

***Do not file with Clerk of Courts- file this application with the Specialty Courts Office, 3rd Floor, General Services Center, 315 High Street, Hamilton, OH 45011**

**REFERRAL TO SAMI COURT, DRUG COURT (C.D.A.T.),
OR FELONY NON-SUPPORT DOCKET (FNS)**

Defendant's Name: _____ **Date:** _____

Case # ('s): _____/_____

Charges and Degree F/M (w/level): _____

Next Court Date: _____ **Court/ Judge:** _____

DOB: _____ **SSN:** _____

Defendant's Attorney: _____

Defendant's Address (City / State): _____

Defendant's Phone #: _____

#1 Drug of Choice: _____ **How much/ how often:** _____ **Date last used:** _____

#2 Drug of Choice: _____ **How much/ how often:** _____ **Date last used:** _____

Current / Previous Drug and/or Alcohol treatment (i.e. inpatient, residential, outpatient, major withdrawal history, AA/NA involvement, etc.):

CHECK WHICH COURT(S) APPLYING FOR:

Drug Court -

Court of Original Jurisdiction: _____

Arresting Officer: _____

Client's signature granting permission for the Adult Probation Department to begin a pre-sentence investigation to help determine the defendant's final eligibility for the C.D.A.T. program. It is understood that no questions will be asked by the Adult Probation Department concerning the charges in this case.

Defendant's Signature

Date:

SAMI Court -

Does the defendant have a mental health history including any of the following (circle all that apply): multiple hospitalizations, taking medications, guardianship, non-compliance with treatment, not taking medications, involuntary hospitalizations, community probate, suicide attempt(s)? Yes / No

Mental Health Agency: _____ **Psychiatrist:** _____

Mental Health Diagnosis: _____

Felony Non-Support Court -

Does the defendant have a current support order (not arrears only)? Yes / No

Referral Source: _____