Tulsa County Alternative Court Programs

Drug - DUI - Veterans - Mental Health Court Referral Form

Client Information

Full Legal Name: _____
AKA: _____Phone Number _____
SSN:_____ DOB: _____ M/F:_____
Race:_____
Street Address: _____ City: _____
State: _____Zip:_____
Lives With/Relationship: _____
Emergency Contact/Relationship:_____

Criminal Information

Do you have an attorney? _____Y _____N
Private or Public Defender? _____
Case Number/s :_____ _____ _____ _____
Have your ever been arrested for a violent felony and/or sex crime? _____Y _____N
Does anyone have a protective order against you? _____Y _____N
Are you currently on probation or parole? _____Y _____N
If yes, Probation/Parole Office's name:_____

Substance Abuse/Mental Health

Are you receiving substance abuse treatment now? _____Y _____N If yes, Agency:_____
Have you received prior substance abuse treatment? _____Y _____N If yes, Agency:_____
Are you receiving mental health treatment now? _____Y _____N If yes, Agency: _____
Have you received prior mental health treatment? _____Y _____N If yes, Agency: _____
Do you have a mental health diagnosis? _____Y _____N If yes, diagnosis:_____
Have you previously been prescribed medication? ____Y ____N
If yes, please list: 1. _____ 4. _____
2._____ 5. _____
3._____ 6. _____

Military Service

Are you or have you ever served in the United States Military? _____Y _____N
If yes, branch and length of service: _____

Client Waiver Information
I wish to apply to the Tulsa County Drug/Dui/Veterans/Mental Health Court:

Signature_____ Date: _____

Please return the completed form to clerk in courtroom 329.
Check that the back of this form is signed.

Alternative Courts Programs
Tulsa County Drug and DUI Treatment Courts
Multi-Party Case Staffing's & Open Court Hearings Consent Form

I, _____, authorize
NAME OF PARTICIPANT

the Tulsa County Drug/DUI Court Team(s) to exchange information concerning my diagnosis, prognosis, attendance at required program activities, drug testing results, participation in groups and individual/group counseling sessions, progress on treatment goals, and supervision compliance.

I understand that the following persons or organizations may be represented at the Drug/DUI Court Case Staffing's:

Special Judge
Action Steps Counseling
Department of Corrections Supervision Officers
Center for Therapeutic Interventions
Drug/DUI and Veterans Court Coordinators
Family & Children's Services
Human Skills and Resources
Assistant District Attorney
Resonance
Public Defender
Counseling and Recovery Services
County Jail Diversion Staff
Court Clerk
Interns and Practicum Students
Department of Veterans Affairs
Tulsa County Court Services
Justice Link

The purpose of the disclosure authorized herein is to: permit the attendees at case staffing conferences to exchange information with one another concerning my case.

This disclosure authorization also permits information regarding my case to be shared in open court settings in which other participants and the general public will be aware of my attendance and participation in the Drug/DUI Court program.

I understand that federal rules prohibit individuals who are attending case staffing from making any further disclosure of the information shared during the staffing unless further disclosure is expressly permitted by my written consent or as otherwise permitted by 42 C.F.R. Part 2. The federal rules also restrict any use of the information shared in the case staffing to criminally investigate or prosecute any alcohol or drug abuse participant.

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows: After I have been discharged from the Drug Court or DUI Court program.

_____ _____

SIGNATURE OF PARTICIPANT DATE