

REQUEST FOR SCREENING FOR ADULT DRUG COURT**

Defendant must have a STABLE residence in HERNANDO COUNTY.

Date of Request: _____ Attorney: _____

DEFENDANT IN CUSTODY: _____ YES; _____ NO

Defendant's Name: _____ DOB: _____ SSN: _____

Judge/Docket: _____ Next Court Date: _____

Case Number(s): _____ Charges: _____

Scoresheet Points (if available): _____

HERNANDO County address: _____

Name of Adult Contact at residence:

Phone Number(s)

Names of Other People Defendant will reside with:

Telephone/Cell Phone Nos.

Drug(s) of Choice:

Length of Addiction:

Current MEDICATIONS: _____

(Defendants currently on Methadone Maintenance or Suboxone are not eligible.)

Any Pending OPEN charges in other counties? YES _____ NO _____

If "YES" please list:

CHARGE(S):

COUNTY:

NOTES: _____

Copy sent to: () State Attorney () Drug Court Coordinator

****REQUIREMENT:** There is a \$250.00 non-refundable, prepayment of program fee required, or 50 hours of Community Service (at a monitored and approved DOC site) within 30 days of signing the Waiver and Plea Agreement. Failure to complete Community Service hours may cause sentencing. Completion of Community Service hours does not go toward a reduction in the program fee, which will remain \$1,835.00, plus any additional sanction fees.