



ADULT DRUG COURT
POST-ADJUDICATION PROGRAM APPLICATION

APPLICATION

CONFIDENTIAL INFORMATION
TO BE DISCLOSED SOLELY FOR THE PURPOSE OF
APPLICATION AND PARTICIPATION IN THE
ADULT POST-ADJUDICATION DRUG COURT

Submit email application packet to the Administrative Office of the Courts/Adult Post-Adjudication Drug Court: AdultPostAdjudicatoryReferral@fljud13.org.

Questions can be addressed to the
Adult Post-Adjudication Drug Court Office at (813) 307-3356.

(Revised April 1, 2024)

ADULT POST-ADJUDICATION DRUG COURT APPLICATION

Thirteenth Judicial Circuit

Date:		Case Number(s):				
Last Name:		First Name:		MI:		
Date of Birth:		Age:		Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Transgender		
Address:			Phone Number:		Homeless (√):	
City:		State:	Zip:	Email:		
Collateral Contact One Name:				Relationship:		
Phone Number:			Email:			
Collateral Contact Two Name:				Relationship:		
Phone Number:			Email:			
Have you previously participated in Drug Court?				<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what was the disposition?						
Are you currently employed?		Yes No		Employer:		
				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Other: _____		
Have you have been diagnosed with any of the following?						
Traumatic Brain Injury		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, explain: _____		
Mental Health Diagnosis		___ Yes ___ No		If yes, explain: _____		
Developmental Disabilities		___ Yes ___ No		If yes, explain: _____		
Do you have a history of suicide attempts?				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you currently prescribed any of the following medications?				<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>(If yes, please check any of the drugs that apply)</i>						
Abilify	Adderal	Ambien	Flexeril	Hydrocodone	Klonopin	Lithium
Mirtazapine	Morphine	Methadone	Oxycodone	Provigil	Prozac	Ritalin
Seroquel	Soma	Suboxone	Temazepam	Tramadol	Trazodone	Valium
Xanax	Zoloft	Medical Marijuana		Other drugs: _____		
Drugs of choice category: <i>Please indicate through numbering the following: Primary (1), Secondary (2), Tertiary (3)</i>						
Acid/LSD	Alcohol	Benzodiazepine		Cocaine	Ecstasy/MDMA/Molly	
Heroin	Inhalants	K2/Synthetic Marijuana		Marijuana	Methamphetamine	
Opiates	PCP	Prescription Medications		Steroids	Tobacco Dependence	
Suboxone	Soma	Methadone		Tramadol	Other: _____	
Age began using drugs?				Age began using alcohol?		
Associated with support group(s)?		Yes No		Name of group(s)		

Have you ever been convicted of the following crimes?			
Arson	Yes	No	Murder
Any sexual offense	Yes	No	Forcible felonies
What are your current sentence points on your criminal scoresheet?			
Do you have a drug problem?	Yes	No	
Are you agreeable to attend treatment at any level of care that is presented as an option?			Yes No

Attorney's Name: _____

Attorney's Phone Number: (____) ____-_____

Attorney's Email: _____

Note to Attorney: Please submit a copy of the applicant's most current Criminal Punishment Code Scoresheet along with the signed Release of Information (below).



**ADMINISTRATIVE OFFICE OF THE COURTS
THIRTEENTH JUDICIAL CIRCUIT
Drug Court Programs Office
801 E. Twiggs Street, Room 608
Tampa, Florida 33602**

Drug Court Specialist II

Fax: 813-301-3819

AUTHORIZATION FOR DISCLOSURE OF CONFIDENTIAL INFORMATION-Treatment Providers

I, DOB
(Client Name)

Authorize the Administrative Office of the Courts, to disclose and exchange with the following individuals within Substance Abuse and Mental Health treatment agencies

****Name of organization to receive information required****

- | | |
|---------------------------------|---------------------------------|
| Public Defender's Office State | Medical Records-Jail |
| Attorney's Office Private | Salvation Army |
| Attorney | Amethyst Respite Center |
| Problem Solving Court Staff | Department of Corrections |
| Judge Denise Pomponio | DACCO |
| Tri County Human Services | ACTS |
| Phoenix House | Selah Freedom |
| Operation PAR | Created |
| Westcare | Gracepoint |
| Centerstone | Sober Solutions Counseling |
| Therapy 4 Change | First Step of Sarasota |
| Naphcare (Jail medical records) | Hillsborough Recovery Coalition |
| | Other: _____ |

Purpose for the disclosure: To assist me in completing requirements for the agencies designated above and in successfully completing drug offender probation including requirements of Problem Solving Courts.

To communicate and disclose the following information to another as necessary and appropriate connection with their official duties in my case:

- All my substance abuse and mental health records
 Medication Administration Records

Information may be disclosed by the following methods: Mail, Verbal, Faxing, and encrypted email unless otherwise specified.

I understand that my records are protected under the Federal and State regulations governing the confidentiality and privacy of medical records and protected alcohol and drug abuse health information under 42 C.F.R., Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") 45 C.F.R., Parts 160 and 164 and cannot be disclosed without my written authorization unless otherwise provided for by the regulations. I understand that I have a right to request a copy of this form.

I also understand that I may revoke this authorization in writing at any time except to the extent that action has already been taken in reliance on it, and that in any event this authorization expires automatically after one year, unless otherwise stated below:

Date, event or condition of expiration: Upon Case Closure

Executed this _____ day of _____, 20_____.

Signature of the participant

Signature of the Witness

This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal Regulations (42 CFR Part 2) prohibit you from making any further disclosure of it without the specific written consent of the person whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose