

ORG yes ORG no

SALT LAKE COUNTY DRUG COURT / ASAP APPLICATION

Case Number(s) _____

Name: Last _____ First _____ MI _____

Date of Birth _____ SO# _____

Salt Lake County Address (if incarcerated, the address you intend to occupy): _____

City _____ Zip Code _____ Persons who live there: _____

Telephone# (Home) _____ (Cell) _____ (Work) _____

SUBSTANCE ABUSE HISTORY AND TREATMENT

Drugs used and length of use for each: _____

Ways used (smoking, IV, etc.): _____

Treatment history: _____

Have you been involved in any drug court before? Yes / No Did you graduate? Yes / No Year Graduated / Sentenced Out _____

Potential additional charges? Yes / No Currently on probation or parole? Yes / No

Supervising Agency _____ Agent's Name _____

Next Court Date _____ Judge _____ Type of hearing _____

Defense Attorney(s) _____
Name Phone number Email

Prosecutor Name _____ Approved Drug Court _____
Prosecutor Signature

I have a substance abuse problem and hereby request to be considered for the Salt Lake County Drug Court or ASAP Program. I understand that the opportunity to participate in this program is a privilege, not a right. I acknowledge that if I am accepted, there will be rules and responsibilities that I will be expected to follow that will include treatment and frequent drug screens. I understand that I can expect to receive incentives when I progress in the program and sanctions when I do not.

I further hereby grant permission to disclose and deliver to Drug Court Personnel, Criminal Justice Service Personnel assigned to screening for Drug Court, the Deputy District Attorney assigned to Drug Court, the Legal Defender assigned to drug court, and counsel representing me, any and all information contained in this application and any subsequent records from any Salt Lake County Court/District Attorney's Office. Such information may include my criminal history, medical, mental health, and psychiatric record information. This information is used in reference to decisions related to my involvement and participation in the Salt Lake County Drug Court or ASAP.

I swear the statements in this application are true, correct and complete to the best of my knowledge. I understand and agree that this application shall be used solely for Drug Court purposes, is part of a plea negotiation and will not be used against me as evidence in a court of law.

Applicant's Signature: _____ **Date:** _____

As defense counsel for the above named defendant, I request that the defendant be referred for participation in the Salt Lake County Drug Court or ASAP. I have discussed the financial responsibilities, the requirement to actively participate in substance abuse treatment and the rights the defendant will give up on entering drug court.

Defense Attorney's Signature: _____ **Date:** _____