

Application for Drug Court

Applicant's Name: _____

Social Security #: _____ Date of Birth: _____

Sex: _____ Race: _____ Phone # (____) _____

Address: _____ City _____ Zip _____

Are you IN or OUT of jail? Who is your probation officer? _____
(please circle one)

What is your lawyer's name and phone number? _____

What are your current charges? _____

What is your Docket # and related charge? _____

What is your pending court date? _____

Which court? _____

List any previous convictions: _____

I give my consent for the following people to contact the Drug Court office for information concerning this application:

(Signature)

(Date)

Please return to:
Trey King, Director
303 N. Church St.
Murfreesboro, TN 37130