

Specialty Courts Application

Adult Drug Court • DUI Court • TAP • O.P.E.N • Mental Health Court • Veterans Treatment Court
Co-Occurring Disorders Court • Gambling Treatment Diversion Court • CERT Court

Defendant Name:	Date of Application:
Defendant Date of Birth:	Defendant ID#:
Limited Jurisdiction Case #:	District Ct. Case #:
Referring Attorney Name:	Attorney Phone Number:
Attorney Email :	Legal Social Worker:
Program Requested:	

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
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.

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

- ☐ Completed application
- ☐ Police report for current charges and any prior charges of violence, sex offense or drug sales
- ☐ PSI, if available, from this or a previous case (**MANDATORY** for Transitional Age Program and the OPEN program)
- ☐ Records documenting a history of mental illness (**MANDATORY** for Mental Health Court and CERT Court, if applicable)
- ☐ Certification Packet, all clinical assessments, evaluation, treatment records, juvenile records, juvenile case information, Youth Level of Service/ Case Management Inventory (YLS/ CMI), and academic records (**MANDATORY** for CERT Court)
- ☐ Probation violation reports
- ☐ Court minutes, if Limited Jurisdiction Case
- ☐ Any other records you feel would be helpful to determine eligibility

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 ☐ 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.

Current Charges:		
Did you plead guilty?	<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 in custody?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
What facility?		
When is your release date?		

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

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

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

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

Have you participated in any specialty court program before?	<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: <input type="checkbox"/> YES <input type="checkbox"/> NO		History of Substance Use Treatment: <input type="checkbox"/> YES <input type="checkbox"/> NO	

Identify #1 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

Identify #2 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

Identify #3 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

Identify #4 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How often?			
How much do you normally spend gambling each month?			
Have you ever lied about how much you gamble?		<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
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 12th 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? _____ %

For the following statements, circle the answer that best describes how you feel.

15. How easy would you say it is to acquire drugs in your neighborhood?
 Very easy 1 2 3 4 Very Difficult 5
16. Are you satisfied with your current marital situation? (If single, how satisfied are you with being single?)
 Not Satisfied 1 2 3 4 Very Satisfied 5
17. How would you rate your current financial stability?
 Cannot pay bills 1 2 3 4 Can pay bills and have extra \$ 5
18. Are you satisfied with your current housing situation?
 Not Satisfied 1 2 3 4 Very Satisfied 5
19. Please rate the level of emotional and personal support you receive from family and friends
 No Support 1 2 3 4 Great Deal of Support 5
20. Please rate how satisfied you are with the level of support you receive from family and friends
 Not Satisfied 1 2 3 4 Very Satisfied 5
21. I'm often upset when I hear about other people's problems
 Strongly Agree 1 2 3 4 Strongly Disagree 5
22. Do you think it is ever ok to lie?
 Never or only white lies 1 2 3 4 It is ok to lie 5
23. Lately, I have felt a lack of control over events in my life
 Strongly Agree 1 2 3 4 Strongly Disagree 5
24. I sometimes find it exciting to do things for which I might get into trouble
 Strongly Agree 1 2 3 4 Strongly Disagree 5
25. Would others describe you as someone who walks away from a fight, or the first to get into it?
 Walks Away 1 2 3 4 First one in 5
26. How much do you agree with the statement: "do unto others before they do unto you"?
 Strongly Agree 1 2 3 4 Strongly Disagree 5



**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 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 mental health records, police reports, PSI, or probation violation reports, 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 misdemeanor, 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.

