

How To Apply To The Kane County Drug Rehabilitation Court

- 1. Fill out the Kane County Drug Court Application with the participant, go over the Consent to Participate with the participant, and give them a copy of the Participant Handbook.**
- 2. List the participant's address and telephone number at the bottom of the application. If the participant 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.**
- 3. The participant MUST be a Kane county resident to apply to the program.**
- 4. Submit the completed application to the Presiding Judge for Drug Court on a Tuesday at 9:00 AM and obtain a 3 week continuance for status on admission.**
- 5. Advise the participant that a member of Drug Court will interview them about their drug/alcohol history and/or mental health history and will conduct an assessment before the next date.**
- 6. Before the participant can enter the Drug Court program, the Drug Court team will review the application and assessment and determine if it is appropriate for the participant to be admitted into Drug Court. The results of this determination will be communicated to the participant's attorney.**
- 7. Advise the participant that if they are approved and the treatment recommendation is inpatient residential treatment, they may remain in jail until a bed is available at a residential facility.**
- 8. After submission of the application in court, if the participant is out of custody, take them 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 Drug Court Coordinator.**

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

Defendant _____ Case Number _____

**APPLICATION FOR ADMISSION TO THE
KANE COUNTY DRUG COURT**

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

1. I understand the terms of the Consent to Participate and including the immediate sanctions provisions.
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.
5. I am/am not (circle one) currently being held in the Kane County Jail.
6. I am addicted to _____
7. I want to participate in and successfully complete treatment through the Drug Court 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: _____

PARTICIPANT'S ADDRESS _____

CITY: _____

PHONE: _____