

21st DISTRICT RECOVERY COURT APPLICATION

Date: _____

Demographic Information

Applicant's Full Name: _____ Sex: _____ Race: _____

Social Security #: _____ Date of Birth: _____ Tomis #: _____

Are you **IN** or **OUT** of Jail? (*Please circle one*) If **IN** jail, which county? _____

Most recent Address, City, Zip: _____

Phone #: _____

Emergency Contact (Name, Phone #, Relationship): _____

Legal Information

What are your current charges and docket numbers? _____

When & where is your pending court date? _____

Who is your Lawyer/Public Defender (Name, Phone #, Email)? _____

Who is the Judge & DA on your case? _____ DA agreeable? _____

Are you on State or County Probation? YES NO If YES, where? _____

List any holds in other counties (*continue on the back if needed*): _____

List any previous convictions (*continue on the back if needed*): _____

Additional Information

Do you have a recent history of substance abuse/dependence? YES NO (*Please circle answers*)

If YES, what is/are your substance(s) of choice? _____

Are you a military veteran? YES NO If YES, what branch? _____

Do you have a mental health diagnosis? YES NO Medications? YES NO

If YES, what have you been diagnosed with? _____

Do you have a history of mental health treatment (inpatient or outpatient)? YES NO

Please return to: Connie Martin 21st District Recovery Court 370 Natchez Street Franklin, TN 37064

Email: Connie.Martin@21stdc.org (615) 595-7868 ext. 2 Fax: (615) 595-2591

**** Please note that Recovery Court assessments are valid for 90 days, after which another assessment would be required to determine/confirm eligibility into Recovery Court****