



Charleston County Mental Health Court Application

Date: _____

Defendant's Name: _____

Phone No.: _____

DOB: _____ SSN: _____ DL#: _____ RACE/SEX: _____

Defendant's Address:

Family Member/Contact: _____

Phone No.: _____

Defendant's Charges:

Date of Arrest: _____

Mental Health Diagnosis (past or present):

In Jail: _____ Out of Jail: _____

Drug of Choice/Addiction: _____

Solicitor Assigned: _____

Phone No.: _____

Defense Attorney: _____

Phone No.: _____

Probation Status: (Check One) On: _____ Not On: _____

Agent: _____

Additional Information (To be completed by applicant)

Do you have any warrants or legal matters in this state or any other state aside from the pending criminal charges listed above? **Y / N**

If yes, please explain:

Have you ever had any type of counseling or treatment? **Y / N**

Have you ever been in Drug Court in this state or any other state before? Y / N

If yes to either question, please provide specific program details and dates:

Are you currently on probation/parole/community supervision in any state? **Y / N**

Or have a restraining order in any state? **Y / N**

If yes to either, please list location and details:

Are you a veteran? **Y / N** If yes, please provide details:

Are you currently employed? **Y / N** Where? _____

Hrs/wk: _____

Do you currently receive disability? **Y / N**

If yes, provide details or percentage of disability:

Do you have a valid Driver's License (must submit copy with application)? **Y / N**

If not, how do you plan to get to work, testing, treatment, and court?

Your current level of education:

Are you willing to pursue further education? **Y / N**

Are you willing to be considered for Medication Assisted Treatment? **Y / N**

Do you have any children? **Y / N**

How many/ages? _____

Are you currently pregnant? **Y / N**

Do you have court ordered child support in any state? **Y / N**

If yes, please provide county, number of cases, and support amount:

Are there any arrears on child support? **Y / N**

Are you current with all payments? **Y / N**

If no, please provide amount of arrears for each case:

Are you currently homeless? **Y / N**

If yes, for how long approximately?

Address where you will be living during the program; name and relationship of *all* people living at residence (specify if temporary/transitional housing is needed):

List any family/social support willing to assist you with treatment and include contact information:

Do you have any physical/mental health issues for which you are required to take medication? **Y / N**

If yes, please list doctor's names and current prescriptions (only non-narcotic medication is allowed in drug court program):

I hereby authorize the release of my legal and treatment information, including information gathered for screening and assessment purposes, to all parties deemed necessary and involved with the Ninth Judicial Circuit Adult Drug Court. Parties involved may include the Public Defender's Office, Solicitor's Office, Probation and Parole, and the treatment provider. I also authorize the Ninth Judicial Circuit Drug Court to contact any victim(s) associated with these charges in order to gain their consent to the program.

Signing of this application is my statement that the information I have given is correct and true.

I understand that all fees paid to this program are non-refundable.

Signature: _____

Date: _____

Witness: _____

Name: _____

Relationship
To Applicant: _____

Date: _____

When all pages of application are complete, email as an attachment to: KBurroughs@charlestoncounty.org

Or fax to Adult Drug Court 843-958-5191

Should you have questions, please call 843-958-5189