

**TREATMENT COURT OF SWEETWATER COUNTY**  
**REQUEST FOR ADMISSION AND**  
**INFORMATIONAL INTAKE FORM**

Please fill out **INTAKE** completely:

Today's Date: \_\_\_\_\_

**FULL NAME:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **SS#:** \_\_\_\_\_ **Gender at birth:** \_\_\_\_\_

**Current Gender Identity/Expression:** \_\_\_\_\_

**What are your preferred gender pronouns?** \_\_\_\_\_

**Place of Birth:** \_\_\_\_\_ **Are you a U.S. citizen. YES/NO**

**ADDRESS** (where you will be living): \_\_\_\_\_

\_\_\_\_\_  
**TELEPHONE NUMBERS:** (All numbers where you can be contacted) \_\_\_\_\_

**How long have you lived in this area?** \_\_\_\_\_ **Do you plan to stay in this area?** \_\_\_\_\_

**What are your connections to Sweetwater County?** \_\_\_\_\_

\_\_\_\_\_  
**How many times have you moved in the last year?** \_\_\_\_\_

**Have you been homeless within your lifetime?** \_\_\_\_\_

**CURRENT OFFENSE:** \_\_\_\_\_

**DATE OF CURRENT OFFENSE:** \_\_\_\_\_

**PLEA:** \_\_\_\_\_

**JUDGE:** \_\_\_\_\_

**COUNTY ATTORNEY:** \_\_\_\_\_

**DEFENSE ATTORNEY:** \_\_\_\_\_

**IMPORTANT: List any charges in any other court or jurisdiction that is not resolved.**

**IDENTIFIERS:**

**EYE COLOR:** \_\_\_\_\_ **HAIR COLOR:** \_\_\_\_\_ **HEIGHT/WEIGHT:** \_\_\_\_\_

**ETHNICITY:** \_\_\_\_\_

**TATTOOS/SCARS/MARKS/PIERCINGS:**

\_\_\_\_\_

\_\_\_\_\_

**EDUCATION:**

Highest Grade Level Completed: \_\_\_\_\_ Name of School: \_\_\_\_\_  
Did you receive a Diploma? \_\_\_\_\_ GED? \_\_\_\_\_ What Year? \_\_\_\_\_  
Continued Education, certificates or specialized training: \_\_\_\_\_  
If you discontinued school, when did you quit and why? \_\_\_\_\_

**EMPLOYMENT:**

Are you currently employed: \_\_\_\_\_ How many months have you worked in the past year? \_\_\_\_\_  
Present Employer: \_\_\_\_\_ What do you make per hour? \_\_\_\_\_  
How many hours per week? \_\_\_\_\_ Date started: \_\_\_\_\_ Position: \_\_\_\_\_  
**Previous Employer:** \_\_\_\_\_  
Dates Employed: \_\_\_\_\_  
Position: \_\_\_\_\_  
Reason for employment ending: \_\_\_\_\_  
**Previous Employer:** \_\_\_\_\_  
Dates employed: \_\_\_\_\_  
Position: \_\_\_\_\_  
Reason for employment ending: \_\_\_\_\_  
**Other employment skills not listed:** \_\_\_\_\_  
\_\_\_\_\_

**SPOUSE/SIGNIFICANT OTHER:**

His/her Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Telephone number: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Highest level of school: \_\_\_\_\_  
If married, how long? \_\_\_\_\_ If living together, how long? \_\_\_\_\_  
If divorced or separated, how long? \_\_\_\_\_ How old were you when you married? \_\_\_\_\_  
Do they consume alcohol or use illicit drugs? \_\_\_\_\_  
What, frequency, amounts: \_\_\_\_\_ Where/When \_\_\_\_\_  
Have they ever received addiction treatment? \_\_\_\_\_  
Have they ever been abusive to you/others? \_\_\_\_\_  
Have they ever been incarcerated for 30 days or more? \_\_\_\_\_  
For what? \_\_\_\_\_

