

APPLICATION FOR 16TH JUDICIAL DISTRICT RECOVERY COURTS

525 NORTH UNIVERSITY STREET

MURFREESBORO, TN 37130

(615) 217-7124

Email Application to: rcadmissions@rutherfordcountyttn.gov

DEMOGRAPHIC INFORMATION:

APPLICANT NAME: _____ SSN: _____

BIRTHDATE: _____ SEX: _____ RACE: _____

PERMANENT ADDRESS: _____

PHONE NUMBER: (____) _____ DRIVER'S LICENSE NUMBER: _____

EMAIL ADDRESS: _____

ARE YOU CURRENTLY INCARCERATED? YES NO

PERSON MAKING REFERRAL: _____ RELATIONSHIP TO APPLICANT: _____

PLEASE CIRCLE PROGRAM YOU WISH TO APPLY TO:

MH COURT VET COURT DUI COURT DRUG/RECOVERY COURT

HAVE YOU EVER BEEN A MEMBER OF ANY BRANCH OF US ARMED SERVICES? IF YES, PLEASE LIST BRANCH AND DATES OF SERVICE. _____

CRIMINAL JUSTICE INFORMATION:

ATTORNEY NAME, PHONE # & EMAIL: _____

ADA ASSIGNED TO CASE: _____

WHAT ARE YOUR CURRENT/PENDING CHARGES: (PLEASE INCLUDE CASE NUMBER AND CHARGE IF POSSIBLE) _____

NEXT COURT DATE: _____ COURT ROOM/JUDGE: _____

ARE YOU CURRENTLY ON PROBATION? IF SO, PLEASE LIST NAME/CONTACT INFORMATION OF PO. _____

DO YOU HAVE PENDING CHARGES IN OTHER JURISDICTIONS OR COURTS? IF SO, PLEASE LIST. _____

MENTAL HEALTH & SUBSTANCE ABUSE INFORMATION:

DO YOU HAVE A RECENT HISTORY OF SUBSTANCE ABUSE/DEPENDENCE? IF YES, WHAT IS/ARE YOUR SUBSTANCE(S) OF CHOICE? _____

DO YOU HAVE A MENTAL HEALTH DIAGNOSIS? IF YES, PLEASE LIST DIAGNOSIS AND MOST RECENT DATE OF TREATMENT. _____

PLEASE LIST ANY/ALL PRESCRIPTION MEDICATIONS: _____

I UNDERSTAND THIS IS A VOLUNTARY PROGRAM, BUT I MUST RESIDE IN RUTHERFORD COUNTY OR CANNON COUNTY TO BE ELIGIBLE. I GIVE MY CONSENT FOR THE FOLLOWING PEOPLE TO RECEIVE INFORMATION REGARDING MY APPLICATION TO THE PROGRAM. _____

SIGNATURE OF APPLICANT

DATE