

# 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 this includes home burglary charges. 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 a United States citizen and at least 17 years of age.

What does the program require? The Drug Intervention Program is a 12 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 a minimum of three times weekly and randomly as required. Requirements are lessened as the participant 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)

<b>Employment:</b>
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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)? \_\_\_\_\_

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

**Criminal History:**

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

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

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

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

# of arrest in the last 24 months: \_\_\_\_\_ # 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? \_\_\_\_\_ If so, name of medication? \_\_\_\_\_

Details: \_\_\_\_\_

Do you have a history of suicide? \_\_\_\_\_ 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: \_\_\_\_\_

\_\_\_\_\_  
(Attach extra page if needed)

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

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

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

Date received by Program Coordinator: \_\_\_\_\_

Based on the information submitted in this application, the defendant **has / has not** been approved for further evaluation and consideration for entry into the program.

Clinical Evaluation Scheduled: \_\_\_\_\_  
(Time and Place of Assessment)

Signature: \_\_\_\_\_

Please return completed application to: 7<sup>th</sup> JAD, Tallapoosa Drug Intervention Program, P.O. Box 963, Cartersville, GA 30120 or Fax to (770) 387-5479

