

**TALLAPOOSA CIRCUIT DRUG INTERVENTION PROGRAM**

**Application**

The Tallapoosa Circuit Drug Intervention Program is designed to offer sentencing alternatives to offenders whose offenses are related to their addictions. This program serves a limited number of defendants and is therefore very select in choosing participants. If you feel that you are a candidate for this program please complete the following information and return the form as quickly as possible. Your case will be reviewed and you will be contacted prior to going to court. If you obtain an attorney, tell them you have submitted this application. Please be aware that the program is very strenuous and requires determination and dedication on your part.

**Who is eligible?** No one with a violent offense currently or in his/her history will be considered. No one with a sale with intent to distribute and /or trafficking charge will be considered. Applicants with a history of mental illness will not be considered. Only persons who have a diagnosable addiction to drugs, which has led to commit offenses, are eligible for this program. You must be at least 17 years of age.

**What does the program require?** The Drug Intervention Program is a minimum 18 month program based on education, treatment, and life-style changes. Participants are required to attend meetings five nights per week for the first 16 weeks. This includes group counseling sessions 3 nights per week from 6:00-8:00 p.m. and 2 12-Step type meetings per week. Participants are also required to drug test at least twice weekly and randomly as required. Requirements are lessened as the client achieves clean time and demonstrates success in other areas. Participants will undergo a suspended sentence upon entering the Drug Intervention Program. Failure to comply with the rules of the Drug Intervention Program may result in jail time, community service, halfway house referrals, or termination from the program. Upon termination from the program for failure to comply, clients will begin serving their original sentence.

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Other Names Used: \_\_\_\_\_

**Address upon release:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**SSN:** \_\_\_\_\_ **Sex:** \_\_\_\_ **Race:** \_\_\_\_ **Marital Status:** \_\_\_\_ **# of Children:** \_\_\_\_

**Who will you be living with:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
(Name and Number of Relative or Neighbor)

**Employment:**

Annual Income: \_\_\_\_\_ Source of Income: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Employment: \_\_\_\_\_ # of jobs in the last 2 years: \_\_\_\_\_

Do you have a driver's license? \_\_\_\_\_ If yes, State and License Number: \_\_\_\_\_

**Education:**

Can you read/write? \_\_\_\_\_ *Level of School Completed:* \_\_\_\_\_

If you did not graduate high school, have you received your general equivalency diploma (GED)? \_\_\_\_\_ What year? \_\_\_\_\_

Are you currently attending school? \_\_\_\_\_ If so, name of school: \_\_\_\_\_

**Criminal History:**

Current Charge: \_\_\_\_\_

Are you currently on probation or parole? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Any other probation or warrant holds? \_\_\_\_\_

Name of Probation/Parole Officer: \_\_\_\_\_

Have you ever been convicted with any of the following?

Burglary If so, when?  
\_\_\_\_\_

Drug Sales/Trafficking If so, when?  
\_\_\_\_\_

Sex Crime If so, when?  
\_\_\_\_\_

Violent Offense(s) If so, when?  
\_\_\_\_\_

Age at first arrest: \_\_\_\_\_ First offense: \_\_\_\_\_

*Age at first drug use:* \_\_\_\_\_ *First drug you tried:* \_\_\_\_\_

**Number of arrests in the last 24 months:** \_\_\_\_\_

**Number of months incarcerated in the last 24 months:** \_\_\_\_\_

**Medical Information:**

Do you have *medical insurance*? \_\_\_\_\_ If so, *Name of Insurance Company*:

\_\_\_\_\_

**Primary Physician:** \_\_\_\_\_ **Telephone number:** \_\_\_\_\_

**Medical Problems:**

\_\_\_\_\_

**Prescribed Medications:**

\_\_\_\_\_

If applicable, *are you pregnant*? \_\_\_\_\_

**Have you ever been treated by a psychologist, psychiatrist or counselor?** \_\_\_\_\_ **If yes, date:** \_\_\_\_\_

**Name of Doctor or Counselor:** \_\_\_\_\_ **Telephone number:** \_\_\_\_\_

**Diagnosis:**

\_\_\_\_\_

**List all in-patient treatment admits and discharge dates:**

\_\_\_\_\_

**Have you ever taken any medication for anxiety, depression, stress or any mental health related problem(s)?** \_\_\_\_\_ **If so, name of medication?**

\_\_\_\_\_

Details:

\_\_\_\_\_

**Do you have a history of suicidal ideations?** \_\_\_\_ **Do you have any current thoughts of suicide?** \_\_\_\_\_

**Have you ever been physically or sexually abused?** \_\_\_\_\_

*Please explain why you think the Drug Intervention Program is appropriate for you:*

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(Attach extra page if needed)

**Do you know anyone who is currently in Drug Court? Yes \_\_\_\_\_ No \_\_\_\_\_**

If yes, who? \_\_\_\_\_ Relationship \_\_\_\_\_

**I hereby affirm that the information above is true and correct to the best of my knowledge.**

**Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Attorney:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please fax completed application and referral form to *Regina Roberts* at 770-749-6795 or 770-749-6793, or mail to:**

**Tallapoosa Circuit Drug Court**

**100 Prior Street, Courthouse # 1, Suite 201**

**Cedartown, Georgia 30125**

**Phone: 770-749-6707**

**Fax: 770-749-6795 or 770-749-6793**