



SOBRIETY TREATMENT COURT ELIGIBILITY SCREENING

Court Address
212 E. Paw Paw Street, Paw Paw, MI 49079
1007 E. Wells Street, South Haven, MI 49090

Court Telephone No.
(269) 657-8200
(269) 637-5258

TO BE COMPLETED BY THE PROSECUTOR'S OFFICE

PEOPLE OF THE STATE OF MICHIGAN

v

Defendant
Defense Counsel

Candidate is: <input type="checkbox"/> Incarcerated <input type="checkbox"/> On bond	
Charge leading to Sobriety Court Referral:	Sentence Guidelines:
	PRV/OV:
Describe any pending local charge(s):	

OFFENSE HISTORY:

Is defendant a violent offender per MCL 600.1060(g) – Currently charged with or has plead guilty to an offense involving death or serious bodily injury or criminal sexual conduct any degree? Yes No

Does defendant have a pattern of violent behavior? Yes No

Does defendant have a conviction for criminal sexual conduct, predatory conduct, pornographic conduct, or conduct involving corruption of a minor? Yes No

If "Yes" is answered in any of the above questions, please provide a written explanation. Also feel free to add comments as necessary.

Prosecutor: _____

Date: _____

Legally Eligible Legally Ineligible

DEFENSE ATTORNEY OR DESIGNEE PLEASE COMPLETE THIS SECTION

Defendant's name and address:	DOB:	Age:	Social Security Number:
	Home Phone:		Work Phone:
Has Participant been on probation before? <input type="checkbox"/> Yes <input type="checkbox"/> No Successfully completed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, where?			
Active Case(s) in other courts? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:			

(Required information, not used for disqualification)

RACIAL/ETHNIC BACKGROUND:

GENDER:

MARITAL STATUS:

Check all that apply:

- | | | | | |
|---|--|---------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> African American | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Male | <input type="checkbox"/> Single | <input type="checkbox"/> Separated |
| <input type="checkbox"/> Alaskan Native | <input type="checkbox"/> Native American | <input type="checkbox"/> Female | <input type="checkbox"/> Married | <input type="checkbox"/> Widowed |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Other | | <input type="checkbox"/> Divorced | |
| <input type="checkbox"/> Caucasian | | | | |

EMPLOYMENT STATUS

- Full Time, Where: _____ Part- Time, Where: _____
- Disabled (must provide documentation)

MEDICAL

Do you have any current medical conditions: Yes No If yes, describe: _____

Are you on medications for medical conditions? Yes No

If yes, describe: _____

If yes, are you able to participate in our program with these conditions? Yes No

Are you taking medication for a serious mental health disorder? Yes No If yes, what: _____

MOTIVATION TO CHANGE

Are you willing to follow through on a minimum 12-15-month intensive program? Yes No

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

Are you willing to follow through on a minimum 12-month intensive program, which includes substance abuse treatment, drug testing, regular reports to a probation officer, drug court sessions, education and employment?

Yes No

TRANSPORTATION

Do you have access to transportation for Sobriety Court sessions, treatment, and tests? Yes No

Please describe: _____

Defendant's Signature

Approved, Defense Counsel or Designee