

How To Apply To The Kane County DUI Court (KCDUI)

Fill out the KCDUI Application with the Client and go over the Consent to Participate with the Client and get a copy of the Participant Handbook to give to the Client.

1. List the Client's address and telephone number at the bottom of the application. If the Client is in jail, write that on the application. It is very important that the address and phone number are accurate on the application or the process will be delayed significantly.
2. The Client MUST be a Kane county resident to apply to the program.
3. Submit the completed application to the Presiding Judge for KCDUI on the next Client Court call and obtain a 3 week continuance for status on admission.
4. Advise the Client that a member of the KCDUI staff will interview him/her about their drug/alcohol history and/or mental health history and will conduct an assessment before the next date.
5. Before the Client can enter the KCDUI program, the KCDUI team will review the application and assessment and determine if it is appropriate for the Client to be admitted into KCDUI. The results of this determination will be communicated to the Client's attorney.
6. After submission of the application in court, if the Client is out of custody, take him/her to Adult Court Services on the first floor of the Judicial Center with a copy of the completed application and set an appointment for the interview/assessment with the KCDUI Coordinator.

A copy of the KCDUI Participant Handbook is available for reference in the Kane County Law Library.

Defendant _____ Number _____

APPLICATION FOR ADMISSION
TO THE KANE COUNTY DUI COURT

I, _____, having a date of birth of _____, and having read the Consent to Participate, represent as follows:

1. I understand the terms of the Consent to Participate.
2. I have reviewed the Consent to Participate with my attorney,
_____ (Name of attorney).
3. I am a resident of Kane County, Illinois.
4. I am currently charged with an offense of _____, a Class _____
felony/misdemeanor (circle one).
5. I am/am not (circle one) currently being held in the Kane County Jail.
6. I am in need of treatment for Substance Use Disorder:
_____ (List Substance or Substances Used)
7. I want to participate in and successfully complete treatment through the KCDUI and am willing to follow all treatment recommendations.
8. If accepted, I will sign the Consent to Participate and abide by all of its terms.

Defendant/Applicant

Attorney for Defendant/Applicant

Date: _____

CLIENT'S ADDRESS: _____

CITY: _____

PHONE: _____