



**PASCO DRUG COURT INTAKE FORM**

Today's Date \_\_\_\_\_

Male/Female

Full Name:

\_\_\_\_\_

*Last*

\_\_\_\_\_

*First*

\_\_\_\_\_

*M.I.*

Address:

\_\_\_\_\_

*Street Address*

\_\_\_\_\_

*Apartment/Unit #*

\_\_\_\_\_

*City*

\_\_\_\_\_

*State*

\_\_\_\_\_

*ZIP Code*

Home Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Email \_\_\_\_\_

Employment: \_\_\_\_\_

(Full Time / Part Time / Unemployed / Retired / disabled)

Birth Date: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Program:

**Drug Court**\_\_\_\_ **Probation**\_\_\_\_\_

**(check one)**

Convictions: \_\_\_\_\_

Probation: \_\_\_\_\_

Time  
remaining: \_\_\_\_\_

Do you have  
reliable  
transportation?  
\_\_\_\_\_

Probation Officer: \_\_\_\_\_

Location: \_\_\_\_\_

Summary of  
Orders: \_\_\_\_\_

**Mentor Assigned: (Fresh Start to fill in)**

**Date:** \_\_\_\_\_

If selected for mentoring, I intend to complete the 12 sessions, one hour per week. If going through Drug Court, I understand that Judge Todd has ordered me to Fresh Start Mentoring. I intend to complete mentoring.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_