



**STATE OF FLORIDA**  
**FIFTH JUDICIAL CIRCUIT**  
**ADMINISTRATIVE OFFICE OF THE COURTS**  
 CITRUS, HERNANDO, LAKE, MARION, AND SUMTER  
 COUNTIES



**APPLICATION FOR ADULT DRUG COURT**

Date of Request: \_\_\_\_\_ Attorney: \_\_\_\_\_

Defendant's Name: \_\_\_\_\_ Defendant in Custody: \_\_\_\_\_

DOB: \_\_\_\_\_ Age at Screening: \_\_\_\_\_ SSN: \_\_\_\_\_

Defendant's Email Address: \_\_\_\_\_

Defendant's Phone Number: \_\_\_\_\_

**HERNANDO** County address: \_\_\_\_\_

Name of Adult Contact at residence: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Names and ages of other people defendant will reside with:  
 \_\_\_\_\_

Scoresheet Points (if available): \_\_\_\_\_ Judge/Docket: \_\_\_\_\_ Next Court Date: \_\_\_\_\_

Case Number(s): \_\_\_\_\_ Charges: \_\_\_\_\_

Any Pending OPEN charges in other counties? \_\_\_\_\_

If "YES" please list charge(s) AND county: \_\_\_\_\_

Does Defendant have health insurance?  Yes, Private  Yes, Medicaid  Yes, Medicare  No, Uninsured

Drug(s) of Choice: \_\_\_\_\_

Length of Addiction: \_\_\_\_\_

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

NOTES: \_\_\_\_\_

Copy sent to:  State Attorney  Drug Court Coordinator  
 Check if Received:  Application  Dispo  \$250