

SECOND JUDICIAL DISTRICT COURT
STATE OF NEVADA
WASHOE COUNTY
Prison Re-entry Court Application

Defendant Name:	Date of Application:
Defendant Date of Birth:	Defendant ID#:
Limited Jurisdiction Case #:	District Ct. Case #:
Caseworker:	

Application Instructions

While in prison, the inmate starts the process by contacting their case manager about the Prison Reentry Program. The case manager lets the inmate know if they qualify for the program and helps them with the necessary paperwork to apply.

The case manager submits the paperwork to the Offender Management Division in their institution. The Offender Management Division gathers more information, including a disciplinary report and assessments and court documents. The Offender Management Division makes the determination whether the inmate qualifies for the program, and if so, sends the paperwork to the Prison Reentry Court Coordinator.

The Prison Reentry Court Coordinator brings the application to the Court’s Prison Reentry Court team for review. The team decides whether to accept the inmate. This decision is communicated to the Offender Management Division. If the application is not complete, the coordinator will reject the application. A complete application must be submitted in order to review for acceptance.

1. Applications will only be accepted by e-mail. ReentryCourt@washoecourts.us
2. If the inmate is accepted, the Prison Reentry Court Coordinator works with the transitional living programs in the community to secure a bed for the inmate. The Reentry Court Coordinator then works with the Offender Management Division to set a date to release the inmate into the program. Any referral to a Specialty Court program **must** include:
 - Waiver of Confidentiality form
 - Progress Report:
 - Use the Parole Progress Report
 - Prepare an addendum to address issues such as:
 - Clarification on parole eligibility if the inmate has a parole. Point out prior probation violations and/or parole violations
 - Medical/Mental Health issues which may impact placement into the program (medications)
 - Educational status to date
 - Any issues indicating that the inmate has been a management problem
 - NDOC Disciplinary Rap Sheet
 - Written Statement from the inmate to address:
 - ✓ Interest in the program
 - ✓ **Prior** involvement in a substance abuse program either in/out of prison, prior or current
 - ✓ Employability skills, such as training and prior work experiences
 - ✓ Educational achievements to date
 - PSI (include Probation Violation Reports, if applicable)
 - JOC

Failure to submit a complete application or to provide requested information will result in delay or denial of application.

**WAIVER OF
CONFIDENTIALITY**

I, _____, NDOC # _____ do hereby unconditionally consent and authorize the release of any information contained in my prison record, criminal history, medical or social background, current or previous pre-sentence investigation reports or any other treatment or medical records to the Nevada Department of Corrections, the Division of Parole and Probation, or the Second Judicial District Drug Court, the Advisory Board created pursuant to NRS Chapter 209, and a judicially designated treatment provider, for the purpose of evaluating my suitability to participate in the Re-Entry Drug Court Program.

Further, if I am accepted into the program, I hereby waive my confidentiality rights as to any information gained by my treatment provider to include verbal communication, the results of drug tests or any other information. I hereby specifically agree that this information shall be provided to the District Court Drug Court Judge, the Deputy District Attorney for Drug Court, the Deputy Public Defender for Drug Court and the Division of Parole and Probation.

Dated this _____ day of _____, 20_____.

Inmate Signature

APPLICANT INFORMATION

Defendant's Name: _____ DOB: _____

ID#: _____ Social Security#: _____ Male Female

Race: _____ Primary Language: _____ Interpreter Needed? Yes No

Address: _____ Phone#: _____

Emergency Contact: _____ phone#: _____

Time Served: _____ PED: _____

Exp: _____

Participation in any specialty court program(s) before?	<input type="checkbox"/> YES <input type="checkbox"/> NO
What program(s)?	When?
What was the outcome?	Graduation Date(s):
Notes:	

Are you eligible for Social Security Benefits?

SSI SSDI SSRI

Do you have medical insurance? YES NO

Medicaid: Anthem HPN Silver Summit FFS
 Medicare: Part A Part B Part D Provider: _____

Private Insurance:

Insurance Company:	Policy number:
Name of Policyholder:	Relationship:

Do you or anyone in your household own a vehicle? Yes No

Vehicle #1 Make:	Model:	Year:
Registered Owner:		
Vehicle #2 Make:	Model:	Year:
Registered Owner:		