Applicant Signature

Date

Signature of Parent or Legal Guardian (Only if applicant is under 18)

Date

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

NAME: _____ C#: _____

SSN: _____ DOB: _____

INFORMATION TO BE RELEASED FROM/TO (Check All That Apply):

<input checked="" type="checkbox"/> Adult Parole and Probation	<input checked="" type="checkbox"/> Department of Juvenile Justice Services	<input checked="" type="checkbox"/> Prison Health Services
<input checked="" type="checkbox"/> American Toxicology Inc. (ATI)	<input checked="" type="checkbox"/> Sober Testing Solutions	<input checked="" type="checkbox"/> Total Court Services
<input checked="" type="checkbox"/> Clark County Detention Center	<input checked="" type="checkbox"/> NAPHCARE/ Wellpath	<input checked="" type="checkbox"/> WellCare
<input checked="" type="checkbox"/> Department of Health & Human Services Division of Welfare & Supportive Services	<input checked="" type="checkbox"/> Clark County Public Defender's Office/ Office of Appointed Counsel	<input checked="" type="checkbox"/> Nevada Department of Health & Human Services Division of Child & Family Services; Youth Parole Bureau
<input checked="" type="checkbox"/> Eighth Judicial District Court Personnel	<input checked="" type="checkbox"/> Southern Nevada Adult Mental Health Services	<input checked="" type="checkbox"/> Department of Family Services/ Child Protective Services
<input checked="" type="checkbox"/> Desert Regional Center	<input checked="" type="checkbox"/> Division of Child & Family Services	<input checked="" type="checkbox"/> Mojave Mental Health
<input checked="" type="checkbox"/> Legal Aid Center of Southern Nevada	<input checked="" type="checkbox"/> Clark County School District	<input checked="" type="checkbox"/> Silver Summit Health Plan
<input checked="" type="checkbox"/> Health Plan of Nevada	<input checked="" type="checkbox"/> Molina HealthCare of Nevada	<input checked="" type="checkbox"/> Anthem Blue Cross & Blue Shield Healthcare Solutions
<input checked="" type="checkbox"/> Clark County District Attorney's Office	<input checked="" type="checkbox"/> UNLV Health/ UNLV Medicine	<input checked="" type="checkbox"/> Nevada Medicaid
<input checked="" type="checkbox"/> Bridge Counseling Associates	<input checked="" type="checkbox"/> Miracle Minds	<input checked="" type="checkbox"/> Healthy Minds
<input checked="" type="checkbox"/> Sierra Sage Recovery Services	<input checked="" type="checkbox"/> Freedom House	<input checked="" type="checkbox"/> WestCare
<input checked="" type="checkbox"/> Adelson Clinic	<input checked="" type="checkbox"/> Behavioral Health Group	<input checked="" type="checkbox"/> Ackerman Center
<input checked="" type="checkbox"/> Dr. Rachel Davis PhD.	<input checked="" type="checkbox"/> Autism Treatment Assistance Program	<input checked="" type="checkbox"/> ABA Group
<input checked="" type="checkbox"/> Life ABA	<input checked="" type="checkbox"/> Behavior Essentials	<input checked="" type="checkbox"/> Sports Social
<input checked="" type="checkbox"/> Inclusion Fusion	<input checked="" type="checkbox"/> Hard Knox Rams Corp	<input checked="" type="checkbox"/> Iron Sharpens Iron/ Iron Mentors
<input checked="" type="checkbox"/> Crossroads of Southern Nevada	<input checked="" type="checkbox"/> CORE Mental Health Services	<input checked="" type="checkbox"/> TiNHiH
<input checked="" type="checkbox"/> Vegas Stronger	<input checked="" type="checkbox"/> Eagle Quest	<input checked="" type="checkbox"/> Shine-A-Light
<input checked="" type="checkbox"/> IFET	<input checked="" type="checkbox"/> Hopeful Seasons	<input checked="" type="checkbox"/> Divine
<input checked="" type="checkbox"/> Veterans Administration	<input checked="" type="checkbox"/> Vet Center	<input checked="" type="checkbox"/> US Vets
<input checked="" type="checkbox"/> Project Mind	<input checked="" type="checkbox"/> GAMFIN	<input checked="" type="checkbox"/> YAP
<input checked="" type="checkbox"/> East Valley Services	<input checked="" type="checkbox"/> Corrisoft	<input checked="" type="checkbox"/> RIZE CU
<input checked="" type="checkbox"/> Adelson Clinic	<input checked="" type="checkbox"/> Other:	<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 ____ Neurological Assessments ____ Medical Records ____ Psychiatric Evaluations ____ Criminal History
 ____ IEP Records ____ Clinical Treatment Plans ____ Psychological Assessments ____ Clinical Assessments ____ Clinical Progress Notes
 ____ 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 Parent or Legal Guardian_____
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.

