: _____ Age of first use: _____ When did you last use? _____

Amount: _____ Frequency of Use: _____

Have you ever used drugs intravenously? YES / NO

What is your perspective of your drug problem? No Problem / Mild / Moderate / Severe

What are your main triggers to continue using drugs? _____

Other information related to alcohol and/or drug use: _____

Has anyone in your family and/or household had a history of substance abuse or been in treatment (inpatient or outpatient) for substance abuse? YES / NO

If yes, explain: _____

Does anyone in your household use or has used alcohol or other drugs? _____

Reason(s) for Application:

For FJDATC Coordinator Only

Interview Checklist:

Did Applicant cooperate during the interview? YES / NO

Was the Applicant charged with an alcohol and/or other drug offense? YES / NO

Is the Applicant charged with any violent offenses? YES / NO

Does Applicant have (a) prior violent conviction(s)? YES / NO

Does Applicant accept responsibility for his/her offense? YES / NO

Does Applicant appear to have a substance abuse problem? YES / NO

Interview Notes:

Layla Eichler
Adult Treatment Court Coordinator
First Judicial District Court

Date