

# 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: Message Phone:	Email Address:  Social Security #:
Date of Birth:	Driver's License #:
Age:	Ethnicity/Race:
Sex:	Counsel's name: Counsel's email address: Counsel's phone number:
Employer:  ____hours per week_____salary/wage	Marital Status:
Most Recent Chemical Dependency Evaluation (If Any) *: Date: Agency: Most Recent Mental Health 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.

**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?	

\*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.

**For individuals with a criminal charge in Johnson County:**

I understand that Julie D. Smith presides over the Drug Court in Auburn, Nebraska (serving Otoe, Nemaha, Johnson, Richardson, and Pawnee Counties). Judge Smith is the sibling of Johnson County Attorney Richard R. Smith. I understand that I have the option to apply for the Drug Court which is held in Wilber, Saline County, Nebraska rather than Auburn, Nemaha County, Nebraska. I understand that, if I am accepted into the Drug Court Program, I will be required to attend Drug Court weekly in the location for which I have chosen to apply (Wilber or Auburn). I understand that Richard R. Smith is not the prosecuting attorney in Drug Court. I understand that, if I choose to apply to the Drug Court in Auburn, Julie D. Smith will be the presiding judge there, and she may decide on sanctions up to and including jail sanctions or termination from the Drug Court Program. I understand that, if I am terminated from the drug court program, Judge Smith will not conduct the sentencing. With that in mind:

( ) I waive any potential conflict posed by the sibling relationship. I am applying for the drug court in Auburn, Nemaha County, Nebraska.

( ) I do not waive any potential conflict posed by the sibling relationship. I am opting to apply for the drug court in Wilber, Saline County, Nebraska.

**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:** \_\_\_\_\_

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**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
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**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.** \_\_\_\_\_

\*\*\*\*\*

**Office Use Only:**

**FBI:** \_\_\_\_\_ **SID:** \_\_\_\_\_ **Other:** \_\_\_\_\_

**PSI Information:**

**Date Ordered:** \_\_\_\_\_ **Date Interviewed:** \_\_\_\_\_

**Sentencing Date:** \_\_\_\_\_ **Sentencing Time:** \_\_\_\_\_

**Court:** \_\_\_\_\_ **Judge:** \_\_\_\_\_

**Appointment Scheduled for:** \_\_\_\_\_