

Applicant's Name: \_\_\_\_\_ Date Received: \_\_\_\_\_

# JACKSON COUNTY



## Adult Treatment Court

Hon. Susan B. Jordan

# ELIGIBILITY SCREENING FORM

**All areas which are marked with an (\*)**

**MUST be filled out completely**

If the form is not completed in its entirety,  
it will NOT be accepted.

STATE OF MICHIGAN COUNTY OF JACKSON 4TH JUDICIAL CIRCUIT	JACKSON COUNTY ADULT TREATMENT COURT ELIGIBILITY SCREENING	Court Case No.
		Judge

PEOPLE OF THE STATE OF MICHIGAN

v

Defendant *
Defense Counsel *

**Confidentiality Information**

**The information contained in this application will be used for consideration by the Treatment Court and will be kept confidential and only used for that purpose. By completing this form and forwarding it for review, you are giving permission for the Jackson County Adult Treatment Court to discuss your information.**

Address: *	DOB: *	Age: *	Social Security Number: * XXX-XX-
	Primary Phone *	Alternate Phone	

\* Candidate is:     Incarcerated         On bond

\* Charge leading to Treatment Court Referral: \_\_\_\_\_ \*Offense Date \_\_\_\_\_

\* Has Participant been on probation before?     Yes     No        Successfully completed?     Yes     No

If yes, where? \_\_\_\_\_

\* Active Case(s) in other courts?     Yes     No        If yes, please describe what and where: \_\_\_\_\_

\*Currently on probation in another county?     Yes     No        If yes, please describe what and where: \_\_\_\_\_

(Required information, not used for disqualification)

**\* RACIAL/ETHNIC BACKGROUND:**

Select all that apply:

- African American         Hispanic  
 Alaskan Native         Native-American  
 Asian/Pacific Islander     Other  
 Caucasian

**\*IDENTIFY GENDER AS:**

Select all that apply:

- Male  
 Female  
 Non-Binary/Non-Conforming  
 Transgender

**\*MARITAL STATUS:**

- Single     Separated  
 Married     Widowed  
 Divorced

**\*EDUCATIONAL STATUS**

- No high school diploma or GED         Associate Degree  
 High school diploma         Bachelor Degree  
 GED         Advanced Degree  
 Some college

**\*EMPLOYMENT STATUS**

- Unemployed     Not in labor Force  
 Employed Full     Employed Part Time

**\*FOSTER CARE**

Were you ever placed in a foster home while you were under the age of 18?     Yes     No

**\*RESIDENCE**

Number of times moved in the last three (3) years \_\_\_\_\_

Length of time at current address \_\_\_\_\_

Living Situation     Independent     Dependent     Homeless

**\*Are you now or were you currently a member of the Armed Forces**

- No  
 Yes

If yes, Branch: \_\_\_\_\_ Dates: \_\_\_\_\_

\*Military Discharge Reason: \_\_\_\_\_

**OFFENSE HISTORY:**

\* **Felony Convictions:**  Yes \*If yes, describe below  No

Charge type	Location of Arrest	Year

\* **Misdemeanor Convictions:**  Yes \*If yes, describe below  No

Charge Type	Location of Arrest	Year

\* Have you been **convicted of criminal sexual conduct?**  Yes  No

\* Are you now charged with (or in the past convicted of) a **violent crime?**  Yes  No

If yes, describe: \_\_\_\_\_

\* Are you currently on probation in another state or county?  Yes  No

If yes, describe: \_\_\_\_\_

\* Are you now charged with (or in the past convicted of) **domestic violence?**  Yes  No

If yes, describe: \_\_\_\_\_

\* Are you now charged with **OUIL during which someone died** or suffered serious bodily injury?  Yes  No

If yes, describe: \_\_\_\_\_

\* Did you have **or possess a weapon** or have a weapon in your control **at the time of your arrest?**  Yes  No

If yes, please describe: \_\_\_\_\_

\* Have you previously been a participant of the Jackson County Adult Treatment Court?  Yes  No

**MEDICAL**

\* Do you currently have medical insurance:  Yes  No

If yes, describe: \_\_\_\_\_

\* Do you have any current medical conditions:  Yes  No

If yes, describe: \_\_\_\_\_

\* Are you currently prescribed Medication Assisted Treatment (Methadone, Suboxone, Vivitrol)  Yes  No  
 If yes, describe \_\_\_\_\_

\*Have you ever been prescribed Medication Assisted Treatment in the past  Yes  No  
 If yes, please describe \_\_\_\_\_

\* Are you on medications for a medical condition(s)?  Yes  No  
 If yes, describe: \_\_\_\_\_

\*Do you have any type of physical limitations?  Yes  No If yes, what? \_\_\_\_\_  
 If yes, are you able to participate in our program with this limitation(s)?  Yes  No

\* Have you ever been diagnosed with or treated for a serious mental health disorder?  Yes  No  
 If yes, describe: \_\_\_\_\_

