

KOOTENAI COUNTY TREATMENT COURT REFERRAL/APPLICATION

Please email this completed form along with any collateral to: txcourtferrals@kcgov.us

Client Name:
Referral Date:
Case Number (s)
Date of Birth:
Phone Number (s)
Attorney Making Request:
Judge / Next Hearing Date:
Resident of KC (Y/N) <i>Must be resident of KC, verified address of residence</i> _____
Describe current housing situation or plan for stable housing:
In / Out of Custody
Most Recent LSI Score (last 12 months)
PSI or Substance Abuse Assessment recently completed? Y/N
Veteran? Y/N
Probation Officer:
Any mental health diagnosis or prior hospitalizations? Taking psychotropic medication?
Brief Explanation as to why you are referring and to which Treatment Court Program? <input type="checkbox"/> Mental Health Court <input type="checkbox"/> Drug Court <input type="checkbox"/> Veterans Court <input type="checkbox"/> DUI Court
Other Pending Holds and/or Parole Violation(s)
Has the State made an offer? (Include offer if this is a Track 1)
Valid DL / Access to Transportation Y/N
Funding Source (Medicaid) / Active or Not Active
Medicaid #

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REQUEST TO BE SCREENED

I understand I have to be a resident of Kootenai County in order to participant in Kootenai County Drug Court. Set forth the address you are residing at or the address that you will reside at once you are released from custody:

_____ I am not *currently charged (in any State)* with a felony crime of violence or a felony crime for which it is alleged I used either a firearm or a deadly weapon or instrument.

_____ I have not pled, been adjudicated, or found guilty of a felony crime of violence or a felony crime in which I used either a firearm or a deadly weapon or instrument in the State of Idaho or any other State.

IF YOU ANSWER YES TO ANY OF THE ABOVE, PLEASE LIST BELOW THE STATE(S) IN WHICH THE OFFENSE TOOK PLACE AND APPROXIMATE DATE OF THE OFFENSE:

Case Number(s):

Charge(s):

_____ I am not currently charged with, nor have I pled or been found guilty of, a felony in which the person committed, attempted to commit, conspired to commit, or intended to commit a sex offense, in the State of Idaho or any other State.

Name: _____

Date: _____

Attorney: _____

Date: _____