**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 ❑ No  If 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_