



**Application Packet  
for the  
Albany County Court Supervised  
Treatment Program**



**515 East Iverson  
Suite 107  
Laramie, WY 82070  
307-721-1850**

**If you need help filling out or completing the application packet, please contact Claire Flaherty at  
307-721-1826**

<i><u>For Office Use Only</u></i>	
<b>Status</b>	<b>Date</b>
Received	
Interview	
ASI Requested	
DOC Review Requested	
ASI Received	
DOC Review Received	
Letter of Acceptance/Denial Sent	

### ***What is the Albany County Court Supervised Treatment Program?***

The Albany County Court Supervised Treatment Program is a treatment-focused program targeted to offer intensive rehabilitation services to individuals involved with the criminal justice system who have been identified as having a drug and/or alcohol addiction. The Drug Court program creates an environment with clear, certain, and definite rules that are easy to understand, based on the participant's performance, and measurable results. Compliance is wholly within the participants' control.

The Albany County Court Supervised Treatment Program is designed to last a minimum of thirteen months, which is divided into different supervision and treatment phases. Each supervision level and treatment phase has been developed to help the participant overcome certain issues that are usually prevalent at different stages of substance abuse treatment.

Any person who meets the admission criteria for the Drug Court program may volunteer to participate in the program. However, once a person has been admitted into the program, their participation in every facet of the program is MANDATORY. Any person may request at any time to be released from the program, but it should be noted that further adjudication may follow, which may include the imposition of any underlying sentence.

### ***Elements of the Albany County Court Supervised Treatment Program***

- Rapid Intervention
- Immediate Access to Treatment
- Systematic and Coordinated Approach to Treatment
- Judicial Leadership
- Frequent and Direct Contact with Drug Court Team Members
- Use of Incentives and Sanctions

### ***What is including in the referral packet?***

- Drug Court Questionnaire
- Program Qualification Information
- Consent to Release Confidential Information for Referral Purposes

Please read and sign all paperwork in this packet and turn it into either your Probation and Parole Agent, the Detention Center staff, or to the Albany County Court Supervised Treatment Program Case Manager (307-721-1826) or Director (307-721-1850), located in suite 107 in the Stratford Building (515 E Iverson, across the street from the Albany County Courthouse).

**The packet must be completed in its entirety or the person requesting admission may not be reviewed.**

**Albany County Court Supervised Treatment Program**  
**Program Qualification Information**

In order to qualify for the Albany County Court Supervised Treatment Program, the referred person must demonstrate a significant drug and/or alcohol problem. The referred person must also be willing to undergo a substance abuse evaluation, an initial interview by any member of the Drug Court Team, and consent to a background check. All final decisions for acceptance into the Albany County Court Supervised Treatment Program will be made by the Team.

**Who does qualify for the Albany County Court Supervised Treatment Program?**

- Be a resident of Albany County.
- **Felony Drug Charges** – Any person who may be charged with possession of a controlled substance in the amount prescribed as a felony according to Wyoming State statute. May also include persons charged with 3<sup>rd</sup> time simple possession in which that charge is a felony, and/or any person charged with prescription fraud.
- **Felony Probation or Parole Revocation** – Any person who is on felony probation or parole who is facing possible revocation for continued drug use, positive urinalysis tests, drug possession, and in some instances new criminal charges.
- **Felony Property Crime(s)** – Any person who is charged with crimes against another person’s property when those crime(s), or associated criminal behavior is/are related to supporting a drug addiction. Felony property crimes may include burglary, felony theft, check fraud, credit fraud, forgery, etc.
- **Misdemeanor Offense(s)** – Any person who is charged with a possession of illegal substance, driving under the influence, or is charged with an offense in which substance use is a component or underlying problem related to the offense.

**Who may not qualify for the Albany County Court Supervised Treatment Program?**

- **Violent Offenses** – Any person who’s underlying charge(s) involves any use of violence in the commission of their crime. The Albany County Court Supervised Treatment Program defines violence as follows:  
*A person who is charged with, or convicted of, an offense during the course of which; (1) The person carried, possessed, or used a firearm or other dangerous weapon. (2) The person used force against another person. (3) Death, or serious bodily injury, occurred to any person, without regard to whether any of the circumstances described above is an element of the offense, or conduct of which, or for which the person is charged with or convicted of. It may also include persons whom have been convicted of violent crimes in the past, regardless if those violent offenses were misdemeanors or felonies.*
- **Severe Mental Illnesses or Diminished Mental Capacity** – Any person who may suffer from severe mental illness in which treatment requires regulated, consistent, and/or intensive drug therapy. It may also include persons who may not have the cognitive ability or awareness to properly participate in the intense probationary requirements of the program and/or the intensive nature of the drug treatment program.

