



Return completed application to:
Libertee Thompson, Drug Court Coordinator
Reno County Community Corrections
115 W. 1st Avenue, Hutchinson KS 67501
Fax: 620-662-8613 Phone: 620-259-8414

You must submit a recent LSI-R assessment and Substance Use Disorder assessment with this application. Applicants without an LSI-R score and/or SUD assessment will not be reviewed.

*All sections must be completed.
Please write legibly.*

Date of Application: _____

APPLICANT INFORMATION

NAME: last, first MI. _____

Age: _____ Date of birth: _____ Gender: M F Race: _____

Hispanic ___ Non-Hispanic ___

NOTE: You MUST reside in Reno County to participate in Drug Court.

Address: _____ Apt# _____ City: _____

State: _____ Zip: _____ Are you currently in jail? Yes ___ No ___

Contact name and number including area code (please indicate home, cell)

CASE INFORMATION

Defense attorney name _____ DA _____

Judge _____

Case number: _____ Offense: _____

Is this a: probation revocation ___ Sentencing ___ Pending case ___ (if multiple, please list)

If your offense was pled down, what was the original charge? _____

Are you SB123 eligible? YES NO expired



Original sentencing date of current case: _____

If revoked, how much time have you spent in jail? _____ mos

Have you served a prison sanction? NO ___ or 120 ___ 180 ___

List past convictions. If possible please include a criminal history sheet.

Conviction	State	County	Misd or felony	Date

Use back of page if necessary.

Please tell the events that resulted in your most recent conviction and/or probation revocation.

Have you ever been convicted of a sex crime that requires registration? YES NO

Are you gang affiliated? YES NO

Are you an active drug informant for law enforcement? YES NO

EDUCATION/ WORK SKILLS

Last grade completed in school: _____ Last school attended: _____

High school diploma? YES NO or GED If GED, what year? _____

Any technical training or work skills? Please list:

Last employment:

Employer: _____ Dates employed: _____



DRUG / ALCOHOL HISTORY

Briefly describe your drug and or alcohol use: (Age started, how often, how much, how used)

Drug	Age of first use	How much (ie., 1 gram daily, 2 bowls a week, 10 pills a day)	Route (smoke, IV, oral)	Date of last use

Drug(s) of choice? _____

Have you ever attended substance abuse treatment to include a diversion education program? YES NO

If yes, please list name of program, type such as outpatient, inpatient, residential, etc., what year you attended and the duration of treatment, and successful or unsuccessful completion.

Program name	Type (inpatient, out)	Year attended, how long	Successful or unsuccessful

If more than seven treatments, please list on the back of this page.

Why do you believe you have had unsuccessful treatment in the past?



MENTAL HEALTH/ MEDICAL HISTORY

Are you currently taking any prescribed medications? YES NO

If yes, what are you taking, how often, and for what?

Are you currently being seen for a mental health issue? YES NO

Have you ever received any mental health counseling? YES NO

If yes, please list the name of the agency and dates of service:

Agency Name	Diagnosis if known	Type of service (group, individuals, med services)	Dates of service

Do you have any medical conditions that are a concern to you? Please list.

Date of last medical checkup/appointment: _____

FRIENDS/ COMMUNITY SUPPORT

Do you have available to you, a stable, drug free residence in Reno County? YES NO

Address and names of those living/ will live with you:

Name: _____ Relationship _____

Name: _____ Relationship _____

Name: _____ Relationship _____

Name: _____ Relationship _____

Who is the biggest supporter(s) of your sobriety?

Name: _____ Relationship _____ phone number _____

Name: _____ Relationship _____ phone number _____

Name: _____ Relationship _____ phone number _____

What will be your biggest challenge in the drug court program?



Have you been informed of your rights and obligations of participation in the Reno County Drug Court program?

YES or NO

Do you agree to comply with the Policies and Procedures of the Reno County Drug Court program? YES or NO

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. ***I understand that my honesty will be a considering factor in my admission and participation in the drug court program.***

Signature _____ Date: _____

Witness signature _____ Date: _____

For Office Use Only:

Date application received: _____

Date application reviewed by DC team: _____

Accepted Start date: _____

Denied list reasons: