

## Specialty Courts Application

Adult Drug Court • Co-Occurring Disorders Court • DAAY Court • Felony DUI Court  
 Gambling Treatment Diversion Court • MAT Re-Entry Court • Mental Health Court  
 O.P.E.N • TAP • Veterans Treatment Court

<b>Defendant Name:</b>	<b>Date of Application:</b>
<b>Defendant Date of Birth:</b>	<b>Defendant Scope ID #:</b>
<b>Limited Jurisdiction Case #:</b>	<b>District Court Case #:</b>
<b>Referring Attorney Name:</b>	<b>Attorney Phone Number:</b>
<b>Attorney email :</b>	<b>Legal Social Worker:</b>
<b>Program Requested (please choose only one):</b>	

### Application Instructions

1. Applications will only be accepted by e-mail.
2. It is the attorney's responsibility to:
  - a. Assist their client in filling out the application in a complete manner.
  - b. Gather the required records to accompany the application.
  - c. Scan and e-mail the completed application packet divided into two parts:
    - i. Application
    - ii. Accompanying records
3. The application and records must be scanned and e-mailed to [specialtycourts@clarkcountycourts.us](mailto:specialtycourts@clarkcountycourts.us)
4. If the application is not complete, the coordinator will reject the application. A complete application must be submitted in order to review for acceptance.
5. Upon notification of acceptance into the program, the attorney may place the matter on calendar in the originating court on a date prior to the previously set date for status check on acceptance.
6. Please note- former program participants are not eligible for readmission into any program within two years of completion (regardless of graduation or termination).

Any referral to a Specialty Court program **must** include:

- Completed application
- Records documenting a history of mental illness (this is **MANDATORY** for Mental Health Court and Co-Occurring Disorder Court)
- Any other records you feel would be helpful to determine eligibility
- If Limited Jurisdiction Case *other than Las Vegas Justice Court*:
  - Arrest Report
  - Criminal Complaint

Failure to submit a complete application or to provide requested information will result in delay or denial of application.

### Applicant Information

Defendant's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

ID#: \_\_\_\_\_ Social Security#: \_\_\_\_\_ Male  Female

Race: \_\_\_\_\_ Primary Language: \_\_\_\_\_ Interpreter Needed? Yes  No

Address: \_\_\_\_\_ phone#: \_\_\_\_\_

Currently homeless? Yes  No  Have you been homeless in the last 3 years? Yes  No

Emergency Contact: \_\_\_\_\_ phone#: \_\_\_\_\_

In-Custody? Yes  No  Location: \_\_\_\_\_

Charges: \_\_\_\_\_

Next Court Date: \_\_\_\_\_ Hearing Type: \_\_\_\_\_

Do you receive Social Security Benefits?  SSI  SSDI  SSRI

Do you have medical insurance? Yes  No

Medicaid:  Anthem  HPN  Molina  Silver Summit  FFS

Medicare:  Part A  Part B  Part D Provider: \_\_\_\_\_

**Private Insurance:**

Insurance Company:	Policy number:
Name of Policyholder:	Relationship:

Do you or anyone in your household own a vehicle?  Yes  No

Vehicle #1 Make:	Model:	Year:
Registered Owner:		
Vehicle #2 Make:	Model:	Year:
Registered Owner:		
Vehicle #3 Make:	Model:	Year:
Registered Owner:		

## LEGAL HISTORY

Applicants may not have out-of-state extraditable warrants, immigration detainers or other holds. Applicants serving a jail or prison sentence expiring more than sixty days after referral to the program will not be accepted.

<b>Current Charges:</b>		
Did you plead guilty in your current case?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does your plea allow a deferral or reduction?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you been sentenced?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Are you on <b>probation or parole</b> in this or any other case?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Officer:	Officer's Phone Number:	

<b>Do you have any other cases pending?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
What are the charges and case numbers?		
When is your next court date?		

<b>Do you have any previous charges or convictions?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Please list priors:		
# of Felonies?	# of Misdemeanors?	

<b>Have you been convicted of arson, drug trafficking, a sex offense or a violent crime?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes; please explain:		

<b>Have you participated in any specialty court program before?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
What program?	When?	
What was the outcome?		

## SUBSTANCE USE HISTORY

Which substances have you used? Please check all that apply.

- |   |   |   |                                       |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Alcohol          | <input type="checkbox"/> Amphetamine            | <input type="checkbox"/> Barbiturates       | <input type="checkbox"/> Bath Salts   |
| <input type="checkbox"/> Benzodiazepines  | <input type="checkbox"/> Caffeine/Energy Drinks | <input type="checkbox"/> Cannabis/Marijuana | <input type="checkbox"/> Cocaine      |
| <input type="checkbox"/> Ecstasy          | <input type="checkbox"/> Herbal Supplements     | <input type="checkbox"/> Heroin             | <input type="checkbox"/> Inhalants    |
| <input type="checkbox"/> LSD              | <input type="checkbox"/> Methadone              | <input type="checkbox"/> Methamphetamine    | <input type="checkbox"/> Mushrooms    |
| <input type="checkbox"/> Nicotine/Tobacco | <input type="checkbox"/> Opiates (pain pills)   | <input type="checkbox"/> PCP                | <input type="checkbox"/> Spice        |
| <input type="checkbox"/> Fentanyl         |   |   | <input type="checkbox"/> Other: _____ |

