

HOWARD COUNTY PROBLEM SOLVING COURTS

Available Problem Solving Court Programs

Drug Court-

The Howard County Superior Court I Adult Drug Court Program is committed to providing non-violent drug offenders access to intense treatment services in order to break the cycle of drug addiction and crime. Applicants must not have any open warrants, prior convictions for rape, child molestation, murder or criminal confinement. Applicants must be willing to comply with court ordered treatment, have the physical ability to participate, meet criteria for substance use disorder and have the ability to pay the program fees within the time frame of the program. The Drug Court Program takes between 12 and 36 months to complete depending on performance. The program has multiple avenues of entry for pre-conviction and post-conviction clients meeting eligibility criteria.

Mental Health Court-

The Howard County Mental Health Court Program is committed to providing criminal justice involved individuals suffering from mental illness access to intense treatment services in order to break the cycle of mental illness and crime. Applicants must not have any open warrants, prior convictions for rape, child molestation, murder or criminal confinement. Applicants must be willing to comply with court ordered treatment, have the physical ability to participate, meet criteria for a non-psychotic mental health disorder and have the willingness to pay the program fees within the time frame of the program. The Mental Health Program takes between 12 and 36 months to complete depending on performance. The program has multiple avenues of entry for pre-conviction and post-conviction clients meeting eligibility criteria.

Re-Entry Court-

The Howard County Reentry Program is designed to assist eligible offenders returning from incarceration with transitioning back into the community successfully. The Re-Entry Court program is a post-conviction program ordered as a condition of community supervision. The Re-Entry program may be entered through a request for a sentence modification or as a result of violation of community supervision. The Re-Entry Court Program takes between 12 and 36 months to complete depending on performance.

Veterans Treatment Court-

The Howard County Veterans Treatment Court Program is committed to providing eligible veterans access to intense treatment services in order to address mental health and drug addiction issues stemming from or related to participation in the United States Armed Forces. Applicants must not have any open warrants, prior convictions for rape, child molestation, murder or criminal confinement. Applicants must serve or have served in the United States Armed Forces, be willing to comply with court ordered treatment, have the physical ability to participate, meet criteria for substance use disorder and/or a non-psychotic mental health disorder and have the ability to pay the program fees within the time frame of the program. The Veterans Treatment Court Program takes between 12 and 36 months to complete depending on performance.

Program requirements-

The Howard County Problem Solving Courts have 4 phases and common responses to positive and negative behaviors. The program phases are as follows:

Phase 1- daily contact with case manager, follow all housing/ treatment/ educational/ occupational recommendations, urine drug screens at least 2 times per week, attend self-help/ mentoring meetings 2 times per week or as directed, and attend weekly court sessions

Phase 2- successful completion of phase 1, contact with case manager at least 3 times per week, follow all housing/ treatment/ educational/ occupational recommendations, urine drug screens at least 2 times per week or as directed, attend self-help/ mentoring meetings as ordered, and attend biweekly court sessions

Phase 3- successful completion of phase 2, contact with case manager at least 1 time per week, follow all housing/ treatment/ educational/ occupational recommendations, urine drug screens at least 2 times per week or as directed, attend self-help/ mentoring meetings as ordered, and attend monthly court sessions

Phase 4- successfully complete Phase III, participate in a reassessment interview submitting to the Indiana Risk Assessment System. Appearance at three month review and graduation, after a minimum participation period of twelve (12) months

II: PRIOR LEGAL HISTORY: *Please include all pending charges, as well as convictions in other counties or states.*

Juvenile History: _____

Adult History: _____

Gang Affiliation (If any):

Why do you want to participate in a problem solving court?

BROTHERS / SISTERS

Name: _____

Address: _____

Street City State Zip

Date of Birth: _____

Name: _____

Address: _____

Street City State Zip

Date of Birth: _____

Name: _____

Address: _____

Street City State Zip

Date of Birth: _____

Name: _____

Address: _____

Street City State Zip

Date of Birth: _____

Name: _____

Address: _____

Street City State Zip

Date of Birth: _____

MARITAL INFORMATION *Please continue on a separate sheet of paper if not enough room*

Single Married Divorced Widowed Separated

Date of most recent marriage: _____ Number of times married: _____

Spouse/Other: _____

Address (If different from yours): _____

Street

City: _____ State: _____ Zip: _____

Phone: _____

Number of Dependent Children: _____

Children:

