

Family Recovery Court Program Application

Cause Number(s): _____

DEMOGRAPHIC INFORMATION

Applicant's name: _____

Aliases (if any): _____

Charges (if any): _____

Address: _____

(STREET)

(CITY)

(STATE)

(ZIP)

Birth date: ____/____/____ Birthplace: _____ Height: _____ Weight: _____

Sex: M F Race: _____ Eye color: _____ Hair color: _____

Social Security #: _____ - _____ - _____ Identifying Marks, Tattoos: _____

DRIVING INFORMATION

Driver's License/State ID #: _____ Issuing State: _____

License Status: VALID SUSPENDED REVOKED
(Circle one)

Vehicle Make & Model: _____ Year: _____ Color: _____

FAMILY INFORMATION

Marital Status: _____ Name of Significant Other: _____

Children: Y N Child Support Obligation? Y N Amount: _____ Current? Y N

| Child's Name | Gender | Date of Birth | CHINS Cause # |
|--------------|--------|---------------|---------------|
|--------------|--------|---------------|---------------|

| | | | |
|-------|-------|-------|---|
| _____ | _____ | _____ | Full Custody Shared Custody No Custody Terminated |
|-------|-------|-------|---|

| | | | |
|-------|-------|-------|---|
| _____ | _____ | _____ | Full Custody Shared Custody No Custody Terminated |
|-------|-------|-------|---|

| | | | |
|-------|-------|-------|---|
| _____ | _____ | _____ | Full Custody Shared Custody No Custody Terminated |
|-------|-------|-------|---|

| | | | |
|-------|-------|-------|---|
| _____ | _____ | _____ | Full Custody Shared Custody No Custody Terminated |
|-------|-------|-------|---|

| | | | |
|-------|-------|-------|---|
| _____ | _____ | _____ | Full Custody Shared Custody No Custody Terminated |
|-------|-------|-------|---|

Other Family Resources (Please list name, relationship, and address):

Do you have a prior criminal record? Y N

If "YES" please list all prior offenses including traffic offenses:

| <i>DATE</i> | <i>PLACE</i> | <i>CHARGE(S)</i> | <i>RESOLUTION</i> |
|--------------------|---------------------|-------------------------|--------------------------|
| <hr/> | <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> | <hr/> |

EDUCATION, EMPLOYMENT, AND MILITARY SERVICE

Highest Level of Education Attained & Institution:

Present Employer:

| | | |
|--------|-----------|----------------|
| (Name) | (Address) | (Phone Number) |
|--------|-----------|----------------|

Previous Employer:

| | | |
|--------|-----------|----------------|
| (Name) | (Address) | (Phone Number) |
|--------|-----------|----------------|

Other Income Sources:

Private Health Insurance: Y N Public Health Insurance: Y N Insurer:

Military Service? Y N If "Yes" please indicate

| | |
|----------|--------------------|
| (Branch) | (Dates of Service) |
|----------|--------------------|

| | |
|----------------|-----------------------|
| <hr/> | <hr/> |
| (Highest Rank) | (Nature of Discharge) |

DRUG HISTORY

Drug(s) of choice, frequency of use):

Current and/or past Drug Treatment:

| DATES | PROVIDER | DISCHARGED SUCCESSFULLY? Y/N |
|-------|----------|------------------------------|
|-------|----------|------------------------------|

| | | |
|--|--|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Have you used Medication Assisted Treatment? Y N I don't know If "yes" name:

| |
|--|
| |
|--|

If you have been sober and relapsed, please identify relapse triggers:

| |
|--|
| |
| |

RULES AND RIGHTS.

By execution of this document, I understand and agree to the following:

_____ I understand that Family Recovery Court program is premised on open and honest communication, and I will be forthright in all of my communications with the Judge, all members of the Family Recovery Court team, and my treatment providers.

_____ I will not knowingly supply false information to any member of the Family Recovery Court Team.

_____ I will inform a member of the Family Recovery Court Team if I commit any infractions of Family Recovery Court rules and I will provide a full and truthful information about such infractions.

_____ I will report directly to the FRC as directed.

_____ I will reside at the address I provided to the FRC and I will not move without **prior approval** from the FRC and I will advise the FRC Coordinator as to any changes in my telephone number within twenty-four (24) hours.

_____ I will abide by the rules of this program, and I will abide by the laws of any jurisdiction where I am present. If I am arrested, questioned, or stopped by law enforcement for any reason, I will advise the FRC Coordinator within forty-eight (48) hours.

_____ I will authorize the Family Recovery Court Team to obtain information necessary to my treatment and participation in the program and complete any documentation necessary for said authorization.

_____ I will attend all scheduled appointments as required, and I will arrive on time. I understand that late appearances and missed appointments constitute program violations.

_____ I understand and agree that the primary purpose of my participation in this program is recovery and for my child(ren), and I will dedicate myself to my recovery and child(ren), and be honest about it.

_____ I will dress appropriately for all court appearances. If I have questions about appropriate attire, I will ask the FRC Coordinator or another member of the Family Recovery Court team.

_____ I will not leave Jennings County without prior approval from the FRC.

_____ As directed, I will maintain employment and notify the FRC Coordinator within seventy-two (72) hours if I lose my job. If I am not employed, I will seek employment unless I am unable to do so (as supported by documentation). If directed to attend employment counseling or educational programming, including GED/HSE classes, I agree to do so.

_____ I will obtain permission before voluntarily changing my employment.

_____ I will abide by all Family Recovery Court policies, procedures, and program requirements.

_____ I understand the 5-phase Family Recovery Court structure and agree to abide by the requirements thereof.

_____ I understand that phase advancement is dependent upon my successful attainment of phase goals.

_____ I understand if I fail to attain the goals of the program, I will be subject to sanctions, including but not limited to program discharge.

_____ I will attend and participate in all referred treatment until discharge.

_____ I will support my dependents as required.

_____ I will refrain from the use of alcohol, and the use, unlawful possession, or sale of illegal drugs, or any drug that is not prescribed to me.

_____ I will advise my medical providers that I am in recovery verbally and I will provide all discharge summaries, treatment instructions, and other medical documentation to the FRC Coordinator or other Family Recovery Court team as requested.

_____ I will submit to random drug screenings as directed.

_____ I understand I cannot own or possess any weapon or firearm during my participation in the program.

_____ I will refrain from any assaultive or threatening behavior towards others while I am in the program.

_____ Although friendships between and among Family Recovery Court participants are a natural result of participation in the program, I understand that the primary goal of my Family Recovery Court participation is my child(ren) and my recovery. For that reason, I agree that while I am a Family Recovery Court participant, I will refrain from engaging in intimate relationships with other Family Recovery Court participants. I will refrain from engaging in any activity with other Family Recovery Court participants that is expressly prohibited by the Family Recovery Court, and I will refrain from contact that although not expressly prohibited, is likely to jeopardize my recovery and success.

_____ I understand that Family Recovery Court rules and requirements may change from time to time, and I agree to abide by all directives of the Family Recovery Court program not expressly set forth herein.

Applicant Name (Printed)

Applicant Signature

Date