

**DRUG/DUI COURT
SCREENING/REFERRAL FORM**

Please write legibly

Client Information:

Full Legal Name _____

A/K/A _____

Current in Custody? Y N DLM# _____ DOC# _____

DOB: _____ Age: _____ Race: _____ Gender: _____ SSN: _____

Client address: _____

Street: _____ City: _____ Zip: _____

Client Phone (home) _____ - _____ (cell/other) _____ - _____

Criminal Information:

Attorney: _____ Phone: _____

Current Charge(s): _____ Case #: _____

_____ Case #: _____

_____ Case #: _____

_____ Case #: _____

Has client ever been arrested for a violent felony and/or a sex crime? Y N

Is client subject to a Protective Order? Y N

If yes, Probation/Parole Officer's Name: _____

BOLDED ITEMS ARE MANDATORY!

Current substance abuse treatment? Y N **If yes, agency:** _____

Prior mental health treatment? Y N **If yes, agency:** _____

Diagnosis: _____

Have you previously been prescribed medication? Y N **If yes, please list:**

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

Prior substance abuse treatment? Y N **If yes, agency:** _____

Client waiver information:

1. I wish to apply to the Tulsa County Drug/DUI Court Program.

Date: _____

Defendant/Client signature

*Please return this form via fax to: (918)-596-5402 Attn: Judge Sarah Smith or
return to Alyssa Neal via inbox – 3rd floor.*