\* Are you taking medication for this?  Yes  No  
 If yes, describe: \_\_\_\_\_

\* What is your primary drug of choice? \_\_\_\_\_ \*Secondary drug of choice ? \_\_\_\_\_

\* Have you ever used IV drugs?  Yes  No

\* Do you currently use IV drugs?  Yes  No

**\*Please indicate below the substance you have used and or still using.**

	<u>YES</u>	<u>NO</u>	<u>AGE AT FIRST USE</u>	<u>DATE OF LAST USE</u>	<u>FREQUENCY/AMOUNT USED</u>
ALCOHOL					
COCAINE					
AMPHETAMINES					
METHAMPHETAMINES					
DESIGNER DRUGS					
HALLUCINOGENS					
HEROIN					
INHALANTS					
MARIJUANA					
OTHER OPIATE					
BARBITUATES					
BENZODIAZEPINES					
CODEINE					
TRANQUILIZERS					
STEROIDS					
NICOTINE (Tobacco)					

**MOTIVATION TO CHANGE**

Do you acknowledge that you abuse or are dependent on drugs or alcohol?  Yes  No

Are you willing to follow through on a 12 month intensive program, which includes substance abuse treatment, drug testing, regular reports to a probation agent, treatment court sessions, education and employment?

Yes  No

**TRANSPORTATION**

Do you have access to transportation for Treatment Court sessions, treatment and drug tests?  Yes  No

Please describe: \_\_\_\_\_

Do you have a valid driver's license?  Yes  No If no, please explain: \_\_\_\_\_

**If you have any questions about this form, please call the Treatment Court office at  
517-768-7839**

**You may submit the application in person, through your attorney, via mail,  
fax or email.**

Jackson County Adult Treatment Court  
312 S. Jackson  
Jackson, MI 49201

Fax: 517.788.4965  
Email: [jstressman@mijackson.org](mailto:jstressman@mijackson.org)

\*Defendant's Signature: \_\_\_\_\_

Defense Counsel Signature: \_\_\_\_\_

Approved, Assistant Prosecutor: \_\_\_\_\_

Denied, Assistant Prosecutor: \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Substance Use History

Have you ever felt you should cut down on your drinking?  Y  N

Have people annoyed you by criticizing your drinking?  Y  N

Have you ever felt bad or guilty about your drinking?  Y  N

Have you had an eye opener first thing in the morning to steady your nerves or get rid of a hangover?  
 Y  N

Has a physician ever discussed your drinking or drug use with you?  Y  N

Have you ever discontinued use of alcohol or other drugs?  Y  N

If yes, for how long? \_\_\_\_\_

Why? \_\_\_\_\_

Have you ever been involved in substance abuse treatment?  Y  N

If yes, please list place(s) and approximate dates of treatment.

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Do you feel you benefited from previous substance abuse treatment?  Y  N

Please explain: \_\_\_\_\_

Have you ever attended AA/NA, Self-Help, Mutual Aid or Al-Anon meetings?  Y  N

Are you attending currently?  Y  N

Do you have a sponsor/mentor?  Y  N

Sponsor/Mentor first name \_\_\_\_\_

When was the last time you used alcohol? \_\_\_\_\_ How much? \_\_\_\_\_

When was the last time you used drugs? \_\_\_\_\_

What kind of drug(s) and how much did you use? \_\_\_\_\_







# Jackson County Adult Treatment Court Drug Abuse Screening Test (DAST-10)

## *General Instructions*

"Drug use" refers to (1) the use of prescribed or over the counter drugs in excess of the directions, and (2) any nonmedical use of drugs.

The various classes of drugs may include cannabis (marijuana, hashish), solvents (e.g., paint thinner), tranquilizers (e.g., Valium), barbiturates, cocaine, stimulants (e.g., speed), hallucinogens (e.g., LSD) or narcotics (e.g., heroin). The questions do not include alcoholic beverages.

Please answer every question. If you have difficulty with a statement, then choose the response that is mostly right.

**Name:** \_\_\_\_\_

**Date of Assessment:** \_\_\_\_\_

These questions refer to drug use in the past 12 months. Please answer No or Yes.

1. Have you used drugs other than those required for medical reasons?

No      Yes

2. Do you use more than one drug at a time?

No      Yes

3. Are you always able to stop using drugs when you want to?

No      Yes

4. Have you had "blackouts" or "flashbacks" as a result of drug use?

No      Yes

5. Do you ever feel bad or guilty about your drug use?

No      Yes

6. Does your spouse (or parents) ever complain about your involvement with drugs?

No      Yes

7. Have you neglected your family because of your use of drugs?

No      Yes

8. Have you engaged in illegal activities in order to obtain drugs?

No            Yes

9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?

No            Yes

10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?

No            Yes

Comments:

*Scoring*

Score 1 point for each question answered “Yes,” except for question 3 for which a “No” receives 1 point.

DAST Score: \_\_\_\_\_