DISTRICT OF THE VIRGIN ISLANDS Reentry Court Screening Form

NAME		PACTS#:	DOB:/		
Current Address:		Pone #:			
Time at Current Address:	🗀 >6 mos.	🗀 <6 mos.	□ 1-2 yrs. □<3 yrs.		
Occupants:	Alone	Roommate	□ Family/significant other		
Is this an appropriate recovery	environment	🔲 Yes	□ No		

Comments:

Court	Sentencing Judge and Docket #:
Information:	

Instant Offense:			Sentence Date:/	/	
Custody:mos.	Supervision:	TSRyrs	Supervision Dates: Commences: Expiration:	_//	_////////
Financial SA Fine Restitution			Special Condition – List:		

Prior Noncompliance and Revocation Action:

Date:	Violation:	Court Action:

Prior Convictions (See PSR): Comments:

Prior treatment history and dates of attendance:

1	⊐ I/P	□ 0/Р		☐ 40 hr.	Self Help
			RDAP	вор	Groups
L					

Date last Pos. UA:	Confirmed Pos. for	r:	
In last 30 days: # of posit	tive UAs # of UA FTAs:	# of Counsel	ing FTAs:
Drug of Choice: 1 st Choic	ce 2 nd Choice		
Comments:			
Name of therap Diagnosis: Medications:	<u>h:</u> Utilizing mental health services ist/location		
 Employment Status			
Employer:	<u>Address:</u>	Phone#	Length of Employment Mos Yrs.
Aware of Supervision?	Reentry Court Supporter?	<u>Salary:</u>	Job Description:
Education: Grade Comp Medical Issues Requiring	eted:Currently in schoo Intervention:Yes No		

.

Please explain why person is a good candidate?

Referred by: _____

Date: _____

INITIAL SCREENING RESULTS

Approved	
Denied –Reason for denial:	

_____Other

(Name of PO), U.S. Probation Officer