



Superior Court of New Jersey
Office of Probation Services
Vicinage

Application to the Drug Court Program

Date of Application	Do you need disability accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state request:	Will an interpreter be needed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state language:		
Name	Alias			
Race	Sex	Date of Birth	Social Security Number	
Current Address (Street)	City	County	State	Zip
How Long at this Address?	Telephone Number ext.	Cell Phone Number	Armed Forces Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Co-Habitant	Relationship			
Previous Address				
Next of Kin	Relationship	Telephone Number ext.		
SBI Number	Currently involved with DCP&P? <input type="checkbox"/> Yes <input type="checkbox"/> No	Presently Incarcerated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Jail Number	
On Probation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Parole? <input type="checkbox"/> Yes <input type="checkbox"/> No	Probation / Parole Officer's Name		
Current Charges				
County	Indictment Number	PG Number		
Next court event	Date	Judge		
Have you ever been sentenced to drug court before? If yes, name of court				<input type="checkbox"/> Yes <input type="checkbox"/> No
When?				
Do you have any matters pending in any other court? If yes, name of court				<input type="checkbox"/> Yes <input type="checkbox"/> No
Charges				
Next court event	Date	Judge		
Detainers? <input type="checkbox"/> Yes <input type="checkbox"/> No	Jurisdictions			
Defense Attorney Name	Telephone Number ext.			
Defense Attorney Signature	Date	Applicant Signature	Date	

Drug Court Program
Superior Court of New Jersey
Treatment Assessment Services for the Courts

**Records Release Authorization
(Drug Court Involvement)**

I, _____, authorize
(Name of Client)

- Treatment Assessment Services for the Courts/Substance Abuse Evaluator

and

- the State of New Jersey Drug Court Team (to include the Judge, defense attorney, prosecutor, Drug Court probation officers, treatment representatives, and other Drug Court team members)

and

- Treatment Provider/s (to be added once known):

(Name and address of treatment program)

(Date Amended)

(Client's initials)

(Witness' Initials)

(Name and address of treatment program)

(Date Amended)

(Client's initials)

(Witness' Initials)

To communicate and to disclose to one another the following information: results of substance abuse (TASC) evaluation, involvement and requirements of the Drug Court/Superior Court mandate, pertinent medical and/or psychological information, drug/alcohol screen/test results, other diagnostic test results, and

(Extent and Nature of Any Additional Information)

The purpose or need for the disclosure is **to monitor my compliance with conditions of the Drug Court/Superior Court** mandate.

For non-criminal matters (Juvenile and Family) this consent is subject to revocation at any time except to the extent that action has been taken in reliance thereon and will otherwise expire on

(Date, Event, Condition or N/A)

For adult criminal cases this consent cannot be revoked but will remain in effect until there has been a formal and effective **termination** of my involvement with the **Drug Court Program**.

Signature of Client _____ Date: _____

Witness Name _____ Signature _____ Date: _____

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR- Part 2). The Federal rules prohibit you from making any further disclosure of information in this record that identifies a patient as having or having had a substance use disorder either directly, by reference to publicly available information, or through verification of such identification by another person unless further disclosure is expressly permitted by the written consent of individual whose information is being disclosed or as otherwise permitted by 42 CFR-Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose (see § 2.31). The Federal rules restrict any use of the information to investigate or prosecute with regard to a crime any patient with a substance use disorder, except as provided at §§ 2.12(c)(5) and 2.65.