

FAMILY RECOVERY COURT WRITTEN APPLICATION

Attorney: Please fill this out with your client and submit to the recovery court coordinator and the Assistant Attorney General for processing. This application will not be used in the underlying dependency case. It is only for informational purposes to help the team understand the applicant's background and how to best serve them in the program.

PERSONAL DATA

Date: Click or tap here to enter text.

Name: Click or tap here to enter text.

Age: Click or tap here to enter text.

Marital Status: Click or tap here to enter text.

Children's Names and Ages (specify if children are not involved in dependency proceedings with this court): Click or tap here to enter text.

Do you have daily access to a phone?: Click or tap here to enter text.

Do you have transportation to get to U/As, meetings, court, etc..?:

Where are you living and who is in your household? Click or tap here to enter text.

CRIMINAL BACKGROUND

Please list prior criminal convictions, including offense, date of violation, and court of conviction (Attorney may attach a separately prepared statement of criminal history): ☐ See attachment

Details: Click or tap here to enter text.

Are you currently on probation? If yes, with which agency and under what terms? ☐ No ☐ Yes **Details:** Click or tap here to enter text.

Do you have any unresolved criminal cases? ☐ Yes ☐ No

If yes, please indicate what charges and in which courts. Click or tap here to enter text.

Are you subject to any no-contact orders or restraining orders? If yes, please indicate the names of the other parties. ☐ No ☐ Yes **Details:**

SUBSTANCE USE HISTORY

Are you currently in treatment? If so, with whom and for how long?

☐ No ☐ Yes Details: Click or tap here to enter text.

Do you have any pending appointments for an assessment or an intake? If so, with which agency? ☐ No ☐ Yes Agency: Click or tap here to enter text.

OTHER INFORMATION

The team will get to know you throughout the process, but please let us know if there is other information you think we should have to help us better help you and your family succeed in Family Recovery Court.

Click or tap here to enter text.

For applicants who request exemptions to Family Recovery Court's eligibility requirements, the team requests the applicant address why an exception should be made here.

Click or tap here to enter text.

DEMOGRAPHIC INFORMATION

The following information is required for the program's reporting purposes. It will not be factored into whether any applicant is accepted into the program.

Which racial/ethnic group(s) apply to you? Select all that apply.

- ☐ American Indian/Alaska Native
- ☐ American Indian/Alaska Native, Multiracial
- ☐ Asian/Pacific Islander
- ☐ Black/African American

- ☐ Black/African American, Multiracial
- ☐ Hispanic/Latino
- ☐ Multiracial, Other
- ☐ White
- ☐ Unknown Race
- ☐ Decline to Answer

What is your gender?

- ☐ Woman
- ☐ Man
- ☐ Non-binary
- ☐ Other/unknown