



Uintah County Drug Court Participant Application

Defendant Name: _____

Pending Charges: _____
(include criminal history)

Prosecutor: _____

Defense Attorney: _____

Arresting Officer: _____

Probation/Parole Agent: _____

Incarceration Status: _____

Employer: _____

Lives With: _____

As defense attorney for the above-named Defendant, I request that the Defendant be referred for participation in the Uintah County Drug Court. I certify that I have discussed the requirements of participation in the Drug Court as contained in the Drug Court Participation Handbook with this Defendant. I have also discussed the financial responsibilities my client will bear, specifically the \$35 per week fee and the possibility of qualifying for the sliding scale fee (calculated as a per week fee based on the Defendant's income), and any assessment fee as charged by Northeast Counseling. To the best of my knowledge, I have disclosed this Defendant's criminal history in full. This Defendant is a good candidate for treatment and is disposed to cooperate with the program. I have also provided with this application a completed intake sheet.

Defense Attorney Date

I agree that this Defendant may participate in the Drug Court program. A plea agreement has been reached between the State and defense counsel. I have reviewed the Defendant's record and taken that into consideration in plea negotiations and my recommendation for participation in the Drug Court program. I have consulted with the arresting officer(s) regarding this Defendant's participation in Drug Court.

Prosecuting Attorney Date

Upon entry of the appropriate plea, this Defendant may be accepted into the Drug Court program.

Drug Court Administrator Date



Uintah County Drug Court Participant Questionnaire

You will need to fill out this questionnaire completely. If you do not understand any portion of the questionnaire, please have your attorney help you with it. If you are accepted into drug court and there are any changes to the information as contained in this questionnaire, you are to notify your Case Manager immediately.

Full Name: _____

Other Names: _____

Address: _____

City: _____ **State / Zip:** _____

Phone #: _____ **Alternate #:** _____

Date of Birth: _____ **Social Sec. #:** _____

Birthplace: _____ **Race:** _____

Marital Status:	Married	Never Married	Gender: _____
	Divorced	Single	
	Separated	Life Partner	
	Widowed		

FAMILY INFO

Spouse Name:
(or significant other) _____

Child Name: _____	Child DOB: _____
Child Name: _____	Child DOB: _____
Child Name: _____	Child DOB: _____
Child Name: _____	Child DOB: _____

Current Living Situation:	Alone	With Friends	Number in Household: _____
	With Spouse	With Parents	
	Co-Habiting	With Relative	
	Other		

EMPLOYMENT

Employer: _____

Supervisor: _____

Address: _____

City: _____ **State / Zip:** _____

Phone #: _____ **Wage:** _____

Occupation: _____ **Hours / Week:** _____

Driver's License #: _____ **License Status:**

Current	Expired
Suspended	None
Revoked	

DRUGS OF CHOICE (List Any and All)

The information provided above is correct to the best of my knowledge.

Applicant Date



Uintah County Drug Court Participation Certificate from Northeastern Counseling Center

_____ has completed an initial evaluation at
(Applicant's Name)

Northeastern Counseling Center and has paid the appropriate fees for said evaluation. This
evaluation was completed on _____.
(Date of Evaluation)

Based on the evaluation, I, _____ certify that this
(Evaluator's Name)

Applicant may participate in the Uintah County Drug Court program.

Evaluator

Date