**HOW MANY CHILDREN DO YOU HAVE:**

Name: _____	Date of Birth: _____	Address: _____	Biological Parent: _____
Name: _____	Date of Birth: _____	Address: _____	Biological Parent: _____
Name: _____	Date of Birth: _____	Address: _____	Biological Parent: _____
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Name: _____	Date of Birth: _____	Address: _____	Biological Parent: _____
Name: _____	Date of Birth: _____	Address: _____	Biological Parent: _____
Name: _____	Date of Birth: _____	Address: _____	Biological Parent: _____
Name: _____	Date of Birth: _____	Address: _____	Biological Parent: _____
Who has custody of the above listed children? _____			
How many children live with you? _____			
Name(s) children residing with you? _____			
Do you own any pets? If so, where are they living? _____			

**PRIOR RELATIONSHIPS OR MARRIAGES:**

**2** \_\_\_\_\_ Treatment Court of Sweetwater County  
(307) 922-5238 Fax (307) 872-3971

How many prior marriages and significant relationships: \_\_\_\_\_

To Whom: \_\_\_\_\_ Date of Relationship Began/Ended: \_\_\_\_\_  
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To Whom: \_\_\_\_\_ Date of Relationship Began/Ended: \_\_\_\_\_  
Reason for Relationships ending: \_\_\_\_\_

Do you pay child support: YES/NO Amount Paid Monthly: \_\_\_\_\_  
Are you current in paying child support? \_\_\_\_\_ If you are in arrears, please list amount? \_\_\_\_\_  
Do you receive child support? YES/NO Amount Received Monthly: \_\_\_\_\_  
Please list support for each child and the state the child support is paid in: \_\_\_\_\_

**DO YOU LIVE WITH SOMEONE OTHER THAN A SPOUSE OF SIGNIFICANT OTHER? (Parents, relative, roommate) Please list name(s):** \_\_\_\_\_

Phone number(s): \_\_\_\_\_  
Ages: \_\_\_\_\_ Is that person or anyone in your household on probation or parole? \_\_\_\_\_  
If so, for what? \_\_\_\_\_  
Does anyone in this household use alcohol or illicit drugs? YES/NO  
How long have you lived with this person(s). \_\_\_\_\_  
Where did you reside before that and for how long? \_\_\_\_\_

**PARENTS:**

Father: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Address: \_\_\_\_\_  
Mother: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Address: \_\_\_\_\_  
Step-Father: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Address: \_\_\_\_\_  
Step-Mother: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Address: \_\_\_\_\_  
Were you neglected or abused as a child? YES/NO (Emotional, Psychological, Physical, Neglect)  
Was anyone else in your household abused when you were a child? YES/NO

**SIBLINGS:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Address: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Address: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Address: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Address: \_\_\_\_\_  
Do any of them currently have problems with Drugs or Alcohol? \_\_\_\_\_  
Do any of them have current legal problems? \_\_\_\_\_  
Have any of them had previous problems with Drugs or Alcohol? \_\_\_\_\_  
Do any of them have previous legal problems? \_\_\_\_\_

## TRANSPORTATION

It is a requirement of the Treatment Program that you have reliable transportation to and from treatment, to and from probation, to and from court, to and from self-help meetings.

**Please indicate what your plans are for reliable transportation while in the Treatment Program:**

Do you own a vehicle? \_\_\_\_\_ Do you have insurance on the vehicle? \_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_

If driver's license is not current, please explain status:

Do you have a suspended driver's license in any other states:

YES/NO If so, where?