SUBSTANCE USE HISTORY

DRUG CATEGORY (Includes nonmedical drug use)	Ever Used Yes or No ^a	Age at First Use	Total Years Used	Intravenous Drug Use	Date of Last Use	Frequency of Use
ALCOHOL: Beer, wine, vodka, gin, scotch/whiskey	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> No <input type="checkbox"/> Yes		
CANNABIS: Marijuana, hash oil, pot, weed, blow	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> No <input type="checkbox"/> Yes		
STIMULANTS: Cocaine, crack, blow	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> No <input type="checkbox"/> Yes		
STIMULANTS: Methamphetamine — meth, ice, crank	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> No <input type="checkbox"/> Yes		
AMPHETAMINES/OTHER STIMULANTS: Ritalin, Benzedrine, Dexedrine, speed, bennies, uppers	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> No <input type="checkbox"/> Yes		
BENZODIAZEPINES/ TRANQUILIZERS: Valium, Librium, Xanax, Diazepam, roofies, downers	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> No <input type="checkbox"/> Yes		
SEDATIVES/HYPNOTICS/BARBITURATES: Amytal, Seconal, Dalmane, Quaalude, Phenobarbital	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> No <input type="checkbox"/> Yes		
HEROIN: smack, scat, brown sugar, dope	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> No <input type="checkbox"/> Yes		
STREET OR ILLICIT METHADONE	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> No <input type="checkbox"/> Yes		
OTHER OPIOIDS: Tylenol #2 & #3, Percodan, Percocet, Opium, Morphine, Demerol, Dilaudid	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> No <input type="checkbox"/> Yes		
HALLUCINOGENS: LSD, PCP, mescaline, peyote, mushrooms, ketamine, ecstasy (MDMA)	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> No <input type="checkbox"/> Yes		
INHALANTS: glue, gasoline, aerosols, paint thinner, poppers, rush, whippets	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> No <input type="checkbox"/> Yes		
STEROIDS: <i>Deca-Durabolin, Durabolin, Equipoise, Winstrol, Anadrol, Oxandrin</i> , roids, juice	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> No <input type="checkbox"/> Yes		
ILLEGAL USE OF PRESCRIPTION DRUGS (describe)	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> No <input type="checkbox"/> Yes		

^aIf EVER USED is NO for any given line, the remainder of the line should be left blank.

Which substance do you consider to be your primary substance of choice:

(i.e., the one that causes you the most problems and/or has been the most difficult for you to manage)

- Alcohol Cocaine Marijuana Heroin Methamphetamine Ecstasy Nitrous Oxide Fentanyl
 Prescription Opioids (specify) Prescription Stimulants (specify) Prescription Tranquilizers (specify)
 Other (specify): _____

Do you have any other current or past compulsive or addictive behaviors? (Check all that apply.)	<input type="checkbox"/> Food <input type="checkbox"/> Gambling <input type="checkbox"/> Cutting <input type="checkbox"/> Sex <input type="checkbox"/> OCD <input type="checkbox"/> Other (explain) _____
Have you ever had financial problems because of gambling? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Have you ever had to lie to people important to you about how much you gambled? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Has gambling impacted your living expenses? <input type="checkbox"/> No <input type="checkbox"/> Yes	

TREATMENT HISTORY
INPATIENT DETOX, REHAB or PSYCHIATRIC HOSPITAL

Facility Name	Reason for Admission	Admission Date mo/yr	Length of Stay	Results- completed/dropped out

OUTPATIENT TREATMENT PROGRAM

Facility Name	Reason for Admission	Admission Date mo/yr	Length of Stay	Results- completed/dropped out

PRESCRIBED MEDICATIONS YOU ARE CURRENTLY TAKING

Medication	Dose per day	Condition or Illness	Doctor	Approx. starting date	Do you take as prescribed?
					<input type="checkbox"/> No <input type="checkbox"/> Yes
					<input type="checkbox"/> No <input type="checkbox"/> Yes
					<input type="checkbox"/> No <input type="checkbox"/> Yes

MEDICAL/MENTAL HEALTH HISTORY

Do you have any medical conditions? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, explain:
Do you have a mental health diagnosis? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, explain:
Do you see any medial or mental health providers for any condition? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, explain:
Are you currently taking any prescription medication(s) for any condition? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, explain:
If you are female, are you currently pregnant? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Have you received prenatal care? <input type="checkbox"/> No <input type="checkbox"/> Yes	Where?
When is your due date? Click or tap to enter a date.	Doctor?

EDUCATION AND EMPLOYMENT HISTORY

School Type	Did you finish?	Name of School
GED/HiSET	<input type="checkbox"/> No <input type="checkbox"/> Yes	
High School	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Trade School	<input type="checkbox"/> No <input type="checkbox"/> Yes	
College	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Post-Grad Degree	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Your most recent first:

Employer	Job Title	Dates	Reason for leaving

Are you currently eligible for unemployment?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you have any disability that prevents you from working?	<input type="checkbox"/> No <input type="checkbox"/> Yes
What is your main source of financial support?	

MILITARY SERVICE

Please complete this section if you have ever served in the military, even for one day.

Branch of Service:	Occupational Specialty:
Date of Entry:	Date of Discharge:
Awards:	Rank at Discharge:
Discharge Status:	
If your discharge was other than honorable, please explain:	
Do you have a copy of DD 214? <input type="checkbox"/> No <input type="checkbox"/> Yes	
While in the military, did you suffer any trauma? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Please check all that apply: <input type="checkbox"/> Physical <input type="checkbox"/> Sexual <input type="checkbox"/> Emotional	
Are you eligible to receive VA benefits? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Have you enrolled with the local VA? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Have you ever applied for a service-connected disability? <input type="checkbox"/> No <input type="checkbox"/> Yes	

ADDITIONAL INFORMATION TO INCLUDE:

- Progress Report:
 - Use the Parole Progress Report
 - Conditional Release Application
 - Prepare an addendum to address issues such as:
 - Clarification on parole eligibility if the inmate has a parole. Point out prior probation violations and/or parole violations
 - Any issues indicating that the inmate has been a management problem (Inmate Disciplinary History Report)
- NDOC Disciplinary Rap Sheet
- PSI (include Probation Violation Reports, if applicable)
- JOC