



MIDLAND COUNTY DRUG COURT  
**APPLICATION**

I am voluntarily applying to the Drug Court Program. I understand that I must review this application with the Drug Court Staff. This application will be reviewed and I may be asked to undergo an Intake Assessment and Eligibility Determination. I also understand that as part of my Drug Court application and admissions process, there will be discussions between the Drug Court Team, including but not limited to: the Judge, Prosecutor, Drug Court Coordinator, Defense Attorney, and Drug Court Probation Officer pertaining to my involvement in the Drug Court Program. I grant permission for these discussions to take place to assist in determining my eligibility and on-going progress in Drug Court. I certify that the information that I have provided on this application is correct to the best of my knowledge.

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

\_\_\_\_\_  
Date

The information provided below, along with the information in any Substance Abuse Assessment, *will not* be included in the Court's file as a public record. The information will be reviewed by the Drug Court Team and used only for deciding eligibility.

Contact/Personal Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Maiden Name (*if applicable*): \_\_\_\_\_ Alias(s): \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Gender:  F  M Identify as LGBTQ+?  No  Yes

Race:  American Indian  Asian  Black  Hispanic/Latino  Pacific Islander  White

U.S. Citizen?  Yes  No- *Location of citizenship?* \_\_\_\_\_

Primary Language: \_\_\_\_\_ Currently in jail:  No  Yes-*where?*: \_\_\_\_\_

Phone #: \_\_\_\_\_ Other Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Mental Health History:

Have you been *diagnosed* with a mental illness and/or a developmental disability?  No  Yes  
If yes, please explain: \_\_\_\_\_

Criminal History Information:

Do you currently have an attorney:  No  Yes –Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Currently on probation in Midland?  Yes  No Facing new charges in Midland?  Yes  No

Do you have pending charges or probations outside of Midland County?  No  Yes

Please list the charge, location, date, and status:

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Substance Use History:

Have you ever used:  Alcohol  Cocaine  Heroin  Marijuana  Meth  Pills

My first Drug of Choice is: \_\_\_\_\_ Date of last use? \_\_\_\_\_

My Second Drug of Choice is: \_\_\_\_\_ Date of last use? \_\_\_\_\_

My Third Drug of Choice is: \_\_\_\_\_ Date of last use? \_\_\_\_\_

Drug Court Goals: (required for application to be considered complete)

The Drug Court Program is an alternative sentencing program for individuals who possess a desire to make life/ behavioral changes. What changes do you believe you need to make at this point and time in your life?

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Why should you be accepted into the Drug Court Program?

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*Thank you for your interest in Midland County Drug Court. Acceptance into the program has two parts: legal eligibility and clinical eligibility. Once your application is received by the Court a determination of legal eligibility will be made by the District Attorney's Office. Should you be legally eligible to participate in the program you will be contacted by the Court to schedule two assessments on substance abuse. Following those assessments, and your observation of the Court, a final decision on acceptance will be made by the Judge. Please be patient as the process moves forward. You will be contacted as soon as possible. If you have any questions, information can be found on our webpage <https://www.co.midland.tx.us/286/Drug-Court>.*