

STATE OF MICHIGAN COUNTY OF MACOMB 16TH JUDICIAL CIRCUIT	MACOMB COUNTY CIRCUIT COURT DRUG COURT ELIGIBILITY SCREENING	Circuit Court Case No.
		Judge

PEOPLE OF THE STATE OF MICHIGAN	v	Defendant
		Defense Counsel

Judge's Staff: Forward this form to Gloria Kmiec, Drug Court Supervisor, at the Circuit Court Administrator's Office. Fax: (586) 469-5430.

Case adjourned to: _____ (if applicable)

Address:	DOB:	Age:	Social Security Number:
	Home Phone:		Work Phone:

Candidate is: Incarcerated On bond

Conviction leading to probation: _____ Sentence Guidelines: _____

What is the probation violation charge?

Case(s) in other courts? Yes No If yes, please describe: _____

Describe any new charge(s): _____ Sentence Guidelines: _____

OFFENSE HISTORY:

Have you been convicted of criminal sexual conduct? Yes No

Are you now charged with (or in the past convicted of) a crime where you carried, possessed, or used a firearm or another dangerous weapon? Yes No If yes, please explain: _____

Are you now charged with (or in the past convicted of) a crime in which force was used against someone?
 Yes No If yes, please explain: _____

Are you now charged with (or convicted of) a crime during which someone died or suffered serious bodily injury?
 Yes No If yes, please explain: _____

Do you have any prior conviction of a felony crime of violence involving the use or attempted use of force against a person with the intent to cause death or serious bodily harm? Yes No If yes, please explain: _____

RACIAL/ETHNIC BACKGROUND:

Check all that apply:

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

GENDER:

- Male
- Female

MARITAL STATUS:

- Single
- Married
- Divorced
- Separated
- Widowed
- Other

EDUCATIONAL STATUS

- No high school degree or GED
- High school degree or GED
- Some college/post high school
- College degree
- Post college degree

SUBSTANCE ABUSE Number of Years of Participant Drug Use at Time of Program Entry:

- Two – five years
- Six – ten years
- Eleven – fifteen years
- Sixteen – twenty years
- Over twenty years

MEDICAL

Do you have any current medical conditions: Yes No If yes, describe: _____

If yes, are you able to participate in our program with these conditions? Yes No

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, please describe: _____

Are you taking medication for this? Yes No If yes, what: _____

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 15 to 21 month intensive program, which includes substance abuse treatment, drug testing, regular reports to a probation officer, drug court sessions, education and employment? Yes No

TRANSPORTATION

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

Please describe: _____

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

SCREENER'S CHECKLIST

- The candidate is a resident of Macomb County and a United States citizen.
- The candidate is at least 18 years of age.
- The candidate acknowledges he or she abuses or is dependent upon drugs/alcohol.
- The candidate is not currently charged with, or convicted of a crime during which: he/she carried, possessed, or used a firearm or another dangerous weapon; death or serious bodily injury occurred to someone; or, force was used against someone.
- The candidate does not have any prior conviction of a felony crime of violence involving the use or attempted use of force with the intent to cause death or serious bodily harm.
- The candidate is not charged with OWI/OUIL 3rd Offense.
- The candidate does *not* have a **serious** mental illness, unless being managed with treatment.
- The candidate is willing to complete the Program, is physically able to participate in the Program, and has access to transportation which allows him or her to attend Program requirements.

If you cannot check all of the above boxes, candidate is not eligible and should not be referred for assessment.

Attach the Probation Basic Information Report (BIR) or PSI, if available

Screener's Signature

Approved, Defense Counsel (if not screener)

Approved, Assistant Prosecutor

Referral not approved by Prosecutor.

Referral approved by judge.

Referral not approved by judge.

Date