

SOUTHEAST NEBRASKA ADULT DRUG COURT

Rehabilitating Individuals, Restoring Families and Promoting Safety in Our Communities.
Serving Fillmore, Gage, Jefferson, Thayer, Saline,
Otoe, Nemaha, Johnson, Richardson, and Pawnee Counties

SCREENING APPLICATION

Please complete the entire application. The information on this application does not qualify or disqualify you for Drug Court. It is the beginning of the process to **APPLY FOR ACCEPTANCE** to the Southeast Nebraska Adult Drug Court (SENADC). This information will be used in the screening process to determine your eligibility.

Personal Information:

Name:	Date of Application:
Current Street Address:	City/State/Zip Code:
Phone:	Applicant Email Address:
Message Phone:	Social Security #:
Date of Birth:	Driver's License #:
Age:	Ethnicity/Race:
Sex:	Counsel's name: Counsel's email address:
Employer: ____ hours per week _____ salary/wage	Marital Status:
Most Recent Chemical Dependency Evaluation (If Any) *: Date: Agency:	Do you have children? If so please list their ages, if they reside with you and if you have past due child support.
Most Recent Mental Health Evaluation (If Any) *: Date: Agency:	

* If available please include copies of Substance Abuse and/or Mental Health Evaluations as well as documentation pertaining to your current charges and court case.

Offense Data

Current Offense(s) and Class of Crime* (please include ANY outstanding charges):	
Why do you want to be considered for Drug Court?	
Case #:	County:
Status of the case(s) and next Court date:	
Prosecuting Attorney:	
Defense Attorney:	
Co-Defendant(s):	
Presiding Judge:	
Prior Offense (s):	
Are you currently incarcerated? NO YES If yes, please explain?	
Please explain any prior incarcerations:	
Have you ever been convicted of an offense in which violence was involved? NO YES If yes, please explain.	
Have you ever been convicted of a sex offense? NO YES If yes, please explain.	

Have you ever been convicted of or charged as a habitual criminal? NO YES If yes, please explain.
Are you currently on probation, parole or a participant in another Drug Court? NO YES If yes, please explain.
Have you ever had a protection order granted against you? NO YES If yes, please explain and advise complete information including whom, when, and what county?

Within seven (7) days of being notified by the Drug Court Coordinator that this application has been approved for consideration to admission to the Drug Court, it is the responsibility of the applicant to contact the Coordinator via e-mail or phone (listed below) to schedule a screening interview appointment. Such approval will be given by e-mail to the Defendant and the Defendant’s Counsel at the address list on the application. Contact by e-mail is highly recommended.

I have read and understand the terms and conditions as provided in the Southeast Nebraska Adult Drug Court Participant’s Guide. At this time, I choose to apply for consideration, screening and acceptance to the Drug Court.

Defendant Signature and Date

Defense Counsel and Date

Prosecuting Attorney and Date
(Signature indicates Approval for the Defendant to apply to the SENADC)

Please return to:

Drug Court Coordinator
204 S. High Street | Wilber, NE 68465
Cell Phone: 402-821-7114 F 402.821.3631
Wilber Office: *Phone:* 402-821-2042 *Fax:* 402-821-3631
Email: christina.reece@nebraska.gov

PROBATION INFORMATION WORKSHEET

It is your responsibility to fill in all blanks and thoroughly complete this entire form. The first three pages must be completed before leaving. The remainder of the packet you can take with you; it is your responsibility to fill out and return the completed packet to Probation at your next meeting. If something does not apply draw a line through the blank. Do not leave banks on this form.

Full Legal Name: _____ **Social Security No.:** _____

Date of Birth: _____ **Current age:** _____ **Place of Birth:** _____

Age of First Arrest: _____ **Sex:** _____ **Marital Status:** _____

US Citizen: Y/N **Documented Alien:** Y/N **Undocumented Alien:** Y/N

Ethnicity: _____ **Race:** _____ **Hair Color:** _____ **Eye Color:** _____

Scars/ Tattoos: _____

Interpreter needed: _____ **Language:** _____

Height: _____ **Weight:** _____ **Siblings: #** _____ **Gang Affiliation:** _____

Is/Was in the Military: Y/N **Branch:** _____ **Combat Zone:** Y/N

Combat Zone Name: _____

Military Dates of Service: From: _____ **To:** _____ **Discharge Type:** _____

Drivers License (DL) Status: _____

DL Number: _____ **DL Issue State:** _____

DL Expiration Date: _____

DL Type: _____ (Operators, CDL, Learners Permit, etc.)

Contact Numbers:

Landline/House Phone: _____ **Who number is for:** _____

Cell: _____ **Cell Provider:** _____ **Who number is for:** _____

Message Phone: _____ **Who number is for:** _____

Email Address: _____

Alias/ Nicknames: _____ (include maiden name and previous marriage names)

Address Information:

Address: _____
 (Street Number) (Apt.#) (City)

_____ **(State)** **(Zip)** **(County)**

Lived at above address since: _____
 (Month & Year)

PO Box Address: _____
 (Box No.) (City) (State) (Zip)

Number of moves in last year: _____

Names of People you are residing with: _____

Name: _____ **Relationship:** _____ **On Probation:** _____

Name: _____ **Relationship:** _____ **On Probation:** _____

Name: _____ **Relationship:** _____ **On Probation:** _____

Name: _____ **Relationship:** _____ **On Probation:** _____

Weapons in Home: _____

Animals in Home: _____ **No. of Dependents in home:** _____

List every city and state you have lived in the last 5 years:

City/State **Dates or Ages** **City/State** **Dates or Ages**

Education Completed: **Grade:** _____ **Years of College:** _____

College Degree(s): Associates: _____ Bachelor's: _____ Master/Doctorate Degree: _____

Name of school LAST ATTENDED: _____ **City/State:** _____

Dates attended:

From: _____ **To:** _____ **Graduation Year:** _____ **Reason for Leaving:** _____

GED received: _____ **GED obtained from where:** _____

(Name, City, State)

Employment:

Circle one: **Full Time** **Part Time** **Disabled** **Student** **Not-Employed**

Current Employer Name: _____ **Employer Phone #:** _____

Position/ Job Title: _____

Amount Earned: Hourly/Monthly/Yearly _____

Supervisor Name: _____ **Employment Address:** _____

Start Date: _____ **Hours Worked:** _____

Previous Employer: _____ **Dates:** _____ **Termination Reason:** _____

Vehicle Information:

Do you own transportation: **Y/N** **If not, who owns transportation?** _____

Vehicle: Make: _____ **Model:** _____ **Color:** _____ **Year:** _____

Vehicle Insurance Company: _____ **Insurance Expiration Date:** _____

Plate # _____ **Plate Expiration Date:** _____

Do you live on a bus route: **Y/N**

Juvenile Transportation Information:

Primary form of transportation: (circle one):

Vehicle we own **Bus** **Walk** **Family Member/Friend** **Other**

Is this form of transportation considered reliable? **Y/N**

Is a Department of Health And Human Services case worker or service coordinator assisting you? **Y/N**

If Yes (circle one): Case Type: **Court** **Non-Court** **Developmental Disability**

If Yes: Case Worker/Service Coordinator's information:

Name: _____ **Phone No.** _____