- Felony Drug Trafficking Offenses – Any person who has been charged with or convicted of felony drug trafficking offenses. A felony drug trafficking offense may be defined as any person who was selling, in possession of, or distributing narcotics in which a reasonable inference may be made that those activities go beyond the scope of personal use.
- Individuals Charged or Convicted of Sex Crimes – Any person who has been charged with, or convicted of, Sexual Assault as defined pursuant to W.S.S. 6-2-302 through 6-2-319; and/or any person charged with an Offense Against the Family as defined pursuant to 6-4-301 through 6-4-304 and 6-4-401 through 6-4-402.

All persons seeking placement in the Albany County Court Supervised Treatment Program must have a residence that is free of drugs and/or alcohol, firearms, or other dangerous weapons. The residence must also be free of any person(s) who may use drug and/or alcohol, or being in possession of firearms, or other dangerous weapons. The Albany County Court Supervised Treatment Program reserves the right to determine what may be or may not be an acceptable residence.

Albany County Court Supervised Treatment Program reserves the right to change any qualifying or disqualifying criteria without notice. If you believe that your client may be a possible client for the Albany County Court Supervised Treatment Program, please feel free to contact the Albany County Drug Court Director at (307)721-1850, or Case Manager at (307) 721-1826.

### **Submission Instructions**

After you have completed this application in its entirety, you may either

- Print the application and submit it in-person to our office at **515 E Ivinson Ave, Ste 107**
- Save your completed application to your computer and email it to **drugcourt@co.albany.wy.us**

Once your application has been turned in, you will be contacted for an interview and to sign additional forms that will allow us to begin the review process.

**DRUG COURT PARTICIPANT PERSONAL INFORMATION SHEET**

**Date:** \_\_\_\_\_ **Referred By:** \_\_\_\_\_

**Full Legal Name:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Birthplace:** \_\_\_\_\_ **Race:** \_\_\_\_\_

**Ethnicity:**  Not of Hispanic Origin  Hispanic (Specify): \_\_\_\_\_

**Gender:** Male Female Transgender Other: \_\_\_\_\_

**Military Service:** None Active Duty National Guard Reserve

Branch: \_\_\_\_\_ Service Length: \_\_\_\_\_

**Current Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Probation Agent:** \_\_\_\_\_ **Defense Attorney:** \_\_\_\_\_

**Arrest Date:** \_\_\_\_\_ **Currently in Jail:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Current/Pending Charges:**  
\_\_\_\_\_  
\_\_\_\_\_

**Describe/Explain how you got the current/pending charges:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Current employment status (mark one)?**

- |   |                                  |
|---|----------------------------------|
| <input type="checkbox"/> Part-Time Employed                 | <input type="checkbox"/> Inmate  |
| <input type="checkbox"/> Full-Time Employed                 | <input type="checkbox"/> Student |
| <input type="checkbox"/> Unemployed                         | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Disabled                           | <input type="checkbox"/> Other:  |
| <input type="checkbox"/> Homemaker (adult not in workforce) |                                  |

**Employer:** \_\_\_\_\_ When did you begin working here? \_\_\_\_\_

If unemployed, when did your unemployment begin? \_\_\_\_\_

If disabled, please identify what you receive disability for?  
\_\_\_\_\_

- **Average monthly income is** \_\_\_\_\_ (work or disability)

**PLEASE COMPLETE THE FOLLOWING QUESTIONNAIRE AS THOROUGHLY AS POSSIBLE**

**PART I: Basic Information, Family Relationships**

1. Do you have a valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_ Issuing State \_\_\_\_\_
  - a. If not, why?  
\_\_\_\_\_
  
2. Do you have reliable transportation? Yes \_\_\_\_\_ No \_\_\_\_\_
  - a. If no, what is your plan for transportation? \_\_\_\_\_
  - b. If yes, what is the make, model, year, and color of your vehicle?  
\_\_\_\_\_
  
3. What is your highest level of education completed? \_\_\_\_\_
  
4. Please pick a category for your current primary residence (mark one).  
\_\_\_\_\_ Homeless  
\_\_\_\_\_ Guest  
\_\_\_\_\_ Live on own  
\_\_\_\_\_ Live with family  
\_\_\_\_\_ Live with roommate(s)  
\_\_\_\_\_ Inmate
  
