



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:

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?

Why should you be accepted into the Drug Court Program?

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>.