



# Uintah County Drug Court Participant Application

## Dear Drug Court Applicant:

Thank you for your interest in the Uintah County Drug Court program. In order to be admitted to Drug Court, you must first complete this application. After you complete the application, it will be reviewed by the Drug Court Team. If you get the recommendation of your Defense Attorney, the Prosecutor, the Treatment Provider, and the Drug Court Team, your application will be approved. It is only then that the Court will be able to order you into the Uintah County Drug Court Program.

There are four steps necessary to submit a completed application to the Drug Court program:

- Step 1:** Fill in your Participant Information
- Step 2:** Get certification from your Defense Attorney
- Step 3:** Get certification from the Prosecutor
- Step 4:** Submit your completed application at the Drug Court Office
- Step 5:** Schedule and Participate in Evaluation

It is your responsibility to make sure that this application is completed fully. If you have questions, speak with your attorney or contact the Drug Court Office.

We look forward to receiving your application.

Uintah County Drug Court Team

# Step 1: Participant Information

Your Legal Name: \_\_\_\_\_  
Prosecutor: \_\_\_\_\_ Defense Attorney: \_\_\_\_\_  
Pending Case #s: \_\_\_\_\_  
On Probation:  Yes  No Agent Name: \_\_\_\_\_

## PERSONAL INFORMATION:

Current Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
City: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
State / Zip: \_\_\_\_\_ Social Sec. #: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Gender:  Female  Male  
Email Address: \_\_\_\_\_  
Marital Status:  Single  Married  Divorced  Separated  Life Partner  Widowed  
Race:  Caucasian  Native American  Hispanic / Latin  African American  Asian  
 Pacific Islander  Other \_\_\_\_\_

## FAMILY INFORMATION:

Living Situation:  Alone  With Spouse  Cohabitation  With Friends  With Parents  With Relative  
Spouse Name: \_\_\_\_\_ Child Name/DOB: \_\_\_\_\_  
(or significant other) \_\_\_\_\_  
Child Name/DOB: \_\_\_\_\_ Child Name/DOB: \_\_\_\_\_  
Family Contact: \_\_\_\_\_  
(we will contact them) \_\_\_\_\_  
Your Relationship:  Parent / Step-parent  Spouse  Boyfriend / Girlfriend  Brother / Sister  Friend  
 Other Relative  Other \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
City: \_\_\_\_\_ Email Address: \_\_\_\_\_  
State / Zip: \_\_\_\_\_

**EMPLOYMENT INFORMATION:**

Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Position: \_\_\_\_\_

City: \_\_\_\_\_ Wage: \_\_\_\_\_

State / Zip: \_\_\_\_\_ Hours / Week: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Start Date: \_\_\_\_\_

Driver License #: \_\_\_\_\_ Issuing State: \_\_\_\_\_

License Status:  Valid  Suspended / Revoked (date eligible \_\_\_\_\_)  Denied  None**DRUG HISTORY: Please indicate your substances of abuse (check / list all that apply)**

Age at First Use: \_\_\_\_\_ Longest Time Sober Since First Use: \_\_\_\_\_

**Substances:**  Alcohol  Marijuana  Methamphetamine  Heroin  Cocaine  Ecstasy  
 Depressants (Sedatives / Tranquilizers)  Barbiturates  Hallucinogens  Inhalants  
 Caffeine  Nicotine  Other: \_\_\_\_\_  
 Prescription Drugs: \_\_\_\_\_

**Methods of Use:**  Oral  Smoking  Injection  Other: \_\_\_\_\_  
 No

**Have you ever been admitted to a Drug Court before?**  Yes --> Location: \_\_\_\_\_ Date: \_\_\_\_\_

**Certification of Applicant**

I understand that applying for the Drug Court Program is a voluntary process and no one has forced me to fill out and submit an application. I understand that there are time and financial obligations that are part of the Drug Court Program. In the event that I have questions, I have discussed those with my attorney. I understand that any other questions I have should be discussed with my attorney before turning in this application. I consent to the release of my criminal history to any member of the drug court team for purposes of evaluating my eligibility for this program. I understand that Drug Court personnel will contact the "Family Contact" listed above. The information provided above is correct, to the best of my knowledge. In the event that any of the above information changes, I agree to contact the Drug Court Case Manager to update that information.

\_\_\_\_\_  
Applicant\_\_\_\_\_  
Date

# Step 2: Defense Approval

## Certification of Defense Attorney

As Defense Attorney for the above-named Applicant, I request that the Applicant 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 current version of the Drug Court Participation Handbook with this Applicant.

I have also discussed with this Applicant the financial responsibilities the Applicant 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 evaluation fee charged by Northeast Counseling.

I have attached a copy of this Applicant's current criminal history to this certification. I have discussed with this Applicant that the Applicant's criminal history will be used to evaluate the Applicant's eligibility for this program. Based upon that discussion, it is my understanding that this Applicant consents to the release of that criminal history to any member of the drug court team and understands that it will be used to evaluate the Applicant for eligibility for the program. To the best of my knowledge, I have disclosed this Applicant's criminal history in full.

In my opinion, this Applicant is a good candidate for treatment and is disposed to cooperate with the program.

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Defense Attorney

Date

# Step 3: Prosecutor Approval

## Certification of Prosecutor

A plea agreement has been reached between the State and this Applicant's Defense Attorney.

I have reviewed the Applicant's criminal record and have taken that record into consideration in plea negotiations and my recommendation for participation in the Drug Court Program.

I have consulted with the police officer(s) responsible for this case regarding this Applicant's participation in Drug Court. I have communicated any objections from those officer(s) to the Drug Court Case Manager.

I agree that this Applicant may participate in the Drug Court Program on the following case numbers: \_\_\_\_\_.

\_\_\_\_\_  
Prosecutor

\_\_\_\_\_  
Date

# Step 4: Submit Application

After you complete Step 1, Step 2, and Step 3, deliver this application to the Uintah County Drug Court Office, located at the Uintah County Public Safety Complex. At the time that you deliver your application, it will be assigned an application number. If your application is not assigned an application number, then it has not been received. If you have questions about how to submit your application, you may speak with your Defense Attorney, or you may contact the Drug Court Office at:

**Address: 641 East 300 South** (just to the right of the main entrance)

**Phone: 435.781.6705**

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# Step 5: Evaluation & Review

Once your completed application is received by the Drug Court Team, the Case Manager will instruct you on how to obtain an evaluation from the Drug Court Treatment Provider. It is your responsibility to schedule an appointment and obtain the evaluation. Your application cannot be processed further by the Drug Court until you meet with the Treatment Provider for the evaluation.

Within a week of your evaluation, the Drug Court Team will receive a recommendation from the Treatment Provider. Then the Drug Court Team will review the application and will inform your Defense Attorney and the Prosecutor as to whether your application is approved or denied.

If your application is approved, your case will be set for a court hearing so that the Court will be able to determine whether to order you into Drug Court. If your application is denied, you will need to work with your Defense Attorney to discuss other options.

If you have any questions, please contact your Defense Attorney or the Drug Court Case Manager.