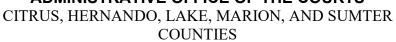


STATE OF FLORIDA FIFTH JUDICIAL CIRCUIT

ADMINISTRATIVE OFFICE OF THE COURTS





APPLICATION FOR PRISON DIVERSION DRUG COURT

Date of Request:	Attorney:	
Defendant's Name:	Defendant	in Custody:
DOB: Age at Scree	ening:	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	t will reside with:	
Scoresheet Points (if available):	Judge/Docket:	Next Court Date:
Case Number(s):	Charges:	
Any Pending OPEN charges in other cour	ties?	
If "YES" please list charge(s) AND county	y:	
Does Defendant have health insurance? □	Yes, Private □Yes, Med	icaid □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