

STATE OF MICHIGAN COUNTY OF JACKSON 4TH JUDICIAL CIRCUIT	JACKSON COUNTY CIRCUIT COURT RECOVERY COURT ELIGIBILITY SCREENING	Circuit Court Case No.
		Judge

PEOPLE OF THE STATE OF MICHIGAN

v

Defendant
Defense Counsel

**Attorney/Defendant: Fill in the first and second page information. Then forward to Joe Hankis, Recovery Court Coordinator or Rose Mary Heise, Case Manager.**

Address:	DOB:	Age:	Social Security Number:
	Home Phone:		Work Phone:
Candidate is: <input type="checkbox"/> Incarcerated <input type="checkbox"/> On bond			
Charge leading to Recovery Court Referral:		Sentence Guidelines:	
Has Participant been on probation before? <input type="checkbox"/> Yes <input type="checkbox"/> No		Successfully completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, where? _____			
Case(s) in other courts? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please describe:			
Describe any pending local charge(s):			

**OFFENSE HISTORY:**

Have you been convicted of criminal sexual conduct?     Yes     No

Are you now charged with (or in the past convicted of) a violent crime?     Yes     No    If yes, please explain: \_\_\_\_\_

Are you now charged with (or in the past convicted of) domestic violence?

Yes     No    If yes, please explain: \_\_\_\_\_

Are you now charged with OUIL during which someone died or suffered serious bodily injury?

Yes     No    If yes, please explain: \_\_\_\_\_

Did you have or possess a weapon or have a weapon in your control at the time of your arrest?  Yes  No

If yes, please explain: \_\_\_\_\_

(Required information, not used for disqualification)

**RACIAL/ETHNIC BACKGROUND:**

**GENDER:**

**MARITAL STATUS:**

Check all that apply:

- |   |  |                                 |                                   |                                    |
|---|--|---------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> African American       | <input type="checkbox"/> Hispanic        | <input type="checkbox"/> Male   | <input type="checkbox"/> Single   | <input type="checkbox"/> Separated |
| <input type="checkbox"/> Alaskan Native         | <input type="checkbox"/> Native American | <input type="checkbox"/> Female | <input type="checkbox"/> Married  | <input type="checkbox"/> Widowed   |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Other           |                                 | <input type="checkbox"/> Divorced | <input type="checkbox"/> Other     |
| <input type="checkbox"/> Caucasian              |  |                                 |                                   |                                    |

**EDUCATIONAL STATUS**

- |  |  |
|--|--|
| <input type="checkbox"/> No high school degree or GED  | <input type="checkbox"/> College degree      |
| <input type="checkbox"/> High school degree or GED     | <input type="checkbox"/> Post college degree |
| <input type="checkbox"/> Some college/post high school |  |

**SUBSTANCE ABUSE** Number of Years of Participant Drug Use at Time of Program Entry:

- |   |   |
|---|---|
| <input type="checkbox"/> Two – five years       | <input type="checkbox"/> Sixteen – twenty years |
| <input type="checkbox"/> Six – ten years        | <input type="checkbox"/> Over twenty years      |
| <input type="checkbox"/> Eleven – fifteen years |   |

**MEDICAL**

Do you have any current medical conditions?  Yes  No If yes, describe: \_\_\_\_\_

Are you on medications for medical conditions? If yes describe \_\_\_\_\_

If yes, are you able to participate in our program with these conditions?  Yes  No

Do you have any type of physical limitations?  Yes  No If yes, what? \_\_\_\_\_

If yes, are you able to participate in our program with this limitation(s)?  Yes  No

Have you ever been diagnosed with or treated for a serious mental health disorder?  Yes  No If yes, please describe: \_\_\_\_\_

Are you taking medication for this?  Yes  No If yes, what: \_\_\_\_\_

**MOTIVATION TO CHANGE**

Do you acknowledge that you abuse or are dependent on drugs or alcohol?  Yes  No

Are you willing to follow through on a 24 month intensive program, which includes substance abuse treatment, drug testing, regular reports to a probation officer, drug court sessions, education and employment?

- Yes  No

**TRANSPORTATION**

Do you have access to transportation for Drug Court sessions, treatment, and tests?  Yes  No

Please describe: \_\_\_\_\_

Do you have a valid driver's license?  Yes  No If no, please explain: \_\_\_\_\_

**PROSECUTOR'S CHECKLIST**

- The candidate is a resident of Jackson County.
- LEIN / NCIC checked.
- CCH checked.
- Court records checked.
- Police report reviewed
- Charge meets Recovery Court Eligibility criteria.
- The candidate is willing to complete the Program, is physically able to participate in the Program, and has access to transportation which allows him or her to attend Program requirements.

**Attach the Probation Sentencing Information Report (SIR) or PSI, if available**

\_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Approved, Defense Counsel

\_\_\_\_\_  
Approved, Assistant Prosecutor

Referral not approved by Prosecutor.

Referral approved by judge.

Referral not approved by judge.

\_\_\_\_\_  
Date