

16th Judicial Circuit Court Treatment Courts Application Process

***** UPDATE: A single application will be considered for all specialty court programs at the 16th Judicial Circuit Court*****

- **At the time the plea is taken**, the defense counsel is to complete the application with the defendant. **Please fill out the packet entirely.**
 - **All open 16th Circuit Court Cases must be included.**
- **Applications are available on each treatment court website on the home page and under forms.**
 - **The application may be filled out online (PDF) or**
 - **May be printed, filled out by hand and then scanned.**
- **Completed application must be emailed to treatmentcourts@macombgov.org.**
- A sentencing date will be assigned on the record with the originating Judge. The date should be set at least 4-6 weeks in the future to allow for the application process and the PSI to be completed.
- If the defendant is accepted to one of the treatment courts, they will be re-scheduled before a treatment court Judge for sentencing.
- If the defendant is denied for the 16th Judicial Circuit Court programs, all parties will be notified and the case will proceed before the originating Judge as previously scheduled.
 - In the sole discretion of the Judge, a denied application may be forwarded to an appropriate District Court program for consideration and participation in that program would be as a condition of the Circuit Court probation.

If you have any questions regarding the application process or any of the programs, please contact Specialty Court Services at treatmentcourts@macombgov.org.

PLEASE NOTE: Incomplete applications will not be processed.

STATE OF MICHIGAN COUNTY OF MACOMB 16TH JUDICIAL COURT	16TH JUDICIAL CIRCUIT TREATMENT COURT APPLICATION	ALL CIRCUIT COURT CASE #S:
		JUDGE:

PEOPLE OF THE STATE OF MICHIGAN V.	Defendant:
	Defense Counsel Name:
	Defense Counsel Phone Number and Email:

Has the defendant entered a plea on ALL of the above mentioned Circuit Court Cases? Yes No
(If NO, please do not submit an application until a plea is entered.)

Sentencing Date: _____

Candidate is: Incarcerated On Bond	
Current Case(s) Charge(s) (If OWI alcohol, drugs or both)	
Is there a victim in this matter? Yes No	Victim's relationship to the defendant:
Have you ever participated in a Drug Court, Sobriety Court, Mental Health Court or Veteran's Court before? Yes No	
When did you participate? _____ What court(s) did you participate in? _____	
List all open case(s) in other courts (including any outstanding out of county warrants)	
Do you have any assaultive charges or CSC charges on your criminal history: Yes No If yes, please list charges:	

DEMOGRAPHIC INFORMATION:

Are you a US Citizen? Yes No Last 4 of Social Security Number: _____

GENDER: Male Female Email Address: _____

Address:	DOB:	Cell Phone:
City / County:	Zip:	Home Phone:

Current Living Situation: Sober Living Homeless Own Home Apartment With a Friend/Relative

MILITARY:

Have you ever served in the United States Military? Yes No Do you have a copy of Your DD214? Yes No	Service Start Date:
	Service End Date:
	Are you eligible for VA benefits/services? Yes No

Branch of Service:

Air Force Coast Guard Navy
Army Marines Reserves

Combat Deployment? Yes No	Location:
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Current Military Status:

Active General under Other than Honorable Conditions
Honorable Discharge Dishonorable Discharge
General under Honorable Conditions Bad Conduct Discharge

PHYSICAL HEALTH:

Do you have any current health issues? Yes No

Please describe: _____

Are you able to participate in our program with these conditions? Yes No

Do you have any physical limitation(s)? Yes No If yes: _____

If yes, are you able to participate in our program with this limitation(s)? Yes No

Do you have Medicaid coverage? Yes No	Do you have any other health insurance? Yes No
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Are you currently taking ANY medications? Yes No Please describe all medications including prescribed, over the counter medications and herbal supplements:

MENTAL HEALTH:

Have you ever been formally diagnosed with a mental health issue by a physician, psychiatrist, psychologist or therapist? Yes No If yes, please describe: _____

Have you ever attended counseling, therapy or have been hospitalized for a mental health issue?

Yes No If yes, please describe where and when: _____

Are you currently taking any medications for mental health issues? Yes No If yes, please described all medications including over the counter and herbal supplements:

Do you have a guardian? Yes No

If Yes, Name or Agency _____ Phone: _____

SUBSTANCE ABUSE:

Have you ever abused alcohol or other drugs? Yes No

When was your last use and what substance (alcohol, drugs or both)? _____

Check all substances you have used in your entire life:

- | | |
|--|---|
| Alcohol | Marijuana/THC (Dab, Delta 8, Hash) |
| Cocaine/Crack Cocaine | Ecstasy/ GHB |
| Heroin | Hallucinogens (LSD, Mushrooms) |
| Fentanyl | Inhalants (Nitrous Oxide, Glue, Gas, Whippets) |
| Kratom | Amphetamine/Methamphetamine |
| Methadone, Suboxone, Subutex | Barbiturates (Fioricet, Seconal, Phenobarbital) |
| Benzodiazepine (Xanax, Ativan, Valium) | Other: _____ |
| Opiate/Opioids (Norco, Codeine, Morphine, OxyContin) | |

Have you ever abused medications prescribed to you by a doctor? Yes No

How long have you abused alcohol or other drugs? _____

Do you acknowledge that you abuse or are dependent on alcohol or drugs? Yes No

ABILITY TO MEANINGFULLY PARTICIPATE:

Do you have reliable transportation or bus availability to attend any or all of the following: mental health or substance abuse treatment, alcohol/drug testing, probation reporting, up to weekly reports to the Court, case management sessions with the coordinator and regular attendance at a self-help support program?

Yes No

Are you able to appear for court session set during the daytime?

Yes No

Why are you seeking a treatment court? Which program are you seeking admission to?

ACKNOWLEDGEMENT:

This application will be considered for all specialty court programs at the 16th Judicial Circuit Court. If the defendant is not eligible for a Circuit Court-program and the Judge approves, this application could be forwarded to an appropriate District Court program for consideration there.

I understand that this information is intended to be used for eligibility into one of the Specialty Court Treatment Courts. It does not guarantee my acceptance into the program. Furthermore, I understand that the demographic information contained on this form (including ethnicity and race) will be used for statistical reporting purposes only and will not affect my eligibility.

Defendant's Signature:	Defense Counsel Signature:
Approved by Judge: (signature here or entered in CourtView docket)	Date of Application:

16th JUDICIAL CIRCUIT COURT CONSENT FOR APPLICATION PROCESSING AND ELGIBILITY

I, _____ authorize the 16th Judicial Circuit Court Specialty Court Programs, to discuss and exchange information from this application, my eligibility assessment, and court case file. This includes information regarding my diagnosis, prognosis, bond compliance, probation compliance and substance abuse or mental health treatment. I understand this exchange of information will be among the specialty court program coordinators, program team members and appropriate staff to process my request for treatment court participation and assess my eligibility into one of the treatment court programs.

Defendant's Signature	Date:
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RETURN COMPLETED FORM TO THE SPECIALTY COURT DEPARTMENT

In person: 6th floor, Court building

Fax: (586) 783-8179

Email: treatmentcourts@macombgov.org