

DRUG COURT EXIT FORM

CASE INFORMATION

Participant Name:

Primary Case Number:

Probation Officer:

Program End Date:

Exit Type: Graduated Terminated

Termination Reason:

- Participant Non-Compliance New Criminal Charge
 AWOL Voluntary Withdrawal
 Deceased Other, please specify _____

Jail Days Between Program Entry and Program Exit:

RISK/NEED ASSESSMENT INFORMATION AT EXIT (IF ASSESSED AT EXIT)

RANT Date:

RANT Score: High Risk/High Need High Risk/Low Need
 Low Risk/High Need Low Risk/Low Need

Risk/Need Assessment Date:

Risk/Need Assessment Tool: LSI-R LS/CMI
 Other, please specify _____

Risk/Need Assessment Level: Low Medium High

Risk/Need Assessment Score:

DEMOGRAPHIC INFORMATION

Employment Status: Full-time Part-time Student Homemaker Unemployed
 Disabled Retired Other, please specify _____ Unknown

Educational Status: High school graduate/GED Some college but did not graduate
 2 year degree 4 year degree Post graduate/professional degree
 Other, please specify _____ Unknown

Housing Status: Independent Relative/Friend Homeless
 Correctional Facility Residential Facility
 Other, please specify _____ Unknown

Marital Status: Never married Married Married, but separated
 Divorced Widowed Co-habiting
 Other, please specify _____ Unknown

Child Support Obligation: Yes No
 Unknown

Current on Child Support: Yes No
 N/A Unknown

Military Status : Veteran Never in Military Unknown

Valid MN License: Valid Cancelled Revoked Suspended Limited Conax
 Never acquired Unknown

Pro-Social Activities: None Minimal Moderate Many Unknown

Pro-Social Relationships: None Minimal Moderate Many Unknown

MENTAL AND CHEMICAL HEALTH INFORMATION AT EXIT

Mental Health Disorder: Yes No Unknown

Clinically Diagnosed Mental Health Disorder (Check all that apply):

- Anxiety
- Attention Deficit Hyperactivity Disorder
- Autism Spectrum Disorders
- Bipolar Disorder
- Borderline Personality Disorder
- Major Depression
- Post Traumatic Stress Disorder
- Schizophrenia
- Other, please specify _____
- Unknown
- Not Applicable

Chemical Health Assessment Date:

Chemical Health Assessment Tool:

- Rule 25
- Private Assessor

Substance Use Disorder: Mild Moderate Severe Not Applicable

Drug of Choice (Check all that apply):

- Alcohol
- Cocaine/Crack
- Hallucinogens
- Heroin
- Inhalants
- Marijuana
- Methamphetamines
- Prescription
- Over the Counter
- Other, please specify _____
- Unknown
- N/A

Treatment Compliance: Yes No Unknown

Total Days Inpatient Treatment:

Total Days Outpatient Treatment:

Days Since Last Known Substance Use: