

Birmingham Municipal Adult drug Treatment Court Participant Application

IDENTIFYING INFORMATION

Name: _____ DOB: ____/____/____
(Last, First, M.I.)

Address: _____

Mailing address if different: _____

Length at current address: _____

Description of home: Apartment _____ House _____ Own _____ Rent _____

Currently living: Alone _____ Spouse/significant Other _____ Roommate _____ Parent (s) _____

Home Phone: () _____ Work Phone () _____

Cell Phone: () _____ SSN: _____

How would you describe yourself in ethnic term? _____

SUBSTANCE ABUSE HISTORY/TREATMENT:

Primary drug of Choice: _____ Age of first Use: _____ Frequency: _____

Amount: _____ Last Use: _____

Secondary drug of Choice: _____ Age of first Use: _____ Frequency: _____

Amount: _____ Last Use: _____

Other drug of abuse: _____

PROBLEMS RELATED TO SUBSTANCE ABUSE:

Have you ever experienced a blackout? (Yes/no)

Have you noticed an increase or decrease in tolerance to achieve desired effect? (Yes/no)

Have you ever taken a substance in larger amounts over a longer period than what was intended: (Yes/no)

Have you every experienced withdrawal symptoms? (Yes/no)

Have you ever spent a great deal of time in activities necessary to obtain the substance or to recovery from its effects? (Yes/no)

Has there been a persistent desire or unsuccessful effort to cut down or control your substance use? (Yes/no)

Have you given up social, occupational, or recreational activities because of your substance use? (Yes/no)

Do you continue to use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused by the substance (e.g., continued drinking despite a medical warning that drinking would make a physical condition worse?) (Yes/no)

Have you ever had AODA treatment? _____ Yes No _____

Types of treatment and approximate date (s): _____

Have you ever used drugs intravenously? _____ Yes No _____

Have you ever attended AA/NA meetings: _____ Yes No _____

Have you ever had an AA/NA sponsor? _____ Yes No _____

Have you ever taken any type of medication to assist with your sobriety? (Antabuse, Saboxone, etc.)

Do you smoke? _____ Yes No _____

EDUCATIONAL HISTORY:

Level of Education: HS Diploma _____ GED _____ HSED _____ Year Completed _____

Vocational Degree _____ College Degree _____

Are you currently enrolled in any educational or skill development program? _____ Yes No _____

If yes, explain: _____

FINANCIAL STATUS & EMPLOYMENT HISTORY:

Do you receive any public assistance? _____ Yes No _____

General Relief? Yes _____ No _____

Social Security? Yes _____ No _____

SSI? _____ Yes _____ No _____

Other? _____ Yes _____ No _____ What _____

Are you currently employed? _____ Yes No _____

_____ Fulltime (35 hours or more a week) Current Job Site _____

_____ Part Time (18 -35 hours a week) Current Job Site _____

_____ Sporadic (17 hrs or less a week) Current Job Site _____

Length of employment at current job? _____

Health Insurance? Yes _____ No _____

Salary/Wage: Hourly _____ Monthly _____ Yearly _____

Monthly Expenses:

Rent/mortgage _____ Student loans _____ Credit Cards _____

Utilities _____ Phone _____ Cable/Internet _____

Loans _____ Child Care _____ Child Support _____

Food _____ Restitution/fines _____ Rent to own items _____

Total Monthly bills _____

Do you have a valid driver's license? Yes _____ No _____

MILITARY HISTORY:

Branch of Service: _____ Highest Rand Achieved: _____

Length of Service: _____ Discharge Type: _____

FAMILY & SOCIAL HISTORY:

Father's Name: _____ Phone No.: () _____

Address: _____

Mother's Name: _____ Phone No.: () _____

Address: _____

Step-father's Name: _____

Address: _____

Sibling (s) Name and Locations:

Relationships with family or origin: Positive _____ Negative _____

Have you discussed the option of participating in Drug Court with any family members? Yes _____ No _____

Explain: _____

Family History of Alcoholism/Drug Addiction: _____

Current Status:

Single _____ Married _____ Divorced _____ Separated _____ Widowed _____

Name of spouse or significant other: _____ DOB: ____/____/____

Length of marriage/relationship: _____

Do you have any children? _____ Yes No _____ Living with you? Yes _____ No _____

Children's names, ages and living situation

Name: _____ Age: _____ Living: _____

Name: _____ Age: _____ Living: _____

Name: _____ Age: _____ Living: _____

Name: _____ Age: _____ Living: _____

LEGAL HISTORY:

Do you have any existing warrants or pending charges that are outside of City of Birmingham? (Yes/no)

If yes, explain: _____

Do you have any prior convictions for violent crimes and/or convictions involving a weapon? (Yes/no)

If yes, explain: _____

What legal charge(s) have brought you to be referred to Drug Court? _____

PHYSICAL/MENTAL HEALTH:

Please list any current mental health diagnosis: _____

Treating Psychiatrist: _____ Agency: _____

Phone No.: () _____

Medications:

Side Effects:

Please list any current physical problems:

Treating Doctor: _____ Agency: _____ Phone No., () _____

Do you have any allergies? _____

Do you have any form of communicable diseases: (Hepatitis C, HIV, etc?)

Have you been hospitalized in the last year: Yes _____ No _____ Date (s) _____

History of suicidal ideations (threats/attempts/hospitalizations)? Yes _____ No _____ Year (s) _____

Please explain: _____

History of homicidal ideations (threats/attempts)? Yes _____ No _____ Year (s) _____

Please explain: _____

Strengths (List what you believe your strength to be): _____

Weaknesses (List what you believe your weaknesses are): _____

Leisure/Interests (List what you enjoy doing in your leisure time): _____

Are there any un-resolved issues that you feel contribute to your alcohol /chemical use?

MOTIVATION:

Please explain why you want to be involved in Drug Court: _____

FOR STAFF USE ONLY:

AODA Treatment Services Needed: _____

Other Services: _____

Motivation for Change: _____

Insight into severity of problem: _____