

**Blue Ridge Judicial Circuit  
DRUG ACCOUNTABILITY COURT  
154 North Street, Canton, GA 30114 \* (678) 493-6355**

*This application must be submitted by email to: [dacoffice@cherokeecountyga.gov](mailto:dacoffice@cherokeecountyga.gov)*

**APPLICATION/INTAKE FORM**

General Information			
Applicant Name:		Date of Birth:	Social Security Number:
Race:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	
Have you used another name, including a maiden name or married name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list: _____			
Marital History/Significant Other: <input type="checkbox"/> Married (spouse name) _____ <input type="checkbox"/> Cohabiting <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Widowed			
Children:			
Name (Last, First)	Date of Birth	Legal Guardian	Other Parent's name
Do you currently have a DFACS case? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, name of Caseworker: _____			
Have you ever served in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No		Military Branch: _____ Dates of Service: _____	
Residence and Home Life			
County of Residence:		How long at current address:	
Address:	City/State:	County:	ZIP Code:
Check one: <input type="checkbox"/> House/apartment that is not public housing <input type="checkbox"/> Public Housing/Section 8 <input type="checkbox"/> Homeless <input type="checkbox"/> Transitional housing, halfway house, hotel/motel <input type="checkbox"/> With friend or relative <input type="checkbox"/> Residential Treatment			
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 or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No    Date Completed: _____			
Criminal History			
Age at first arrest:		Number of total arrests:	
Total Felony Convictions:		Total Misdemeanor Convictions:	
Are you currently on parole? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you currently on probation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
County(s) currently on probation/parole? _____			
Do you have pending charges or pending revocations in any other counties?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a crime involving the use or possession of a firearm?			<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Attorney Information</b>		
Attorney Name:		
Attorney Address:		
Attorney Phone number:		
<b>Employment</b>		
Which best describes your current employment status?		
<input type="checkbox"/> Employed full time (35+ hours/week) <input type="checkbox"/> Unemployed, looking for work <input type="checkbox"/> Employed, part time <input type="checkbox"/> Other (specify) _____		
<b>Drug/Alcohol Use and Treatment</b>		
How old were you when you first drank alcohol?		
How old were you when you first used another substance?	Which substance?	
In the past, I have used (check all that apply):		
<input type="checkbox"/> Alcohol <input type="checkbox"/> Marijuana, THC, Hashish <input type="checkbox"/> Salvia, K2, Spice <input type="checkbox"/> Cocaine <input type="checkbox"/> Crack <input type="checkbox"/> Methamphetamine/Speed/Ice <input type="checkbox"/> /Crystal <input type="checkbox"/> Adderall, Diet Pills, Ritalin, Other <input type="checkbox"/> Amphetamines/Uppers <input type="checkbox"/> Librium, Valium, Xanax, Other <input type="checkbox"/> Benzodiazepines <input type="checkbox"/> LSD/Mescaline/Mushrooms <input type="checkbox"/> Ambien, Lunesta, Sleepwalkers, Other <input type="checkbox"/> Sleep Meds	<input type="checkbox"/> Kratom/Mitragyna <input type="checkbox"/> Flakka <input type="checkbox"/> GHB/Rohypnol <input type="checkbox"/> Heroin <input type="checkbox"/> Opium <input type="checkbox"/> Street Methadone <input type="checkbox"/> Barbiturates <input type="checkbox"/> Inhalants (glue, paint, etc.) <input type="checkbox"/> Anabolic Steroids <input type="checkbox"/> Hypnotics/Quaaludes <input type="checkbox"/> Ketamine/Special K <input type="checkbox"/> MDMA/Ecstasy <input type="checkbox"/> Bath Salts <input type="checkbox"/> PCP/Angel Dust	<input type="checkbox"/> Codeine, Morphine, Oxycodone, Vicodin, Lortab, Other Pain Relievers <input type="checkbox"/> Other Prescription drugs (list) <hr/> <input type="checkbox"/> Cough Medicine, DXM <input type="checkbox"/> Other over the counter drugs (list) <hr/> <input type="checkbox"/> Other (list) <hr/>
Drug(s) of Choice: Primary _____ Secondary _____ Tertiary _____		
Have you ever entered a drug court program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever entered a residential drug treatment facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
How many times have you been in treatment?	_____	
Do you know or are you related to anyone that is currently a participant in the Drug Accountability Court?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 \_\_\_\_\_

**BLUE RIDGE JUDICIAL CIRCUIT  
DRUG ACCOUNTABILITY COURT**

**HOUSING VERIFICATION**

\_\_\_\_\_, Applicant

The above-named applicant has applied for acceptance to the Blue Ridge Judicial Circuit Drug Accountability Court. If accepted, it is their responsibility to establish and maintain a place to live that supports a sober, law-abiding lifestyle. The applicant indicates they will reside at the address below.

APPLICANT ADDRESS: \_\_\_\_\_

\_\_\_\_\_

RESIDENCE OWNER OR HEAD OF HOUSEHOLD:

\_\_\_\_\_

The applicant cannot live with anyone on probation, parole, or with prior felony convictions. No drugs (illegal controlled substances), alcohol or firearms can be in the residence.

Team members including Compliance Officers or their designees must be allowed to visit the home randomly. They can search the applicant and their place of residence (areas which the applicant has access) and their possessions without probable cause or a warrant.

I, \_\_\_\_\_ (name of owner or head of household) have read the statements above and verify that the residence is in compliance with the Drug Accountability Court requirements.

\_\_\_\_\_  
Signature of Owner/Head of Household