

PLEASE EMAIL TO PROBATION SERVICES:

probation@kitsap.gov

**Kitsap County District Court
Evaluation/Assessment Form**

Substance Use Disorder Assessment

Domestic Violence Assessment

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| Defendant Name: _____ DOB: _____ | |
| Case Number: _____ | |
| Documents Reviewed for SUD: <input type="checkbox"/> Driving Abstract (ADR) <input type="checkbox"/> Police Report/Complaint <input type="checkbox"/> Defendant Case History (DCH) <input type="checkbox"/> Prior evaluation date and diagnosis _____ | Documents Reviewed for DV: <input type="checkbox"/> No Contact Order (if applicable) <input type="checkbox"/> Police Report/Complaint <input type="checkbox"/> Defendant Case History (DCH) <input type="checkbox"/> Judgment and Sentence/PDA |
| *Review must include ADR, DCH, Criminal Complaint. | |
| Diagnostic Assessment: _____ _____ _____ | |
| Treatment Recommendations and Duration: _____ _____ _____ _____ _____ | |
| <input type="checkbox"/> Enrollment: treatment started on _____ | |

Professional

Date

Agency