5. How many times have you moved in the last year?  
\_\_\_\_\_ None  
\_\_\_\_\_ 1-2  
\_\_\_\_\_ 3 or more
  
6. Please circle the appropriate response: I am  
Single      Married      Divorced      Separated      In Relationship
  
7. My significant other's name, address and phone number is:  
\_\_\_\_\_  
\_\_\_\_\_
  
8. Any minor children you have custody of? If yes, please provided ages:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART II: Substance Use and Mental Health History**

9. How old were you when you first used alcohol? \_\_\_\_\_  
Age when used regularly \_\_\_\_\_

10. Have you ever used an illegal controlled substance? \_\_\_\_\_

11. How old were you when you first used an illegal controlled substance? \_\_\_\_\_  
Age when used regularly \_\_\_\_\_

12. Has drinking and/or drug use ever caused an issue or problem with family, friends, legal system? If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

13. Has drinking and/or drug use ever caused a problem with employment (missed work, fired, etc.)? If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

14. What is/are your primary drug(s) of choice (alcohol, marijuana, cocaine, methamphetamines, heroin, other; please specify if “other”)?

\_\_\_\_\_

15. With whom do you usually use drugs and/or alcohol with?  
\_\_\_\_\_Friends \_\_\_\_\_Family \_\_\_\_\_Self

16. Have you had an ASI, ASAM, or other evaluation completed in the past 6 months?

Yes \_\_\_\_\_ No \_\_\_\_\_

a. If yes: Location \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Recommendation (if known): \_\_\_\_\_

17. Have you ever been diagnosed with a mental health disorder? Yes \_\_\_\_\_ No \_\_\_\_\_

a. What was the diagnosis? \_\_\_\_\_

b. Are you currently receiving psychiatric treatment for your mental health disorder?  
Yes \_\_\_\_\_ No \_\_\_\_\_

c. What is the name of your mental health treatment provider? \_\_\_\_\_

18. Have you ever received outpatient or inpatient substance abuse and/or mental health treatment?

Yes \_\_\_\_\_ No \_\_\_\_\_

a. If yes, please list when, name of program, and if you successfully completed the program.

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19. Have you, or are you currently, enrolled in a Medicated Assisted Therapy (MAT) program such as Suboxone, Buprenorphine, or Naloxone? Yes\_\_\_\_\_ No\_\_\_\_\_

a. Which medications are you taking through the MAT program, and who is your prescribing treatment provider?

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**PART III: Personal and Family Criminal History**

20. Please describe your past criminal history.

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21. Does anyone in your family have a criminal record? Yes\_\_\_\_\_ No\_\_\_\_\_



a. If yes, provide details:

\_\_\_\_\_

22. Do either of your parents have a substance abuse history (drugs or alcohol)? Yes \_\_\_\_\_ No \_\_\_\_\_

23. At what age were you first arrested or cited? \_\_\_\_\_

a. Briefly explain what happened:

\_\_\_\_\_  
\_\_\_\_\_

24. Have you ever been charged with an assaultive offense (fighting, assault, DV)?

Yes \_\_\_\_\_ No \_\_\_\_\_

25. Have you ever been convicted of a felony? \_\_\_\_\_

If yes, for what: \_\_\_\_\_

26. Have you ever been sentenced to (please circle)?

Jail    Prison (state or federal)    Halfway house    Work release program

27. Have you ever been on probation or parole? Yes \_\_\_\_\_ No \_\_\_\_\_

a. If yes, was it revoked? Yes \_\_\_\_\_ No \_\_\_\_\_



**Proposed Residence for Drug Court Supervision**

**Proposed address #1**

- 
- Contact Person for this address (whose name is the lease in?) \_\_\_\_\_
  - Contact Person's phone number \_\_\_\_\_
  - Your relationship with this person \_\_\_\_\_
  - Landlord/Property Owner's name and phone number \_\_\_\_\_
  - Names and ages of all people in the home

- 
- Is this state or federal funded housing? YES \_\_\_\_ NO \_\_\_\_
  - Is this a rental? YES \_\_\_\_ NO \_\_\_\_ If yes, provide contact information for the property manager \_\_\_\_\_
  - Any back rent and/or utilities owed? YES \_\_\_\_ NO \_\_\_\_

**Proposed address #2**

- 
- Contact Person for this address (whose name is the lease in?) \_\_\_\_\_
  - Contact Person's phone number \_\_\_\_\_
  - Your relationship with this person \_\_\_\_\_
  - Landlord/Property Owner's name and phone number \_\_\_\_\_
  - Names and ages of all people in the home