Name: _____ Date of Birth _____ Gender: _____

Address: _____

Street

City

State

Zip

Child lives with (Name) _____ (Relation) _____

Amount of Court Ordered Support: \$ _____

Name: _____ Date of Birth _____ Gender: _____

Address: _____

Street

City

State

Zip

Child lives with (Name) _____ (Relation) _____

Amount of Court Ordered Support: \$ _____

Name: _____ Date of Birth _____ Gender: _____

Address: _____

Street

City

State

Zip

Child lives with (Name) _____ (Relation) _____

Amount of Court Ordered Support: \$ _____

Name: _____ Date of Birth _____ Gender: _____

Address: _____

Street

City

State

Zip

Child lives with (Name) _____ (Relation) _____

Amount of Court Ordered Support: \$ _____

Name: _____ Date of Birth _____ Gender: _____

Address: _____

Street

City

State

Zip

Child lives with (Name) _____ (Relation) _____

Amount of Court Ordered Support: \$ _____

EDUCATION:

High School: _____ Grade Completed _____

Did you graduate? YES NO

If so, What year? _____

Other high schools attended and grades completed: _____

GED (General Equivalency Diploma): YES NO Year Completed: _____

College / Vocational School: _____ Years Attended _____

Degrees obtained: _____

Are you currently enrolled in school? YES NO

EMPLOYMENT STATUS: (Check what ever applies)

Full Time _____ Part Time _____ Unemployed _____ Retired _____ Disabled _____

Current employer: _____

Address: _____

Street City State Zip

Occupation / Title: _____ Hire Date: _____

Hourly Wage / Salary: \$ _____ Annual Income: \$ _____

Most Recent Previous Employment

Name: _____ Occupation / Title _____

Dates of employment: _____ to _____

Reason for leaving: _____

Name: _____ Occupation / Title _____

Dates of employment: _____ to _____

Reason for leaving: _____

Name: _____ Occupation / Title _____

Dates of employment: _____ to _____

Reason for leaving: _____

FINANCIAL STATUS: Sources of Income (check all that apply)

____ Salary from Job ____ Social Security ____ SSI ____ WIC Vouchers ____ Disability

____ Section 8 Housing ____ Title 20 ____ Child Support ____ Food Stamps ____ AFDC

____ Retirement / Pension ____ Other _____

Your Monthly Income (Approximate): \$ _____

Spouse / Partner Monthly Income: \$ _____

Other (Public assistance, trust fund, etc): \$ _____

Estimated total amount of your average monthly living expenses: \$ _____

Military Status

Did you ever serve in the U.S. Armed Forces? Yes: _____ No: _____

Did you ever serve in the U.S. National Guard or Reserves? Yes: _____ No: _____

In what Branch(es) of the Armed Forces did you serve?
Guard or Reserve)

Army (including Army National

Navy (including Reserve)

Marine Corps (including Reserve)

Air Force (including Air National

Guard or Reserve)

Coast Guard (including Reserve)

Other – Specify _____

Highest rank: _____

When did you first enter the Armed Forces? Month: _____ Year: _____

When were you last discharged? Month: _____ Year: _____

Altogether, how much time did you serve in the Armed Forces? # of Years: _____

of Months: _____

of Days: _____

What type of Discharge did you receive:

- Honorable
- General (Honorable Conditions)
- General (Without Honorable Conditions)
- Other than Honorable
- Bad Conduct
- Dishonorable
- Other – specify _____
- Don't Know

Disciplinary actions: _____

Have you ever received services at the VA Hospital? Yes: _____ No: _____

VA eligible: ___No ___Yes

DD214: ___No ___Yes

HEALTH

A. Physical:

Please rate your current physical health: Excellent Good Fair Poor
 Have you applied for Social Security or Social Security Disability _____
 Family Doctor: _____
 Any current medical problems or conditions? _____

Allergies to medication or otherwise? _____

Any Prescriptions? YES NO (Please list if yes) _____

Please circle if you have experienced or currently have the following conditions:

High blood pressure	Heart problems	Liver Problems
Hepatitis	Diabetes	Tuberculosis

B. Mental:

Have you ever had contact with a counseling service or mental health center? YES NO
 If YES, where / when? _____

Have you been in under stress or pressure recently? YES NO

If yes, please describe: _____

Was there any mental illness in your family of origin? YES NO

If yes, describe: _____

Have you received a mental health diagnosis? YES NO

If yes, describe: _____

What medications are you currently taking for your mental health _____

Have you ever attempted to commit suicide? YES NO

If yes, describe: _____

Do you feel that you have psychiatric problems at this time? YES NO

Have you suffered any of the following?

