



Kitsap County Therapeutic Courts

Participant Application

Preferred Court:	<input type="checkbox"/> Behavioral Health	<input type="checkbox"/> Felony Diversion	<input type="checkbox"/> THRIVE
	<input type="checkbox"/> Drug Court	<input type="checkbox"/> Veteran's Court	

Referred by:	<input type="checkbox"/> Defense Attorney	<input type="checkbox"/> Jail Mental Health	<input type="checkbox"/> Treatment Provider
	<input type="checkbox"/> Therapeutic Court	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Corrections Staff
	<input type="checkbox"/> Other - Name: _____		Contact Number: _____

Please return completed form to the Kitsap County Prosecuting Attorney's Office:

- In person to our Receptionist
- By email at kcpa@co.kitsap.wa.us
- By fax at 360-337-4949
- By Mail: 614 Division Street, MS-35
Port Orchard, WA 98366

<u>Received Date:</u>

General Information

Application Date: _____

NOTE: The information provided on this form by the applicant, in pursuit of acceptance into a therapeutic court, is protected under ER 410.

Name: _____ Date of Birth: _____

Address: _____ Contact Phone: _____

_____ Email: _____

Cause No. _____ Defense Attorney: _____

Charges: _____ Has Omni Been Entered? No Yes*

*If yes, explain delay in applying for TC Court: _____

In Custody? No Yes* _____

*Booking Date: _____

Other Open Cases: No Yes* *List charge(s), court(s), case status: _____

(incl. diversion, probation, DOC) _____

Out of State History: No Yes* *List charges, locations, dates: _____

Have you ever been granted a diversion or sentencing alternative in adult court? Yes No

When/Where: _____

Have you ever participated in any adult treatment court? Yes No

When/Where: _____

Have you ever applied to and/or been declined entrance into another treatment court? Yes No

Why: _____

Transportation Information

Do you have a current Driver's License? No Yes

What is your current mode of transportation? _____

Housing Information

Do you need assistance with housing? No Yes

Explain: _____

Employment Information

Currently Employed? Yes: Employer Name: _____

Contact Information: _____

Length of Employment: _____

Job Description: _____

Supportive of Recovery? No Yes

No: When were you last employed? _____

Employment History: Previous Employer: _____

Dates of Employment: _____

Reason of Leaving: _____

Education Information

Highest Level of Education Completed: GED High School Some College College Degree

Interested in further Education? No Yes, I would like to: _____

Military Information

Served? No Yes: What branch: _____

Years of Service: _____

Participated in VA Services? No Yes: What VA services? _____

Do you have access to your DD214? Yes No: What is your discharge status? _____

Chemical Dependency Treatment Information

Prior CD Treatment? No Yes: _____

Where? _____

When? _____

Completed? Yes No

Where? _____

When? _____

Completed? Yes No

Substance Use History: Drug(s) of Choice? _____

When did use began? _____

Method of ingestion? _____

Frequency of use? _____

Date of Last Use? _____

Preferred Treatment Agency (if applying for drug court): Kitsap Recovery Center WestSound Treatment Center Agape Unlimited

Mental Health Treatment Information

Mental Health Diagnosis? No. Yes, explain: _____

MH Diagnosis: _____ Date: _____

Provider/ Facility: _____

Previous MH Diagnosis? _____

Mental Health Treatment? No. Yes, explain: _____

Current Provider: _____ Dates: _____

Previous Provider: _____ Dates: _____

Previous Provider: _____ Dates: _____

Mental Health Medications? No. Yes: _____

Current MH Medications: _____

Previous MH Medications: _____

Medical Information

Medical Concerns? No Yes: _____

Medications & Supplements? No Yes: _____

Active Health Insurance? No Yes: Insurance Company: _____

Applicant Questions

For Drug Court, Veteran's Court, Behavioral Health Court, and THRIVE applicants:

- 1.) Thinking about your actions and decisions leading to the current charges, how did your substance use diagnosis, mental health symptoms, military experience, and/or exploitation survival experiences contribute to your behavior?

- 2.) What life changes are you seeking to make by participating in Therapeutic Court?

- 3.) What are you willing to do differently to accomplish these changes?

- 4.) In what ways do you believe Therapeutic Court participation will help you achieve these changes ?
