

APPLICATION FOR ADMISSION

INTO THE KNOX RECOVERY COURT

Page 1

STATE OF TENNESSEE)

VS.)

_____)

) Docket # _____

) Offense charged _____

) Attorney/phone # _____

) Attorney's Fax # _____

) IDN: _____

) ADA: _____

Incarcerated? **Yes** **No** / Where: **DF** **KCJ**

Probation: **Knox Co.** **State Probation** **Neither**

DATA CONCERNING DEFENDANT

1. Full Name _____ Phone _____

Last First Middle

2. Address _____

3. Previous Names: (including maiden, nicknames, aliases, etc) _____

4. Date of Birth _____

5. Gender: Male Female Race _____

6. Weight _____ Height _____ Color of Hair _____ Color of Eyes _____

7. Social Security # _____

8. Marital Status: Never Married Married Widowed
Divorced Spouse's Name: _____

9. Contact Person in case of emergency _____

10. Relationship _____ Phone _____

11. Address _____

12. Are you willing to live at a half way house or residential treatment facility? **Yes** **No** (circle one)

13. If admitted, are you willing to follow Recovery Court rules and recommendations? **Yes** **No** (circle one)

14. Have you ever served in the Military? **Yes** **No** (circle one)

This _____ day of _____, 200__.

Defendant

**Knox Recovery Court
Application for Admission Page 2**

Candidate's Name _____ **IDN** _____

Medical/Medication

Notes

15	Do you have any chronic health problems (diabetes, immune disorders, etc.)?	Y N (Circle one) if yes, explain.
16	Are you currently on any medications for a physical reason? If so what are they, dosages, and for what reason?	Y N (Circle one) if yes, explain.
17	Are you supposed to be taking any medications for a physical reason? If so what are they, dosages, and for what reason?	Y N (Circle one) if yes, explain.
18	Are you on disability for a medical or psychological reason? If so, for what diagnosis are you on disability?	Y N (Circle one) if yes, explain.
19	What drugs have you used in the past 30 days, amounts, and last uses for each?	<u>Drug</u> <u>Amount Per Day</u> <u>Date Last Used</u>
20	Have you ever tried to commit suicide? If so, how and when? When was your last attempt? Were you using at the time of the attempt? Were you hospitalized for the attempt?	Y N (Circle one) if yes, explain.
21	Have you ever been treated for mental health issues?	Y N (Circle one) if yes, explain.
22	Have you ever been diagnosed with a MH issue? What was your diagnosis?	Y N (Circle one) if yes, explain.
23	Have you ever been prescribed medications for a mental health issue? If so, what are they, what dosages and for what reason?	Y N (Circle one) if yes, explain.
24	Are you on medications now? Are you supposed to be? If so, why did you stop taking them?	Y N (Circle one) if yes, explain.

Financial

Notes

25	How much restitution do you owe?	
26	How much court costs do you owe?	
27	Do you owe any back child support? If so, in what jurisdiction?	Y N (Circle one) if yes, explain

Probation

Notes

28	Do you have any pending charges in another jurisdiction? Where? What are they?	Y N (Circle one) if yes, explain.
29	Are you on probation now anywhere?	Y N (Circle one) if yes, explain.
30	Are there any orders of protection against you	Y N (Circle one) if yes, explain.

**IN THE KNOX RECOVERY COURT
KNOXVILLE, TENNESSEE**

Consent for the Release of Confidential Information

Candidate's Name _____ Docket # _____

Candidate's Address: _____ Phone _____

I, _____, hereby authorize the Knox Recovery
(Candidate's Name)

Court to communicate with: _____
(Attorney's Name and Phone Number)

and the District Attorney General regarding the following matters:

- 1) Information concerning the summary results of the assessment interview and treatment recommendations to the extent that an admission decision can be made,
- 2) Date(s) of the assessment interview.
- 3) Participation in the program, progress, and participation days.

The purpose of, and the need for, the disclosure is to inform the individual(s) listed above of my completion of the screening, recommendations, and follow-through with recommendations; and attendance and (if recommended), progress in treatment.

I understand that this information is protected under the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires upon:

- 1) 30 days after a decision by the candidate or recovery court team not to accept the admission into the Recovery Court Program, or
- 2) termination of the Recovery Court Program in the event the above mentioned candidate is accepted into the program.

Date

Candidate's Signature

Date

Attorney's Signature

*Knox Recovery Court
900 E. Hill Ave., Suite 310
Knoxville, Tennessee 37915
(865) 329-0363
Fax (865) 522-0567*

Note to Recovery Court candidate and defense attorney: Please complete the above form and return it, with the completed application form and referral form to the Knox Recovery Court office.

