Newaygo County Drug Court Program (NCDCP)
Eligibility Screening Form

Confidentiality Information

The information contained in this screening will be used for consideration by the Newaygo County Drug Court Program and will be kept confidential and only used for screening purposes. By completing the Eligibility Screening and submitting it for review, you are giving permission for the Newaygo County Drug Court Program to discuss your information.

General Information

Defendant/Candidate Name:	
Defendant/Candidate Address:	
DOB:	Age:
Social Security #: XXX-XX-	Email:
Primary Phone #:	Alternate Phone #:
Defense Counsel:	
Case Number:	
Candidate Referred by: ☐ Self ☐ Attorney ☐ Probation/Parole ☐ Court/Judicial	
Has Candidate previously participated in the NCDCP? ☐ Yes (Describe below) ☐ No	
If yes, did the Candidate successfully complete NCDCP? ☐ Yes (Describe below ☐ No	

Charge Information & Probationary Status

Candidate is: ☐ Incarcerated	☐ On Bond	
Charge Leading to Referral:	Offense Date:	
Has Candidate been on probation before?	☐ Yes	☐ No
If yes, was probation successfully completed?	☐ Yes	☐ No
If yes, where was the Candidate previously on probation?		
Is the Candidate on probation in another state or country?	☐ Yes	☐ No

Demographic Information

This information is required but is not considered for disqualifying candidates. Select all that apply.

Racial/Ethnic Background:

☐ African American	☐ Multiracial
☐ Asian	☐ Native American
☐ Caucasian	☐ Pacific Islander
☐ Hispanic	☐ Other:

Gender Identity:

☐ Female	☐ Non-Binary/Non-Conforming
☐ Male	☐ Transgender
☐ Other:	

Marital Status:

☐ Single	☐ Separated	☐ Widowed	☐ Divorced
☐ Married			

Educational Status:

☐ No high school diploma/GED	☐ Associate's degree
☐ High school diploma	☐ Bachelor's degree
☐ GED	☐ Advanced degree
☐ Some	☐ Vocational training

Employment Status:

☐ Employed full time	☐ Not in labor force
☐ Employed part-time	☐ Unemployed

Residential Status:

Living Situation:	☐ Independent	☐ Dependent	☐ Homeless
Number of times moved in last three years:			
Length of time at current address:			

Military Status:

Is/was candidate a member of the Armed Forces?	☐ Yes	☐ No
If yes, what branch:	If yes, dates of service:	
Discharge Reason:		

Offense History

Active Cases

Do you have active cases in other court jurisdictions? ☐ Yes (Describe below) ☐ No

Felony Convictions

Convicted of any felony/ies? ☐ Yes (Describe below) ☐ No		
Charge Type	Arrest Location	Year

Misdemeanor Convictions

Convicted of any misdemeanor/s? ☐ Yes (Describe below) ☐ No		
Charge Type	Arrest Location	Year

Offense Details

Have you been charged with/convicted of:

Criminal sexual conduct?	☐ Yes (Describe below)	☐ No
A violent crime?	☐ Yes (Describe below)	☐ No
Domestic violence?	☐ Yes (Describe below)	☐ No
OUIL causing death/serious bodily injury?	☐ Yes (Describe below)	☐ No
Possession of a weapon?	☐ Yes (Describe below)	☐ No

Medical/Mental Health History

Do you have current medical insurance? ☐ Yes (Describe below) ☐ No
Do you have current medical conditions? ☐ Yes (List below) ☐ No
Are you currently prescribed medications? ☐ Yes (List below) ☐ No
Are you, or have you ever been, prescribed Medication for Addiction Treatment? (would include Methadone, Suboxone, Vivitrol) ☐ Yes (Describe below) ☐ No
Have you ever been diagnosed with, or treated for, a mental health disorder? ☐ Yes (Describe below) ☐ No
Are you taking medications for a diagnosed mental health disorder? ☐ Yes (Describe below) ☐ No
Do you have any physical limitations that may impact your ability to participate? ☐ Yes (Describe below) ☐ No
Are you, or have you ever, used IV drugs? ☐ Yes (Describe below) ☐ No
What is your primary drug of choice?
What is your secondary drug of choice?

Substance Use Information

Please indicate below the substances you have used or are still using.

Substance	Yes	No	Age at 1st Use	Date of Last Use	Frequency/Amount of Use
Alcohol					
Cocaine					
Amphetamines					
Methamphetamines					
Designer Drugs					
Hallucinogens					
Heroin					
Inhalants					
Marijuana					
Other Opiate					
Barbiturates					
Benzodiazepines					
Codeine					
Tranquilizers					
Steroids					
Nicotine (Tobacco)					
Vaping					

Motivation for Change

Do you acknowledge that you abuse, or depend on, drugs? ☐ Yes ☐ No
Are you willing to participate in an intensive program, which includes substance abuse treatment, drug testing, regular reports to a drug court team, treatment, court sessions, community service, education and employment? ☐ Yes ☐ No

Barrier Information

Do you have access to housing? ☐ Yes ☐ No
Do you have sufficient income for your household? ☐ Yes ☐ No
Do you have a valid driver's license? ☐ Yes ☐ No Driver's license number:
Do you have access to transportation to complete program requirements? ☐ Yes ☐ No
Are there other barriers that would impact your participation in the NCDCP? ☐ Yes (Describe below) ☐ No

I have completed this screening truthfully and completely and understand that the information provided will be utilized to determine eligibility for the Newaygo County Drug Court Program:

_____ _____

Defendant/Candidate Signature Date

_____ _____

Defense Counsel Signature Date

Contact & Submission Information

If you have questions about this form, please call:

Wendy Jarvis – Coordinator/Administrator	231-689-7251

Please submit your completed screening:

In Person	1092 Newell St, White Cloud, MI 49349
By Mail	Newaygo County Drug Court Program ATTN: Wendy Jarvis PO BOX 885 White Cloud, MI 49349
By Email	drugcourt@newaygocountymi.gov
By Fax	231-689-7015

General Approval Process

Following the submission of this form, the Newaygo County Drug Court Coordinator will contact Newaygo County Probation/Parole and/or Newaygo County Community Mental Health for the preparation of assessments to determine suitability for the Newaygo County Drug Court Program.

After the assessments are completed, the assessments and this form will be provided to the Newaygo County Prosecuting Attorney's Office for review. The Newaygo County Prosecuting Attorney must approve all applicants for the Newaygo County Drug Court Program.

If an applicant is approved by the Newaygo County Prosecuting Attorney that approval and all applicant information will be provided to the Newaygo County Drug Court Treatment Team for a final determination of whether an applicant for the Newaygo County Drug Court will be approved.

If an applicant is approved the applicant and applicant's counsel will be contacted in writing and a Participant Orientation will be scheduled. During this Participant Orientation the applicant will be provided with the Newaygo County Drug Court Handbook and will be required to complete and sign multiple documents for entrance into the program. If an applicant is not approved the applicant and applicant's counsel will also be notified in writing.

Any questions about the Newaygo County Drug Court Program applicant approval process may be directed to drugcourt@newaygocountymi.gov.