## **FAMILY RECOVERY COURT WRITTEN APPLICATION**

Attorney: Please fill this out with your client and submit to the recovery court coordinator and the Assistant Attorney General for processing. This application will not be used in the underlying dependency case. It is only for informational purposes to help the team understand the applicant's background and how to best serve them in the program.

Personal Data
Date:
Name:
Age:
Marital Status:
Children's Names and Ages (specify if children are not involved in dependency proceedings with this court):
Do you have daily access to a phone?:
Do you have transportation to get to U/As, meetings, court, etc?:
Where are you living and who is in your household?  CRIMINAL BACKGROUND
Please list prior criminal convictions, including offense, date of violation, and court of conviction (Attorney may attach a separately prepared statement of criminal history):  See attachment
Details:
Are you currently on probation? If yes, with which agency and under what terms? No Yes Details:
Do you have any unresolved criminal cases? Yes No
If yes, please indicate what charges and in which courts

Are you subject to any no-contact orders or restraining orders? If yes, please

indicate the names of the other parties. No Yes Details:

## **SUBSTANCE USE HISTORY**

Are you curre	ently in treatme	ent? If so,	o, with whom and for how long?	
□ No Yes	Details:			
Do you have	any pending a	ppointmer	nts for an assessment or an intake?	
If so, with wh	ich agency?	No Yes	s Agency:	
		OTHER	INFORMATION	
is other inform	•	we should	out the process, but please let us know if the d have to help us better help you and your urt.	ere
• •	•	•	s to Family Recovery Court's eligibility oplicant address why an exception should b	е