

DRUG COURT INTAKE FORM

CASE INFORMATION

Participant Name:

Probation Officer:

Primary Case Number:

Additional Case Number(s):

Primary Case Charge Type: Felony Gross Misdemeanor Misdemeanor

Referral Date:

Acceptance Date:

Date of First Service:

Date of First Problem Solving Court Appearance:

Admission Type: First Time Admission Re-admitted

Jail Days Prior to Acceptance:

RISK/NEED ASSESSMENT INFORMATION AT INTAKE

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

DOB:

Sex: Male Female

SID:

Race/Ethnicity: American Indian or Alaskan Native Asian
 Black or African American Hispanic/Latino
 Muti-racial Native Hawaiian/Pacific Islander
 White Unknown
 Refused Other _____

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

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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 INTAKE

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

Previous Mental and/or Chemical Health Treatment: Yes No Unknown