How to Request Medical and/or Psychiatric Records

1. Have your client complete and sign the release of information (attached) for each treatment provider.
2. Contact prior treatment facility to obtain contact person, telephone number and fax number of the medical records department.
3. Submit signed ROI to applicable medical records departments with information of where the records should be sent to.

Please Note: It is the applying party's responsibility to submit the supporting documentation/medical records with the application in order for the referral to be processed by the receiving court. These instructions and the subsequent ROI are included for your convenience. The Specialty Court staff are not responsible for obtaining medical records for applicants. Please also be aware that some facilities may require their own release form to be completed and signed by your client.

Common Treatment Facilities & Medical Records Contact Info:

1. **Southern Nevada Adult Mental Health Services (SNAMHS)/Rawson-Neal Hospital**
Phone: 702-486-6045
Fax: 702-486-7152
2. **Seven Hills Hospital**
Phone: 866-331-5541
Fax: 702-614-2086
3. **Montevista Hospital/Red Rock Behavioral Health**
Phone: 702-364-1111
Fax: 702-251-1214
4. **Desert Parkway Hospital**
Phone: 702-776-3508
Fax: 702-776-3595
5. **Community Counseling Center**
Phone: 702-369-8700
Fax: 702-369-489
6. **Spring Mountain Treatment Center**
Phone: 702-873-2400
Fax: 702-873-1859
7. **Valley Behavioral Health**
Phone: 702-388-4000
Fax: 702-388-4585



THE STATE OF NEVADA
EIGHTH JUDICIAL DISTRICT COURT
SPECIALTY COURTS APPLICATION

AUTHORIZATION FOR USE AND/OR DISCLOSURE OF CONFIDENTIAL RECORDS
AND/OR PROTECTED HEALTH INFORMATION

Name: _____ Case#: _____

Address: _____ Phone: _____

Social Security: _____ DOB: _____

I _____ hereby authorize _____
to have unrestricted communication with a representative of the Eighth Judicial District Specialty Courts Program.

This release includes phone calls, visitations, release of confidential information and protected health information to/from the above named agencies. The purpose of this release is to allow access to information the Court will use to determine whether or not I am an appropriate for a Specialty Court program. I hereby release the holder of such information from liability if any; arising from the disclosure of otherwise confidential information. You are specifically authorized to photocopy the following records and to release copies to the above mentioned representative. Records may include but are not limited to:

_____ Medical History and Treatment _____ Correctional Records
_____ Judicial Records (including juvenile)
_____ Other _____

USE AND REDISCLOSURE: I understand that I may revoke this authorization at any time, by written request, except to the extent that action has been taken in reliance to it. I understand that the information used and disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected. This consent, if not withdrawn, will automatically expire according to the following specification of date, event, or condition: one year or disposition of current case. A reproduced copy of this authorization shall be as valid as the original. This information may also be provided to any subsequent attorney who represents me for the previously outlined purposes or to facilitate an appeal.

Note: The confidentiality of psychiatric, drug and/or alcohol abuse and HIV records is required and no information from these specific records shall be transmitted to anyone else without written consent or authorization as provided under Federal Regulation 42 CFR 2. Regulations prohibit any further disclosure without specific written consent of the person to whom it pertains. A general authorization for the release of medical or other information is not sufficient for this purpose. I give consent to the release of any or all records containing the following diagnoses for the intended purposes and conditions as stated above:

_____ Psychiatric/Psychological Records
_____ Drug/Alcohol Treatment Records
_____ Other: _____

Client Signature _____ **Date** _____

Signature of Parent or Legal Guardian _____ **Date** _____

Witness _____ **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.