

**Northwest Regional Adult
Drug Treatment Court**
Legal Screening Checklist

Applicant Name _____

Date of Birth _____ Age _____ Race _____

Social Security Number _____

Marital Status (circle one): Married Single Divorced Separated

Children: Yes No If yes, ages: _____

Education Completed _____

Does this applicant have health insurance? (circle one) Yes No

Current Address: _____

Street, Apt. #

City

State

Zip Code

Cell Phone Number(s) _____

Court (please circle) Winchester Frederick Clarke

Charges _____

Date of Arrest _____

Next Court Date _____

Defense Attorney _____

Name

Date

Email Address/Telephone Number/Fax Number

Instructions: The Defense Attorney must complete Section A in full, then have the Commonwealth's Attorney complete Section B. The form must then be sent Tiffany Cadoree at tcadoree@valleyhealthlink.com.

Please call Tiffany Cadoree at (540) 303-3520 with any questions.

Section A (to be completed by Defense Counsel)			
Question	Yes	No	Comments
1) Is the Defendant charged with a drug-related felony offense, or a non-violent felony offense motivated by drug or alcohol use?			
2) Is the Defendant a resident of the City of Winchester, Frederick County, or Clarke County?			
3) Is the Defendant a citizen or legally documented foreign national?			
4) Is the Defendant 18 years or older, or been certified as an adult?			
5) Is the Defendant charged with a probation violation with more than 12 months suspended time at risk?			
6) Does the Defendant have any charges pending outside Winchester, Frederick, or Clarke Circuit Courts? If yes, when will the charge(s) be resolved? (Please indicate in comments section).			
7) Does the Defendant want to participate in the Drug Treatment Court program?			
8) Is the Defendant an active informant for law enforcement (excluding testimony)?			

Section B (to be completed by Commonwealth's Attorney)

Question	Yes	No	Comments
1) Has the Defendant been convicted of a violent felony as defined by Va. Code §§17.1-805 or 19.2-297.1 within the past 10 years?			
2) Is the Defendant charged with a violent felony as defined by Va. Code §§17.1-805 or 19.2-297.1?			
3) Do you agree to the Defendant being evaluated for participation in the Drug Treatment Court Program?			

Commonwealth's Attorney _____
Name Date

Email Address

Section C (to be completed by Probation and Parole)

Question	Yes	No	Comments
1) Does the Defendant's score on the COMPAS recommend High Supervision?			
2) Does the Defendant have a score of 6 or greater for substance abuse?			

Probation and Parole _____
Name Date

Email Address

Section D (to be completed by Clinical Evaluator)

Question	Yes	No	Comments
1) Following your evaluation, does the Defendant have a diagnosis of either substance abuse or substance dependence according to the DSM-V?			

Clinical Evaluator _____
Name Date

Email Address

Section E (to be completed by Drug Treatment Court Coordinator)

Question	Yes	No	Comments
1) Is the Defendant eligible for participation in the Northwest Regional Adult Drug Treatment Court program?			