Severe anxiety / panic attacks	YES	NO	UNSURE
Depression lasting more than 2 weeks	YES	NO	UNSURE
Thoughts of suicide	YES	NO	UNSURE
Attempts of suicide	YES	NO	UNSURE
Temper problems	YES	NO	UNSURE
Anger outbursts	YES	NO	UNSURE
Sleep disturbances	YES	NO	UNSURE
Long periods of fatigue	YES	NO	UNSURE
Unplanned weight changes	YES	NO	UNSURE
Homicidal thoughts.	YES	NO	UNSURE
Tendencies toward violence	YES	NO	UNSURE
Decreased concentration.....	YES	NO	UNSURE
Decreased motivation.....	YES	NO	UNSURE
Decreased energy.....	YES	NO	UNSURE

C. ALCOHOL / SUBSTANCE ABUSE INFORMATION:

a. Alcohol

Age at first use of Alcohol: _____ Type used: _____

Did you become intoxicated? YES NO UNSURE

Age at which alcohol use became a regular activity: _____

What type of alcohol do you prefer?: _____

How many times per week do you drink alcohol? _____

How many drinks do you typically consume when you drink? _____

How many drinks does it take for you to feel an effect from alcohol? _____

Have you noticed an increase in the amount it takes for you to feel an effect?

YES NO UNSURE

Why do you drink? (circle all that apply)

Social obligations Relaxation To fit in Stress
To forget problems To be outgoing Other: _____

Date of last alcohol consumption: _____ Number of drinks _____
Did you become intoxicated? YES NO UNSURE

Have you had any alcohol in the last 48 hours? YES NO The last 24 hours? YES NO

Has there been a significant period of time that you have ever gone without drinking? YES
NO

When? _____
Why? _____

Have you ever been told, or do you believe that you have a problem with alcohol?
YES NO UNSURE

How do you consider yourself currently? (Check all that apply)

____ A non-drinker ____ A social drinker ____ A moderate drinker
____ An occasional problem drinker ____ A heavy drinker ____ An alcoholic

Have you ever had to take Antabuse? YES NO

Have you ever attended Alcoholics Anonymous meetings? YES NO

Are you currently, or have you ever been in any kind of alcohol treatment? YES NO

b. Substance Abuse

Substance	Check if EVER used	Age at first used	Method of use	How often used (per month)	When did you LAST use this drug	Currently using?
LSD / Acid						
PCP / Angel Dust						
Hashish						
Marijuana / Pot						

Mescaline						
Peyote						
Psilocybin / Mushrooms						
Amphetamines / Speed						
Ecstasy						
Cocaine / Crack						
Methamphetamine / Methedrine						
Methicathinone (CAT)						
Nicotine						
Dilaudid						
Librium						
Placydil						
Prelud						
Quaaludes						
Secanol / Barbiturates						
Valium						
Darvon / Darvocet						
Amyl Nitrate						
Gasoline						
Glue / paint / other inhalants (huffing)						
Nitrous Oxide						
Codeine						
Demerol / Talwin / Morphine						
Heroin						
Methadone						
Oxycontin						
Opium						
Other						

If you were to submit to a Urine Drug Screen today, would you test positive for anything? YES NO

If YES, what? _____

Have you used any prescription or non prescription drugs in the last 48 hours? YES NO

If YES, what? _____

What is your drug of choice? _____

- 1) Do you use larger amounts than you intend to for the occasion sometimes? _____
- 2) Have you made persistent unsuccessful efforts to control your drug/ alcohol use? _____
- 3) Do you spend a lot of time obtaining, using, and then recovering from drug/ alcohol use? _____

- 4) Do you experience cravings or do you have a strong desire to use? _____
- 5) Do you fail to fulfill your normal role obligations due to your drug use? _____
- 6) Do you continue to use drugs despite experiencing social problems? _____
- 7) Do you neglect or stop participating in important activities due to your drug use? _____
- 8) Do you regularly use drugs and then put yourself into hazardous situations under the influence? _____
- 9) Do you continue to use drugs/ alcohol despite experiencing physical and/or psychological problems? _____
- 10) Do you use more now in order to obtain the same/similar buzz or high, compared to when you first started using? [tolerance] _____
- 11) Do you experience shakes or (delirium tremens) following drug use? [withdrawal] _____

TREATMENT / COUNSELING EFFORTS:

Have you, at any time, thought about pursuing treatment / counseling for your alcohol and / or drug abuse problem? YES NO

If YES, did you follow through with it? YES NO

If you have ever been in treatment, where was it and what kind of treatment?

Where? What type of program? When? Did you complete it? Aftercare?

