Data Sheet for Drug Court Programs

Division of Public Safety Planning
1025 Northpark Drive
Ridgeland, MS 39157

Please Check: ☐ **Initial Application**

Section I- Court Information:

Court Name: _____

Address**:** _____

Phone Number:_____ Fax Number:_____

Drug Court Judge:_____

Section II- Drug Court Description: (choose all that apply)

Type of Drug court

☐ ADULT ☐YOUTH ☐FAMILY ☐FELONY ☐MISDEMEANOR ☐DUI/SOBRIETY

Stage of Court

☐ PLANNING ☐ OPERATIONAL (*give month and year began*) _____

Has this court received formal training in establishing a drug court? If answer is yes, please list who provided the training and when the training was provided.

☐ NO ☐ YES *(list)*

What is the length of the Program?

Who is allowed to participate in the drug court program? (*Check all that apply*):

□ ADULT MALES □ ADULT FEMALES
□ JUVENILES □ NON-VIOLENT OFFENDERS
□ FIRST-TIME OFFENDERS □ REPEAT OFFENDERS
□ PROBATION VIOLATORS □ PAROLE VIOLATORS
□OFFENDERS WITH A SUBSTANCE ADDICTION *(controlled or other)*

Please explain how participants are identified and referred to the drug court program:
_____
_____
_____
_____.

Please explain how participants are identified, assessed, and referred to the appropriate level of substance abuse treatment, as well as other essential services:
_____
_____
_____
_____.

Does the drug court have phases?
□ NO □ YES *(Explain below)*

PHASE	APPROXIMATELY HOW LONG?	PHASE	APPROXIMATELY HOW LONG?

Does the drug court have Aftercare Services or an Aftercare Phase available to participants?
□NO □YES (Explain below)

_____
_____
_____
_____.

Section III- Available Services: (choose all that apply)

- ☐ Detoxification
- ☐ Substance Abuse Residential
- ☐ Half-way House
- ☐ Intensive Outpatient
- ☐ Methadone Treatment (Medically Supervised)
- ☐ Relapse Prevention
- ☐ Individual Counseling
- ☐ Mental Health
- ☐ Day Treatment
- ☐ Job Training
- ☐ Childcare
- ☐ Primary Health/Dental Care
- ☐ Other Support Groups
- ☐ Cognitive Behavioral / Restructuring
- ☐ In-patient *(up to 28 days)*
- ☐ Probation Residential Services
- ☐ Three-quarter house
- ☐ Outpatient
- ☐ Early Recovery
- ☐ Group Counseling
- ☐ Family Therapy
- ☐ Day Reporting
- ☐ Academic/GED/Vocational
- ☐ Parenting Classes
- ☐ Housing
- ☐ AA/NA/CA
- ☐ Life Skills
- ☐ Other *(List)*_____