THE KNOX DRUG TREATMENT COURT REFERRAL

DATA CONCERNING CANDIDATE

Candidate's Name:		TCA 16-22-103. (as amended on 4/18/12 by the State of Tennessee) Chapter definitions. —
IDN:		As used in this chapter:
Date of Referral:		(1) "Chemically dependant" means a maladaptive pattern of substance use leading to clinically significant impairment or distress as manifested by two (2) or more of the pre-determinate symptoms occurring at any time in the same twelve-month period;
Referral Source:		(2) "Drug court treatment program" means any drug court treatment program created within the state that follows the general principles referenced in § 16-22-104 and that is established by the judge of a court in this state exercising criminal jurisdiction or by the judge of a juvenile court. A "drug court treatment program" shall have the same powers as the court that created it;
Court	<input type="checkbox"/> Criminal <input type="checkbox"/> General Sessions DIV I DIV II DIV III DIV IV DIV V	(3) "Nonadversarial approach" means that the district attorney general and the defense attorney work together for the benefit of the drug court treatment program participants and the program. Any disagreements are to be resolved prior to court and not in front of the participants; and
Currently Incarcerated?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check One)	(4) "Violent offender" means a person who:
Current Charges:		(A) Is convicted of an offense, during the course of which:
Charges or probation in another Jurisdiction (Please give details)		(i) The person carried, possessed or used a firearm or dangerous weapon;
Probation/Parole/Pre-trial:		(ii) There occurred the death of or serious bodily injury to any person; or
Defense Attorney's Name:		(iii) There occurred the use of force against the person of another; or
Defense Attorney's Phone:		(B) Has one (1) or more prior convictions for a felony crime of violence involving the use or attempted use of force against a person with the intent to cause death or serious bodily harm.
ADA Name:		(C) In determining whether a defendant is a "violent offender" under subdivision (A), it does not matter whether one (1) or more of the circumstances described in subdivision (4)(A)(i), (4)(A)(ii), or (4)(A)(iii) is or is not an element of the offense for which the person is convicted.
Legal (JIMS & NCIC) Background Check Results:	<input type="checkbox"/> Candidate is eligible according to TCA 16-22-103 (4) et.seq. and the DA's position is to approve admission <input type="checkbox"/> Candidate is not eligible according to TCA 16-22-103 (4) et. seq. <input type="checkbox"/> Candidate is eligible according to TCA 16-22-103 (4) et. seq. but the DA's position is to disapprove admission (Check One)	
Date the Legal Background Check was Completed:		

COMMENTS:

Assistant District Attorney Signature

Date

When complete, please fax the form to the Drug Court Office, 522-0567

In the event that you have questions please feel free to contact a Drug Court Staff at 329-0363 or 659-6352.

The Referral form is intended to assist in communication between the District Attorney General's office and the Knox Drug Treatment Court in the referral process of drug court candidates. The form can be used in two ways:

1) DA REFERRING TO THE DRUG COURT

Instructions to the Assistant District Attorney, please furnish the Drug Court Office with the following:

- The candidate's name and IDN,
- Date of referral,
- Referral source (DA),
- The court (Criminal or General Session) the candidate is in,
- If the candidate is currently incarcerated,
- The Current Charges,
- The candidate's corrections officer's name is known (if applicable),
- The defense attorney's name and phone number,
- The ADA's official position with regards to the referral of the candidate. In the event that the candidate is legally eligible but not approved by your office for admission to drug court, please furnish the exemption criteria in the comments section.
- The date that the JIMS and NCIC checks were completed,
- And the name of the ADA completing the form.

When complete, please fax the form to the Drug Court Office, at 522-0567.

In the event that you have questions please feel free to contact a Drug Court Staff at 329-0363.

2) REFERRAL SOURCES OTHER THAN THE DA; IN OBTAINING ADMISSION AUTHORIZATION FROM THE DA'S OFFICE ON PRE-PLEA CASES.

Instructions to the Drug Court Office, please furnish the DA's office with the following:

- Candidate's Name and IDN,
- Referral date,
- Referral Source

When complete, please fax the form to Del Holley, Assistant District Attorney Representative assigned to the Drug Court, at 215-2515.

Instructions to the Assistant District Attorney, please furnish the Drug Court Office with the following:

- The court (Criminal or General Session) the candidate is in,
- If the candidate is currently incarcerated,
- The Current Charges,
- The candidate's corrections officer's name is known (if applicable),
- The Defense attorney's name and phone number,
- The DA's official position with regards to the referral of the candidate. In the event that the candidate is legally eligible but not approved by your office for admission to drug court, please furnish the exemption criteria in the comments section.
- The date that the JIMS and NCIC checks were completed,
- And the name of the ADA completing the form.

When complete, please fax the form to the Drug Court Office 522-0567

In the event that you have questions please feel free to contact a Drug Court Staff at 329-0363.