IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT
CHAMPAIGN COUNTY, ILLINOIS

PEOPLE OF THE STATE OF ILLINOIS,	)	
Plaintiff,	)	
vs.	)	
	)	No. _____CF_____
_____	)	
Defendant.	)	

REQUEST FOR DRUG COURT ASSESSMENT

Now comes _____ Defendant herein, who is requesting a Risk and Needs Assessment to determine Defendant's eligibility to participate in the Champaign County Drug Court Program (Program).

Defendant has been advised by his/her counsel about the Program, including all its terms and conditions. Defendant admits to having an addiction or dependency to alcohol or other drugs and seeks admission into the Program.

Defendant understands that the Program is voluntary, and he/she has no guaranteed right to admission. Defendant acknowledges: (l) a desire to become alcohol and drug free; (2) that upon admission to the program, he/she will be required to attend treatment and counseling; and (3) agrees to abide by any and all requirements of the Program and directions received from the Drug Court Team (Team).

Defendant understands and acknowledges that the Team must receive relevant medical and mental health information in order to determine if the Defendant is eligible to be assessed. Defendant hereby authorizes the release to the Team of any and all medical and mental health screenings, assessments and records of treatment providers (including but not limited to physicians, hospitals, medical facilities, mental health professionals or mental health facilities), correctional institutions or other agencies who conduct such assessments or treatment. The Team keeps this information confidential as set forth in the Champaign County Policies and Procedures Appendix A.

On the advice of counsel, Defendant understands the requirements, terms and conditions of the Program and knowingly and voluntarily seeks admission into and to fully participate and abide by all terms and conditions of the Program.

DATE: _____ _____ _____

Defendant's signature Counsel's signature

I, _____, Assistant State's Attorney for Champaign County, having reviewed Defendant's Request for Drug Court Assessment and Defendant's prior record and the facts of this cause know to me, state as follows:

☐ Defendant is not eligible for Drug Court pursuant to 730 ILCS 166/20 (b)(l), the crime is a crime of violence as set forth in 730 ILCS 166/20(b)(4).

☐ Defendant is not eligible for Drug Court pursuant to 730 ILCS 166/20(b)(4), the Defendant has been convicted of a crime of violence within the past five years.

☐ The State's Attorney's Office objects to Defendant's request because the offense is a Class 2 or greater felony involving statutory offenses listed in 730 ILCS 166/20(c)(l), (2), or (3).

☐ The State's Attorney's Office objects to Defendant's request based on Defendant's prior history and/or the facts of this underlying case.

☐ The State's Attorney's Office does not object to Defendant's request to be assessed for Drug Court.

☐ Defendant is currently charged with offenses that make him/her ineligible for Drug Court pursuant to 730 ILCS 166/20 or with offenses that are non-probationable based on Defendant's prior history. If the Drug Court Team determines that Defendant is eligible for Drug Court, I agree to consider amending the charge to allow the Defendant to participate in Drug Court.

DATE: _____ _____

Assistant State's Attorney