Participant's Name	Case#	
72 nd District Court – Recovery C	Court Application & Eligibility Screening	
Pl€	ease Verify	
☐ The Candidate is a resident of St. Clair Coun	ty and a United Stated Citizen.	
☐ The Candidate is at least 18 years of age.		
☐ The candidate acknowledges he/she abuses	or is depend upon drugs/alcohol.	
possessed, or used a firearm or other dangerous	or convicted of a crime during which: he/she carried, weapon; death or serious bodily injury occurred to h or serious bodily injury occurred to someone; or, force	
☐ The candidate does not have any prior conv attempted use of force with the intent to cause of	iction of a felony crime of violence involving the use or death or serious bodily harm.	
☐ The candidate is not charged with OWI 3 rd o	ffense.	
\square The candidate does not have a serious men	tal illness.	
☐ The candidate is willing to complete the prohas access to transportation which allows him/h	ogram, is physically able to participate in the program, and er to attend all program requirements.	
\square The candidate understands that participation in the Recovery Court will not make them eligible for a drivers license.		
If you cannot check all of the above I	poxes, candidate is not eligible and should	
not be referred for an assessment.		
Defendant's Signature	Defense Counsel/Referring Party Signature	

RETURN COMPLETED FORMS BY DOING ONE OF THE FOLLOWING:

Deliver to the 72nd District Court – Probation Department

Fax: 810-985-2294

Date

Email: sfinnie@stclaircounty.org

State of Michigan County of St. Clair 72nd Judicial District

ST. CLAIR COUNTY RECOVERY COURT ELIGIBILTY SCREENING

District Court Case#	
District Court Judge Assigned:	

People of the State of Michigan	VS.	Defendant
		Defense Counsel / Phone #

	I			
Next Court Date:	_ Hearing Type:			
Address:	DOB:	Age:	Cell Phone:	
	Email:		Work Phone:	
Candidate is:				
Case (s): Charge (s):				
Is there a victim in the matter?	Victim's relationship to defendant:		t:	
☐ Yes ☐ No				
Case(s) in other courts (including outstanding warrants)? Yes No If yes, please describe:				
Have you ever participated in a Drug Court, Sobriety Cou	rt or Veterans Court b	oefore?	Yes 🗆 No	
Did you successfully complete the program? Yes	□ No			
Vhen did you attend? Where did you attend?				
Offense History: Have you ever been convicted of Criminal Sexual Conduct? Yes No				
Are you now charged, or have you ever been convicted of, a crime where you carried, possessed, or used a firearm or another dangerous weapon? Yes No If yes, please explain:				
Are you now charged with, or been convicted of, a crime in which force was used against someone? ☐ Yes ☐ No If yes, please explain:				
Are you now charged with, or been convicted of, a crime Yes No If yes, please explain:	•		• •	

Racial/Ethnic Background:	<u>Gender:</u>	Marital Status:
Check all that apply: ☐ African American ☐ Hispanic	☐ Male	□ Single □ Conqueted
☐ Alaskan Native ☐ Native American		☐ Single☐ Separated☐ Married☐ Widowed
☐ Asian/Pac. Island. ☐ Other	i 🗀 Female	☐ Divorced ☐ Other
☐ Caucasian		□ bivorced □ other
- Cadeasian		
Educational Status:		
\square No high school diploma or GED	☐ College degree	
\square High school diploma/GED	☐ Post college degree	2
☐ Some college		
<u>Substance Abuse:</u> Number of Years of Pa	rticinant Drug Use at Time	of Program ontry
□ 2-5 Years □ 6-20 years	rticipant brug ose at Time	e of Frogram entry.
☐ 6-10 years ☐ 20 or more		
□ 11-15 years		
Medical:		
Do you have any current medical conditio		
If yes, describe:		
Do you have any physical Limitations?] Yes □ No	
If yes, then what?		
Are you able to participate in the program	with this limitation? \Box	Yes □ No
Are you taking medication(s)? ☐ Yes ☐	No If yes what?	
, we you taking medication(s).	TVO II yes, what:	
Motivation to Change		
Do you acknowledge that you abuse or ar	e dependent on drugs and	d/or alcohol? \square Yes \square No
		Which includes: Outpatient Substance Use
Treatment at Community Mental Health a		
		eekly Journaling; Weekly Court; Obtaining a
Sponsor; Education and/or Full-Time Empl	oyment. 🗀 Yes 🗀 No	
<u>Transportation</u>		
Do you have access to transportation for F	Recovery Court sessions, t	reatment and drug tests?
☐ Yes ☐ No		
Please describe:		
B	, <u> </u>	
Do you have a valid driver's license?	res ∟ No	