

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

**APPLICATION TO SAMI COURT, DRUG COURT (CDAT),
OR VETERANS TREATMENT COURT (VTC)**

Offender's Name: _____ Date: _____
Case # (s): _____, _____, _____
Charges and Degree F/M (w/level): _____ Next Court Date: _____
Trial Court Judge: _____ DOB: _____ SSN: _____
Defense Attorney: _____ Offender's Phone #: _____
Offender's Address (City/State): _____
Current/Previous Drug and/or Alcohol Treatment (i.e. inpatient, residential, outpatient, etc.): _____

CHECK WHICH COURT(S) APPLYING FOR:

Drug Court: If the offender has filed a Motion for Intervention in Lieu of Conviction with the Butler County Clerk of Courts, in order for a pre-sentence investigation and substance abuse assessment to be completed, a signature by the Trial Court Judge is needed to acknowledge that he/she has been informed of said motion; and that the offender is to be assessed for the Butler County CDAT Program.

Trial Judge Signature _____ Date: _____

The offender's signature is also needed to grant permission for the Adult Probation Department to begin a pre-sentence investigation to help determine the offender's final eligibility for the Butler County CDAT Program.

Offender's Signature _____ Date: _____

SAMI Court: Does the offender 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: _____

Veterans Treatment Court: Does the offender have a mental health and/or substance abuse 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

Branch of Service: _____ Mental Health Diagnosis (if applicable): _____

If the offender has filed a Motion for Intervention in Lieu of Conviction with the Butler County Clerk of Courts, in order for a pre-sentence investigation and a Veterans Treatment Court assessment to be completed, a signature by the Trial Court Judge is needed to acknowledge that he/she has been informed of said motion; and that the offender is to be assessed for the Butler County Veterans Treatment Court Program.

Trial Judge Signature _____ Date: _____

The offender's signature is also needed to grant permission for the Adult Probation Department to begin a pre-sentence investigation to help determine the offender's final eligibility for the Butler County VTC Program.

Offender's Signature _____ Date: _____

Referral Source Signature: _____