History of IV Use:  YES  NO

History of Substance Use Treatment:  YES  NO

Name of substance used:

Method of use:	Frequency of use:
Age at first use:	Date last used:
Was the substance prescribed to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you use this substance intravenously?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of substance used:

Method of use:	Frequency of use:
Age at first use:	Date last used:
Was the substance prescribed to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you use this substance intravenously?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of substance used:

Method of use:	Frequency of use:
Age at first use:	Date last used:
Was the substance prescribed to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you use this substance intravenously?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of substance used:

Method of use:	Frequency of use:
Age at first use:	Date last used:
Was the substance prescribed to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you use this substance intravenously?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you gamble?  Yes  No

How often?	
How much do you normally spend gambling each month?	
Have you ever felt the need to bet more and more money?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had financial problems because of gambling?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had to lie to people important to you about how much you gambled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has gambling impacted your living expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No

MEDICAL/MENTAL HEALTH HISTORY

Do you have any medical conditions?  Yes  No

If so, explain:

Do you have a mental health diagnosis?  Yes  No

If so, explain:

Do you see any medial or mental health providers for any condition?  Yes  No

If so, explain:

Are you currently taking any prescription medication(s) for any condition?  Yes  No

If so, explain:

If you are female, are you currently pregnant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you received prenatal care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Where?		
When is your due date?		

## EDUCATION AND EMPLOYMENT HISTORY

School Type	Did you finish?	Name of School
GED/HiSET	<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade School	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Post-Graduate	<input type="checkbox"/> Yes <input type="checkbox"/> No	

List your most recent job first:

Employer	Job Title	Dates	Reason for Leaving

Are you currently eligible for unemployment?  Yes  No

Do you have any disability that prevents you from working?  Yes  No

What is your main source of financial support?
What is your total monthly income from all sources?

## MILITARY SERVICE

Please complete this section if you have ever served in the military, even for one day.

Branch of Service:	Occupational Specialty:
Date of Entry:	Date of Discharge:
Awards:	
Discharge Status:	Rank at Discharge:
If your discharge was other than honorable, please explain:	
Do you have a copy of DD 214?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you serve in a combat zone?	<input type="checkbox"/> Yes <input type="checkbox"/> No
List combat zone areas and dates:	

While in the military, did you suffer any trauma?  Yes  No

Please check all that apply:  Physical  Sexual  Emotional

Are you currently receiving VA benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you enrolled with the local VA?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever applied for a service connected disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**The following questions ask about several things in your life, such as education, employment, family, friends, and your beliefs. Please answer the following question the best you can. There are no “right” or “wrong” answers to these questions. Some questions will be simply yes/no questions, and others will ask you to circle a number which corresponds to how much that statement reflects your beliefs or is “true” for you.**

1. Highest Education  
\_\_\_\_ Less than 12<sup>th</sup> Grade  
\_\_\_\_ High School Graduate  
\_\_\_\_ GED  
\_\_\_\_ College
2. In school were you ever suspended or expelled?             YES             NO
3. How long have you lived at your current address? \_\_\_\_\_
4. How many times have you moved in the last 12 months? (do not count incarceration) \_\_\_\_\_
5. What is the age that you first began regularly using alcohol? \_\_\_\_\_ years old
6. How long has it been since you last drank alcohol? \_\_\_\_\_
7. What is the longest period of time you have abstained from drinking? \_\_\_\_\_
8. What percent of your close friends have been in trouble with the law? \_\_\_\_\_%
9. Would you say that you live in a “high crime” neighborhood?             YES             NO
10. Were you employed at the time of your arrest?             YES             NO
11. If yes, how many hours per week did you work? \_\_\_\_\_ hours a week
12. Are you currently employed?  
\_\_\_\_ Full-time  
\_\_\_\_ Part-time  
\_\_\_\_ No, I am on disability  
\_\_\_\_ No, I am retired  
\_\_\_\_ No, not currently employed
13. In your opinion, do you have a lot of free time?             YES             NO
14. On average, approximately what percent of your week is considered free time? \_\_\_\_\_%







**THE STATE OF NEVADA  
EIGHTH JUDICIAL DISTRICT COURT  
SPECIALTY COURTS APPLICATION**

**Applicant Consent**

I am applying to participate in a Specialty Court program. I authorize an employee of the Eighth Judicial District Court Specialty Court to speak with, request and obtain information from me and/or my attorney about my application for a Specialty Court program.

I also consent for a Specialty Court employee to contact people listed in this application to verify residence, employment and other information regarding my application. I agree to sign all necessary releases of information to provide information in support of my application, including medical or mental health records. I understand that a background check will be completed. Also, if I am transferring from a specialty court program in another jurisdiction in the State of Nevada, I consent for the originating court to provide all information relating to my treatment and progress in that program.