License Number: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Describe the vehicles you drive: (make, model, year, color, license plate number)

Primary vehicle: \_\_\_\_\_

Secondary vehicle: \_\_\_\_\_

If you do not have a valid driver's license or vehicle, what is your plan for transportation: \_\_\_\_\_

## PRIOR CRIMINAL HISTORY:

At what age did you commit your first criminal act? \_\_\_\_\_ What was the act? \_\_\_\_\_

Age of first arrest? \_\_\_\_\_ What was the arrest for? \_\_\_\_\_

Have you ever been charged with a violent crime? **YES / NO**

Please explain the violent charge: \_\_\_\_\_

List prior offense history and the disposition (sentence you received) for each offense and include your current offense. In addition, please list date, city and state of past offenses.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you had any additional disciplinary actions while incarcerated? \_\_\_\_\_

If so, explain:

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Write your version of what happened with respect to the crime with which you are presently charged:

(Please do NOT complete this section if there has been no plea in your case).

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How much jail/prison time is likely for the crime you are being charged with? \_\_\_\_\_

Have you previously been on probation? \_\_\_\_\_ Has your probation ever been revoked? \_\_\_\_\_

List date, type of probation/parole (supervised/unsupervised):

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Have you ever been in a correctional facility before? **YES / NO** List when, where, amount of time in custody:

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**HEALTH:**

Are you in good health? \_\_\_\_\_ When was your last Physical? \_\_\_\_\_ Illness in the last 30 days? **YES/NO**

Do you have vision problems? \_\_\_\_\_ Do you have dental problems? \_\_\_\_\_

List any current prescribed medications and for what they are prescribed: \_\_\_\_\_

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List disabilities, learning disabilities, physical, psychological or chronic conditions you may have: \_\_\_\_\_

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Do you require assistance for any of the above conditions? **YES/NO** If so, list accommodations: \_\_\_\_\_

Do you receive disability benefits? \_\_\_\_\_ Do you have health insurance? **YES/NO**

If so, please list your insurance company: \_\_\_\_\_

## MENTAL HEALTH:

In the **past year or lifetime**, have you experienced a significant period of time with the following? (Not as a result of drug/alcohol use or during periods of withdrawal). **Circle all that apply.**

**Depression: Lifetime or Past Year**

**Difficulty controlling violent behavior: Lifetime or Past Year**

**Thoughts of suicide (Suicide ideation): Lifetime or Past Year**

**Difficulty understanding or concentrating: Lifetime or Past Year**

**Attempted suicide: Lifetime or Past Year**

**Hallucinations: Lifetime or Past Year**

**Anxiety: Lifetime or Past Year**

**Flashbacks of Traumatic event: Lifetime or Past Year**

In the **past year**, have you been prescribed medication for a psychological or emotional problem? **YES / NO**

If so, what medication? \_\_\_\_\_ Dosage: \_\_\_\_\_

Have you **ever** been diagnosed with a mental health or personality disorder? **YES / NO** If so, what?

Do you have trouble sleeping? **YES / NO** Do you have anxiety? **YES / NO**

## SUBSTANCE ABUSE:

**Prior to acceptance into the Treatment Court Program, you are required to obtain a substance abuse evaluation. More than likely you have already been required by the court in which you are charged to have this evaluation.**

Do you smoke tobacco? **YES/NO** Do you chew tobacco? **YES/NO**

How old were you when you first tried alcohol or another drug? \_\_\_\_\_

What was the drug? \_\_\_\_\_

Have you ever had an alcohol/drug evaluation? **YES/NO** When and where was it? \_\_\_\_\_

Have you been diagnosed with chemical dependency? **YES/NO** What substance(s)? \_\_\_\_\_

Have you ever gone to counseling or treatment for addiction? **YES / NO**

Please list treatment episodes, where it was provided, if it was out-patient or residential, and if you successfully completed the program:

\_\_\_\_\_

\_\_\_\_\_

Circle the drugs, which you have used more than 10 times: Marijuana, Cocaine, Methamphetamine, Benzodiazepines, Hallucinogens, Heroin, Opiates, Prescription pills, other: \_\_\_\_\_

What is/are your current drug(s) of choice? \_\_\_\_\_

Do you consume alcohol? **YES/NO** How often? \_\_\_\_\_

Amount of substance used at one time at the time of active addiction?

