



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



APPLICATION FOR PRISON DIVERSION 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