



ADULT DRUG **POST-ADJUDICATION PROGRAM 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 February 14, 2025)

ADULT DRUG POST-ADJUDICATION PROGRAM APPLICATION

Thirteenth Judicial Circuit

Please type or print legibly.

Date:		Case Number(s):												
Last Name:						First Name:						MI:		
Date of Birth:						Age:			Gender:	M		F		Transgender
Race:	American Indian or Alaska Native					Asian		Black		Native Hawaiian		White		Last 4# of SSN:
Address:								Phone Number:					Homeless (✓):	
City:					State:			Zip Code:				Email:		
Collateral Contact One Name:									Relationship:					
Phone Number:									Email:					
Collateral Contact Two Name:									Relationship:					
Phone Number:									Email:					
What is your primary language spoken?														
Do you require the use of an interpreter?						Yes No								
Have you previously participated in Drug Court?						Yes No								
If yes, what was the disposition?														
Are you currently employed?				Yes No		Employer:								
						Full Time Part Time Other:								
Have you have been diagnosed with any of the following?														
Traumatic Brain Injury				Yes 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?								Yes No						
Are you currently prescribed any of the following medications?								Yes No						
(If yes, please select [✓] any of the drugs that are prescribed below)														
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: Please select [✓] substances of abuse									
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		Yes No		
Any sexual offense		Yes No			Forcible felonies		Yes No		
What are your current sentence points on your criminal scoresheet?									
What lettered division were you in before?									
Have you ever been in the military?			Yes No						
Are you currently Pregnant?		Yes No N/A							
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
Attorney's Office Private
Attorney
Problem Solving Court Staff
Judge Denise Pomponio
Tri County Human Services
Phoenix House
Operation PAR
Westcare
Centerstone
Therapy 4 Change
Naphcare (Jail medical records)

Medical Records-Jail
Salvation Army
Amethyst Respite Center
Department of Corrections
Cove Behavioral Health
ACTS
Selah Freedom
Created
Gracepoint
Sober Solutions Counseling
First Step of Sarasota
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