

<b><u>NAME</u></b>	<b><u>PACTS#:</u></b>	<b>DOB:</b> <u>      </u> / <u>      </u> / <u>      </u>
<b><u>Current Address:</u></b>	<b><u>Pone #:</u></b>	

<b>Court Information:</b>	<b>Sentencing Judge and Docket #:</b>
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<b><u>Date:</u></b>	<b><u>Violation:</u></b>	<b><u>Court Action:</u></b>

<input type="checkbox"/> I/P	<input type="checkbox"/> IOP	<input type="checkbox"/> O/P	<input type="checkbox"/> 500 hr. RDAP	<input type="checkbox"/> 40 hr. BOP	<input type="checkbox"/> Self Help Groups
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Date last Pos. UA: \_\_\_\_\_ Confirmed Pos. for: \_\_\_\_\_

In last 30 days: # of positive UAs \_\_\_\_\_ # of UA FTAs: \_\_\_\_\_ # of Counseling FTAs: \_\_\_\_\_

Drug of Choice: 1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_

Comments: \_\_\_\_\_

**Emotional/Mental Health:** Utilizing mental health services? ☐ Yes ☐ No

Name of therapist/location \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Medications: \_\_\_\_\_

Comments: \_\_\_\_\_

**Employment Status**

<u>Employer:</u>	<u>Address:</u>	<u>Phone#</u>	<u>Length of Employment</u> ____ Mos. ____ Yrs.
<u>Aware of Supervision?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Reentry Court Supporter?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Salary:</u>	<u>Job Description:</u>

**Education:** Grade Completed: \_\_\_\_\_ Currently in school? ☐ Yes ☐ No

**Medical Issues Requiring Intervention:** ☐ Yes ☐ No List \_\_\_\_\_

**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

\_\_\_\_\_  
Date