Do you feel your past treatment efforts have been effective? YES NO UNSURE

Do you feel you are currently in need of treatment? YES NO UNSURE

If referred to an alcohol or substance abuse treatment program, would you be willing to complete it? YES NO UNSURE

Criminal Justice Consent for Release of Confidential Information

I, _____, _____, hereby consent
Participant name Date of birth

to reciprocal communication between the indicated Howard County Problem- Solving Court Team which includes: **the Judge, the Problem solving court Coordinator, the assigned Prosecutor, the assigned Public Defender, the assigned Case Manager, the assigned Probation Officer , the assigned Community Corrections Officer, assigned Community Howard Behavioral Health representative, assigned St. Joseph/Trinity representative, the Center Township Trustee representative, assigned Kokomo Police Officer AND the following individuals/agencies:**

___ Open Arms ___ Kokomo Rescue Mission ___ Gilead House ___ Veterans Justice Outreach Coordinator

___ VA Northern Indiana Health Care System ___ Veteran Services Officer ___ Other Treatment _____

___ Veteran Court Mentor Coordinator

The purpose of this disclosure and need for the disclosure is to inform the above named parties of my eligibility and/or acceptability for substance abuse treatment services and my treatment attendance, prognosis, compliance, and progress in accordance with the drug court monitoring criteria.

The extent of necessary information to be disclosed includes:

- | | |
|-----------------------------|------------------------------------|
| 1. Assessment | 6. Progress notes |
| 2. Attendance at treatment | 7. Treatment plan |
| 3. Prognosis | 8. Discharge plan |
| 4. Diagnosis | 9. Results of Drug/Alcohol Screens |
| 5. Probable Cause Affidavit | *10. _____ |

Disclosure of this confidential information may be only made as necessary for, and pertinent to, hearings and reports concerning case number(s) _____.

List all case numbers under which the participant is enrolled in the Problem solving court

I understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective termination of my involvement with the problem solving court for the above referenced case, such as the discontinuation of all court supervision upon my successful completion of all drug court requirements OR upon sentencing for violation of the terms of drug court.

I also understand that any disclosure made between the above named agencies or individuals is bound by Part 2 of Title 42 of the Code of Federal Regulations governing confidentiality of alcohol and drug abuse patient records and that recipients of this information may redisclose it only in connection with their official duties. I have received a copy of this signed form. **I understand that matters relating to my case and compliance will be discussed in open court.**

Date

Participant signature

Witness

Interpreter

A photocopy of this completed form shall be as valid as the original

*All blank lines must be crossed out or filled in at the time of signing

Howard County Problem- Solving Court
__Adult Drug Court __Re-Entry Court __Mental Health Court __Veterans Treatment Court
104 North Buckeye Street
Kokomo, IN 46901

General Consent for Release of Confidential Information

I, _____, _____, hereby
(Name of Client and Date of Birth) (Cause Number)

to reciprocal communication between the indicated Howard County Problem- Solving Court Team which includes: **the Judge, the Problem solving court Coordinator, the assigned Prosecutor, the assigned Public Defender, the assigned Case Manager, the assigned Probation Officer , the assigned Community Corrections Officer, assigned Community Howard Behavioral Health representative, assigned St. Joseph/Trinity representative, the Center Township Trustee representative, assigned Kokomo Police Officer AND the following individuals/agencies:**

___ Open Arms ___ Kokomo Rescue Mission ___ Gilead House ___ Veterans Justice Outreach
Coordinator

___ VA Northern Indiana Health Care System ___ Veteran Services Officer ___ Veteran Court Mentor
Coordinator

1. CPS Case worker _____ 3 .Employer _____ 5. Other
Treatment _____
2. Family Doctor _____ 4. Family member _____

The purpose and need for disclosure is to inform the above entities and the court of my attendance, progress, and attitude toward my evaluation and required treatment, education or both in accordance with the court program's monitoring requirement. The extent of necessary information to be disclosed includes:

Assessment	Progress Notes
Attendance	Service Contract/Treatment Plan
Prognosis	Discharge/Completion
Results of Drug/Alcohol Screen	_____

I may revoke this consent at any time, except where there has been action taken in reliance upon this release. I further understand that this consent will remain in effect until there has been a formal and effective termination of my involvement with the problem-solving court for the above referenced case(s), such as the discontinuation of all court supervision upon my successful completion of all drug court requirements OR upon my termination for violation of the terms of the problem solving court.

(1 of 2)

I understand that any disclosure made between the above named agencies or individuals is bound by 42 CFR 2, which is the Code of Federal Regulations governing confidentiality of substance abuse participants records, and that recipients of this information may re-disclose it only in connection with their official duties. I understand that matters regarding my case and compliance will be discussed in open court.

(Client Signature)

(Date)

(Staff Witness)

(Client date of birth)

(A photocopy of this completed form shall be as valid as the original)
(All blank lines must be filled in or crossed out at the time of signing)

Revised 3/18 (dd)

