**Blue Ridge Judicial Circuit Drug Accountability Court**

**90 North Street, Suite 230**

**Canton, GA 30114**

**678-493-6355**

**Application/Intake Form**

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| **General Information** |
| Applicant Name: | Date of Birth: |
| Social Security Number: | Sex: ❑ M ❑ F |
| Have you used another name, including a maiden name or married name? ❑ Yes ❑ NoIf yes, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Race or Ethnic Background:  |  |
| Marital Status: ❑ Never married ❑ Legally married (spouse name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❑ Separated ❑ Divorced ❑ Widowed |
| Children:Name (Last, First) Date of Birth Legal Guardian Other Parent’s name |
|  |  |  |  |
|  |  |  |  |
| Do you currently have a DFACS case? ❑ Yes ❑ No If yes, name of Caseworker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Military Branch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Dates of Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Residence and Home Life** |
| County of Residence:  |
| Address: | City/State: | County: | ZIP Code: |
| Home phone:  | Cell phone:  | Email address: |
| Other Occupants in Residence (name, age, relationship to you): |
| **Education** |
| Highest grade completed in school: | \_\_\_\_\_\_\_\_\_ |
| Do you have a High School Diploma?  | ❑ Yes ❑ No |
| Have you completed your GED?  | ❑ Yes ❑ No |
| **Criminal History** |
| Age at first arrest \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of total arrests \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Are you currently on parole? ❑ Yes ❑ No | Are you currently on probation? ❑ Yes ❑ No |
| County(s) currently on probation/parole? |
| Have you ever been convicted of a crime involving the use or possession of a firearm? | ❑ Yes ❑ No |
| **Attorney Information** |
| Attorney Name: |
| Attorney Address: |
| Attorney Phone number: |
| **Employment** |
| Which best describes your current employment status? |
| ❑ Employed full time (35+ hours/week) ❑ Employed, part time  | ❑ Unemployed, looking for work ❑ Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Drug/Alcohol Use and Treatment** |
| How old were you when you first drank alcohol? |
| How old were you when you first used another substance in the list below? | Which substance? |
| In the past, I have used (check all that apply): |
| ❑ Alcohol❑ Marijuana, THC, Hashish❑ Salvia, K2, Spice❑ Cocaine❑ Crack❑ Methamphetamine/Speed/Ice/Crystal❑ Adderall, Diet Pills, Ritalin, Other Amphetamines/Uppers❑ Librium, Valium, Xanax, Other Benzodiazepines❑ LSD/Mescaline/Mushrooms❑ Ambien, Lunesta, Sleepwalkers, Other Sleep Meds | ❑ Kratom/Mitragyna❑ Flakka❑ GHB/Rohypnol❑ Heroin❑ Opium❑ Street Methadone❑ Barbiturates❑ Inhalants (glue, paint, etc.)❑ Anabolic Steroids❑ Hypnotics/Quaaludes❑ Ketamine/Special K❑ MDMA/Ecstasy❑ Bath Salts❑ PCP/Angel Dust | ❑ Codeine, Morphine, Oxycodone, Vicodin, Lortab, Other Pain Relievers❑ Other Prescription drugs (list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_❑ Cough Medicine, DXM ❑ Other over the counter drugs (list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_❑ Other (list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Drug of Choice: |
| Have you ever entered a drug court program? | ❑ Yes ❑ No |
| Have you ever entered a residential drug treatment facility? | ❑ Yes ❑ No |
| Do you know anyone that is a currently a participant in the Drug Accountability Court? | ❑ Yes ❑ No |

I certify that the information given in this application is true and complete to the best of my knowledge. I understand that any untrue statement in this application can result in my termination from Drug Accountability Court if I am accepted.

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