

Ford County Drug Court
200 W. State Street
Paxton, IL 60957
Phone: (217) 379-9450
Fax: (217) 379-9459

Drug Court Screening Form (E)

Date: _____

Defendant's Name: _____

Date of Birth: _____ Sex: _____ SSN: _____

Current Address: _____

Length of Time at Address: _____ Resides With: _____

Home Phone: _____ Cell or Alternative Phone: _____

Is Defendant Currently in Custody? ____ Yes ____ No Since: _____

Present Offence:

1) Felony? ____ Yes ____ No Non-Violent? ____ Yes ____ No

2) Currently on Probation? ____ Yes ____ No PTR Pending? ____ Yes ____ No

LEADS Completion Date: _____

Prior Record: _____

Juvenile Record: _____

Why did the Defendant commit this offense? _____

Urinalysis:

Sample collected at the time of this screening? ____ Yes ____ No

Results: ____ Positive ____ Negative If Positive, for what? _____

History of Infectious Diseases

Any history of infectious diseases? (Hepatitis C, HIV, Sexually Transmitted Diseases, etc.)

Defendant Profile:

- 1) Age 17 or Above: Yes No
- 2) Admits to Drug Use: Yes No
- 3) Prior court Involvement: Yes No
- 4) Lives in Ford County: Yes No
- 5) Conviction(s) for Violence in the Past 10 Years? Yes No
- 6) Serious Mental Health or Physical Disability Preventing Participation in Drug Court
 Yes No
- 7) Willing to Participate in Substance Abuse Treatment: Yes No

Why are you interested in Drug Court? _____

Marital Status: Single Married Divorced

Children (include ages and custody): _____

Education Level: _____

Employment Status: Employed Unemployed

If Employed: Full Time Part Time

Place of Employment: _____

Since: _____

Previous Employment: _____

Alcohol/Drug Usage:

1) Was this offense in any way related to drug or alcohol use? _____

2) Were alcohol and/or drugs involved in any past offenses? _____

3) Briefly describe your drug and/or alcohol use: _____

4) Have you been to substance abuse treatment in the past? ____ Yes ____ No
If yes, where? Did you complete? _____

Referral to Prairie Center? ____ Yes ____ No

Date of Referral: _____

Date of Assessment: _____

LSI-R: (attach to this screening) _____ Score

____ High ____ Moderate ____ Low

Mental Status Evaluation:

Appearance: appropriate unkempt/disheveled well-groomed other

Cognitive Functioning:

Attention: age-appropriate inattentive distractible impulsive

Memory: within normal limits impaired recent impaired remote

Information: average below average above average

Attitude: cooperative positive/receptive uncooperative guarded

Perceptual Disturbances:

Auditory Hallucinations: mild moderate severe none

Visual Hallucinations: mild moderate severe none

Other: mild moderate severe none

Thought Content:

Delusions: mild moderate severe none

Obsessions: none other (describe):

Suicidal Ideation: none during past year (describe):

Homicidal Ideation: none during past year (describe):

Speech: appropriate/clear pushed stutter/slur excessive amount
 other

Affect: congruent with mood flattened labile elated restricted
 inappropriate other

Judgment: adequate borderline inadequate

Intelligence: above average average below average ___ mild ___
moderate ___severe

Insight: above average average below average

Ability to Participate in Treatment: good average poor

Willingness to Participate in Treatment: good average poor

Family history of mental illness

Personal history of mental illness and mental health treatment

Drug Court Team Response:

Staffing Date: _____

_____ Accepted

_____ Rejected

_____ Participant Declined

Comments: _____