Do you abuse prescription drugs? Do you have a prescription for this drug? \_\_\_\_\_

Drug used in the past year Age first used How often Last time used

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**6**

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Have you ever injected (intravenous use) substances? **YES / NO**

If so, when, what and how often? \_\_\_\_\_

How much do you spend a month to support your addictions? \_\_\_\_\_

## FINANCES

**What is the source of the money on which you have recently been living? i.e., wages, child support, disability payments, pension, food stamps, subsidized housing, living with relatives, etc.** \_\_\_\_\_

### Living Expenses:

Do you rent or own your home? \_\_\_\_\_ Amount you pay monthly for mortgage/rent? \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

What is the total you pay for monthly utilities? \_\_\_\_\_

Do you pay for childcare and/or child support? YES/NO. If yes, list amount: \_\_\_\_\_

Do you have credit cards? YES/NO. Approximate amount of credit card debt? \_\_\_\_\_

Do you have a vehicle payment? YES/NO. Amount of vehicle payment? \_\_\_\_\_

Approximate amount owed on the vehicle: \_\_\_\_\_

Vehicle insurance payment? \_\_\_\_\_ Insurance Company: \_\_\_\_\_

Medical bills: \_\_\_\_\_ To whom? \_\_\_\_\_

School loans: \_\_\_\_\_

Bank loans: \_\_\_\_\_

Please list any other expenses and/or debts you have: \_\_\_\_\_

What amount do you need to earn to cover your monthly living expenses? \_\_\_\_\_

### What are your monetary obligations to the courts?

Fines and restitution: \_\_\_\_\_ What Court? \_\_\_\_\_

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Fines and restitution: \_\_\_\_\_ What Court? \_\_\_\_\_

What is your estimate of your total outstanding debt? \_\_\_\_\_

### YOUR REASONS FOR PLACEMENT IN THE TREATMENT COURT:

Do you believe that you need substance abuse treatment? **YES / NO**

Do you believe that substance abuse treatment would be effective for you? **YES / NO**

How did you first learn of the Treatment Court? \_\_\_\_\_

Tell us anything more you would like us to know and consider about you and your situation. Please explain your reasons for wanting in Treatment Court. What do you think you will get out of the program?

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**Confidentiality:**

I understand that the Treatment Court of Sweetwater County files are confidential. That I must sign releases for all information regarding my participation in the Treatment Court. I understand that I may not discuss, relay, transcribe, and/ or confer any information I may learn about any Treatment Court of Sweetwater County participant with anyone other than the Treatment Court of Sweetwater County team members. I understand that by attending the Treatment Court of Sweetwater County hearings I may not discuss to any person outside of the Treatment Court of Sweetwater County program any information identifying any participant in the Treatment Court of Sweetwater County program.

I understand that any violation of the confidentiality of drug and/or alcohol treatment records disclosure requirements is a federal crime.

I would like to apply for Treatment Court of Sweetwater County. If I am accepted, I understand that:

- I must live in an approved drug/alcohol/weapon free environment during my time in Treatment Court of Sweetwater County.
- I must have a working, charged cell phone with adequate minutes with me at all times.



- I will be subject to an enhanced supervision with restrictions that could include, but are not limited to,
  - residential confinement,
  - curfews,
  - immediate sanction(s), such as
  - electronic monitoring and/or
  - county jail time, and
  - increased contact with probation agent(s), law enforcement officers, attorneys, the courts, and treatment providers.
- Any contact with others must be approved by my probation agent prior to contact. No social media will be approved.
- I will be required to attend treatment, probation and parole visits, court hearings, and self-help meetings.
- I will be on a strict schedule and cannot deviate from that schedule unless I have permission from my probation agent.
- I will have limited time in the community but this will increase as I work through and complete levels.
- I will be charged and must pay \$15 weekly or \$60 monthly while in Treatment Court of Sweetwater County.
- I will be required to be a productive citizen through work, education, and/or community service.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_