- 
- Is this state or federal funded housing? YES \_\_\_\_ NO \_\_\_\_
  - Is this a rental? YES \_\_\_\_ NO \_\_\_\_ If yes, provide contact information for the property manager \_\_\_\_\_
  - Any back rent and/or utilities owed? YES \_\_\_\_ NO \_\_\_\_

## Agreements

1. Will you sign a waiver of confidentiality so the Drug Court team can communicate with your current treatment provider?  
**Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **Initials** \_\_\_\_\_
2. Do you consent to sign whatever releases that may be necessary so the Drug Court team can receive and review your most recent substance abuse assessment?  
**Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **Initials** \_\_\_\_\_
3. Do you consent that the Drug Court team may restrict the locations where you may work to the city of Laramie or Albany County?  
**Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **Initials** \_\_\_\_\_
4. Do you consent that your employment may not interfere with your participation in the Drug Court program and that you will notify your employer of your participation in the Drug Court program?  
**Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **Initials** \_\_\_\_\_
5. Do you consent that any member of the Drug Court team may conduct a work-verification on you at any time and that those checks may also be completed by law enforcement?  
**Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **Initials** \_\_\_\_\_
6. Do the other persons with whom you will live with know that you may be a participant in the Drug Court program?  
**Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **Initials** \_\_\_\_\_
7. Do the other residents that you plan to live with know that you, your residence, and/or your vehicles shall be subject to search at any time by probation agents, law enforcement, or any other member of the Drug Court team members?  
**Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **Initials** \_\_\_\_\_
8. Do the people you plan to live with agree to keep the residence free of alcohol, illegal drugs, or other substances that may be prohibited by your probation agent (Products include, but are not limited to: medication or other products that contain alcohol, certain over-the-counter-medication that can be abused if used inappropriately, SPICE, CBD, Kratom, other products that may contain synthetic THC, and/or any other product that could be abused)?  
**Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **Initials** \_\_\_\_\_
9. Do you consent that the Drug Court team may restrict person(s) with whom you may reside if that person(s) uses or possesses alcohol, illegal drugs, or banned substances?

**Yes \_\_\_\_\_ No \_\_\_\_\_ Initials \_\_\_\_\_**

10. Do you consent that the Drug Court team may require you to change your residence because of the presence of alcohol, illegal drug, or other prohibited substance use by other residents?

**Yes \_\_\_\_\_ No \_\_\_\_\_ Initials \_\_\_\_\_**

**Instructions: Please answer the questions below by either checking YES or NO.**

1. During the last year, did you notice that the same amounts of drugs or alcohol didn't have the same affect they used too, and that you had to use more in order to get the same affect?  
**YES** \_\_\_\_ **NO** \_\_\_\_
2. During the past year, have you experienced any physical distress when you quit drinking or taking drugs, or have you found yourself using more to avoid withdrawal symptoms such as hangovers or other physical symptoms?  
**YES** \_\_\_\_ **NO** \_\_\_\_
3. During the past year, have you used more alcohol or drugs, or used over a longer period of time than you had originally planned?  
**YES** \_\_\_\_ **NO** \_\_\_\_
4. During the past year, have you given up any work, family or leisure time activities due to your use of alcohol or drugs?  
**YES** \_\_\_\_ **NO** \_\_\_\_
5. During the past year, have you tried unsuccessfully to control or cut down your use of substances?  
**YES** \_\_\_\_ **NO** \_\_\_\_
6. During the last year have you continued to use alcohol or drugs despite knowing that you have a physical or emotional problem that is caused or made worse by your use of substances?  
**YES** \_\_\_\_ **NO** \_\_\_\_
7. During the past year, has your use of alcohol or drugs contributed to difficulty or inability to meet your responsibilities at home, work, or school?  
**YES** \_\_\_\_ **NO** \_\_\_\_
8. During the past year, have you used alcohol or drugs, even when your use could be putting yourself in danger (such as when driving, participating in sports, or operating heavy machinery)?  
**YES** \_\_\_\_ **NO** \_\_\_\_
9. During the past year, has your drug or alcohol use led to problems with the legal system, such as DUI, Drunk and Disorderly arrests, being picked up for drug possession, etc.?  
**YES** \_\_\_\_ **NO** \_\_\_\_
10. During the past year, have you continued to use alcohol or drugs even though this use has contributed to problems in relationships with others, such as arguments with friends or family, physical fights, etc.?  
**YES** \_\_\_\_ **NO** \_\_\_\_