



**Fax completed form to:
Community Court
Fax: 817-392-7436
Sr. Human Services Specialist
Contact No.: 817-392-6990**

Applicant's Information:

First Name:		Last Name:	
Has Applicant used any other names? If so, please list all names: _____			
Race: Check one:	<input type="checkbox"/> White <input type="checkbox"/> African American/Black <input type="checkbox"/> Asian <input type="checkbox"/> Other	Ethnicity Check One:	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non- Hispanic
Birth Date:		Age:	Applicant's sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
State ID/DL #:		State	HMIS ID#:
Applicant's Mailing Address: _____			
City:		State:	Zip:
Applicant's Phone/Voice Mail: _____		Alternate Contact Number: _____	
If there is any other way to contact the Applicant, please indicate that information _____ _____ _____			

PLEASE CONTACT THE COURT AT 817-392-6990 TO REPORT CHANGES OF ADDRESS

Case Manager's Contact Information:

Agency Name: _____

Case Manager's Name and Position: _____

Phone: _____ Fax: _____

Email: _____

Does the applicant need vital documents for housing, employment, or other services? Yes No

If Yes, which documents? ID Birth Certificate Social Security Card Driver's License

Is the applicant an undocumented resident? Yes No

Is the applicant currently employed? Yes No

If No, is he/she seeking employment? Yes No

If No, why?

Does the applicant currently own an automobile? Yes No

Is the applicant battling drug addiction? Yes No

If Yes, is the applicant in a drug addition program? Yes No

Is the applicant battling alcohol addiction? Yes No

If Yes, is the applicant in an alcohol addition program? Yes No

Does the applicant have a mental health condition? Yes No

If Yes, is he/she attending counseling sessions? Yes No

If Yes, is he/she taking medication? Yes No

Is the applicant currently housed through a Directions Home program? Yes No

Is the applicant eligible for Housing? Yes No

If Yes, has the applicant applied for housing assistance? Yes No

Does the applicant currently hold a commercial driver's license (CDL)? Yes No

Has the applicant EVER held a commercial driver's license (CDL)? Yes No

If Yes, when was the commercial driver's license issued? _____

Has the applicant/defendant ever been convicted of a felony? Yes No

Does the applicant/defendant have any condition(s) that prevents him/her from performing physical labor? If Yes, please list conditions below

1. _____

2. _____

3. _____

Program Information

Please briefly describe which program(s) or type of program may help the Applicant and how. See Example.

<u>Agency</u>	<u>Program Name</u>	<u>Program Requirements</u>	<u>Client's Needs</u>
Recovery Resource (example)	Drug Rehabilitation (example)	Attend NA 3xs weekly and random drug testing (example)	Obtain TX driver's license or Id for Social Security Disability

Applicant's signature

Date signed

Case Manager's signature

Date signed

Case Manger Comments:

**AGREEMENT TO PARTICIPATE IN
COMMUNITY COURT**

I am participating, I will participate or I have participated in a program that qualifies for meeting the terms of probation set by the City of Fort Worth's Community Court Docket.

Referral to the Community Court Docket does not automatically result in dismissal of offenses. I understand that I will be required to appear in Community Court and discuss my situation with the judge.

I also understand that the judge may require additional "sentencing" or action in my case(s), and that if I do not appear or contact the Court at 817-392-6990 at least 3 days before my scheduled court appearance, the Community Court may add additional charges or additional requirements to my probation.

Applicant's Signature: _____

Date signed: _____

PROMISE TO APPEAR

I, _____ (Print Applicant's name), agree to appear in the City of Fort Worth Community Court at / on _____ (date), in Court Number 2. Failure to appear may result in additional charges, arrest and/or exclusion from future City of Fort Worth Community Court dockets.

Applicant's signature: _____

Applicant's birth date: _____

Date signed: _____

CONSENT FOR RELEASE OF INFORMATION

Applicant's name: _____

The purpose of this Consent for Release of Information is to gain information which will be used to confirm the Applicant's participation in the City of Fort Worth Community Court program, in a rehabilitation program, and for dismissal of certain Class C misdemeanors and warrants resulting from those offenses.

My birth date is _____.

My Texas Driver's License/Id. No. _____,

I hereby authorize the release of information regarding my participation in a rehabilitation program that may include my social service, health information, drug and alcohol treatment and/or criminal record, to include:

Agency's Name: _____

Agency's Address: _____

Agency's Phone: _____

Referral to the Community Court Docket does not automatically result in dismissal of offenses and may result in a court appearance. The Judge may determine additional "sentencing" or action needed. Failure to appear may result in additional charges and fines.

I understand that I may revoke this Consent for Release of Information in writing at any time, except to the extent that action has already been taken. If not revoked earlier, this consent shall terminate at the end of the probation period unless the Court extends the probation period, in which case my consent automatically extends for the term of the extension, or one year from my signature below, whichever occurs first.

This form was completed in its entirety and read by me (or to me) prior to signing. A copy of this signed form is as valid as the original.

Signature of Applicant: _____

Date signed: _____