

52-4 District Court Drug Therapy Court

Participant Information Sheet

Name: _____ Birthday: _____

Do you have any needs that we can assist you with at this time? This could be housing, health insurance, food assistance etc., dental, medical):

What are you hoping to gain from the program?

What goals would you like to achieve while in the program, outside of maintaining your sobriety? This could be continuing education, better employment, better family/significant other relationship.

In what ways do you see this program assisting you with these goals? Do you have a plan of action to meet these goals?

What pro-social activities (sports, reading, fishing, dancing, concerts etc.) do you participate in? Are there any you would like to but haven't been able to pursue?

Do you have any concerns or fears about participating in the program?

What is something you would like the team to know about you? It could be about your family, your work, your faith, favorite foods, etc.

What is something you are good at or passionate about? _

Are there still people in your life at that use drugs and/or alcohol? How are you setting boundaries? It could be family, friends, and/or a romantic partner.

Is your living situation safe?
