

VETERAN/DRUG/DUI COURT
SCREENING/REFERRAL FORM

Please write legibly

Client Information

Full Legal Name _____

A/K/A _____

Currently in Custody? _____ Y _____ N DLM# _____ DOC# _____

DOB: _____ Age: _____ Race: _____ Gender: _____ SS# _____

Client address: _____

Street City Zip Code

Client Phone: (home) _____ - _____ (cell/other) _____ - _____

Lives with: _____

Emergency Contact: _____

Emergency Contact Phone: (home) _____ - _____ (cell/other) _____ - _____

Veteran Information (if applicable)

Branch of service _____

Date of service _____

Combat zone _____

Criminal Information

Attorney: _____ Phone: _____

Current charge(s): _____ Case #: _____

_____ Case #: _____

_____ Case #: _____

Has client ever been arrested for a violent felony and/or sex crime? _____ Y _____ N

Is client subject to a Protective Order? _____ Y _____ N

Is client currently on probation or parole? _____ Y _____ N

If yes, Probation / Parole Officer's Name: _____

BOLDED ITEMS ARE MANDATORY!

Current substance abuse treatment? _____ Y _____ N **If yes, agency:** _____

Prior mental health treatment? _____ Y _____ N **If yes, agency:** _____

Diagnosis: _____

Have you previously been prescribed medication? _____ Y _____ N **If yes, please list:**

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

Prior substance abuse treatment? _____ Y _____ N **If yes, agency:** _____

Client waiver information:

1. I wish to apply to the Tulsa County Drug/DUI Court Program or Veteran's Court:

Date: _____

Defendant / Client Signature

Please return completed form to Drug / DUI Court Inbox tray on the third (3rd) Floor