I understand that all information provided and gathered will be considered in the decision whether I am accepted into a Specialty Court program. I understand that if I do not submit the required documentation to support the application, that a Specialty Court employee will review all records and documentation available in Odyssey to consider my acceptance. I also understand that the information submitted with and included in this application will be shared with the members of the Specialty Court team; including probation, the prosecuting attorney, case manager and any treatment provider I may work with. If I am a misdemeanant, I understand that while I am in the program, I am consenting to a search of my person, property, place of residence, vehicle or area under my control, with or without a search warrant or warrant of arrest, for evidence of a crime or violation of program rules by court personnel or its agent.

This consent takes effect immediately and expires upon denial of my application, termination from the program or completion of the program. I understand providing false information in this application is grounds for disqualification or termination from the Specialty Court program.

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Applicant Signature

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Date

**EIGHTH JUDICIAL DISTRICT SPECIALTY COURTS  
AUTHORIZATION FOR THE RELEASE OF RECORD INFORMATION**

NAME: \_\_\_\_\_ C#: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

**INFORMATION TO BE RELEASED FROM/TO:**

<input checked="" type="checkbox"/> American Toxicology, Inc.	<input checked="" type="checkbox"/> Healthy Minds
<input checked="" type="checkbox"/> Behavioral Health Group	<input checked="" type="checkbox"/> Medicaid Managed Care Organization:
<input checked="" type="checkbox"/> Bridge Counseling	<input checked="" type="checkbox"/> Mojave Mental Health
<input checked="" type="checkbox"/> Clark County Detention Center	<input checked="" type="checkbox"/> Prison Health Services
<input checked="" type="checkbox"/> Clark County District Attorney's Office	<input checked="" type="checkbox"/> Providence Group/Choices
<input checked="" type="checkbox"/> Clark County Public Defender's Office	<input checked="" type="checkbox"/> Sierra Sage
<input checked="" type="checkbox"/> Community Counseling Center of Southern Nevada	<input checked="" type="checkbox"/> Southern Nevada Adult Mental Health Services
<input checked="" type="checkbox"/> Cornerstone Counseling Center	<input checked="" type="checkbox"/> Total Court Services
<input checked="" type="checkbox"/> Crossroads of Southern Nevada	<input checked="" type="checkbox"/> WellPath
<input checked="" type="checkbox"/> Department of Child & Family Services	<input checked="" type="checkbox"/> Westcare
<input checked="" type="checkbox"/> Department of Parole and Probation	<input checked="" type="checkbox"/> Other:
<input checked="" type="checkbox"/> Eighth Judicial District Court Personnel	<input checked="" type="checkbox"/> Other:
<input checked="" type="checkbox"/> Freedom House	<input checked="" type="checkbox"/> Other:

**INFORMATION TO BE RELEASED FROM/TO:**

- Specialty Court Review Team of the Eighth Judicial District Court including:  
Eighth Judicial District Judge/Hearing Master & Program Coordinator, Clark County Public Defender & District Attorney Offices, Southern Nevada Adult Mental Health Services, Mojave Mental Health

**PURPOSE OF RELEASE:** Determine treatment needs and program eligibility

**INFORMATION TO BE RELEASED:** **Individual must initial each item to be released**

- |  |                                |
|--|--------------------------------|
| _____ Drug & Alcohol Abuse Assessments | _____ Criminal History         |
| _____ Psychiatric Evaluation           | _____ Psychological Assessment |
| _____ Clinical Treatment Plans         | _____ Clinical Progress Notes  |
| _____ Clinical Assessments             | _____ Medical Records          |
| _____ Other: _____                     |                                |

**EXPIRATION OF CONSENT:** This consent expires upon case termination or successful completion from the Eighth Judicial District Specialty Court program. This authorization is effective immediately and may be revoked at any time by submittal of a written notification of revocation.

**INFORMATION FOR INFORMED CONSENT:** The confidentiality of medical, psychiatric and substance abuse information, as well as, criminal history is protected by State and Federal Statutes, Health Insurance Portability & Accountability Act (HIPAA), Rules and Regulations including Nevada Revised Statutes and Title 42 of the Code of Federal Regulation. These statutes, Rules and Regulations require that the individual give informed consent prior to the release of any health/mental health/criminal history specifically provided for within the Statutes, Rules, and Regulations. A consent to release information will be considered valid only when it states: who will release the information, who will receive the information, the purpose for which the information will be used, what specific information will be released and when the consent will expire.

\_\_\_\_\_  
**Signature of Client**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Printed Name of Witness & Agency

\_\_\_\_\_  
Date

Records of the identity, diagnosis, prognosis, or treatment of any participant which are maintained in connection with the Eighth Judicial District Court Specialty Courts Program, or any activity relating to the application or participation in said Program, including, but not limited to, Risk/Needs Assessment, shall be confidential in manner consistent with Nevada Revised Statutes 49.207 through 49.213 inclusive and 42 U.S.C. § 290dd-2.