



Fax completed form to:
Social Services Coordinator
Fax No. 817.392-7436
Community Court Human Service Specialist
Contact No. 817-392-6990

Applicant's Information:

| | | | | | |
|---|--------------------------------|--|---|---|--------------------------------|
| First Name: _____ | | Middle Name: _____ | | Last Name: _____ | |
| Has Applicant used any other names? If so, please list all names: _____ | | | | | |
| Race: Check one: | <input type="checkbox"/> White | <input type="checkbox"/> African American/Black | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Asian | <input type="checkbox"/> Other |
| Birth date: _____ | | Age: _____ | | Applicant's sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| <input type="checkbox"/> Mark this box if it's a TX. Driver's license or id. and write the DL No. _____ | | | Please list any other state that issued Applicant a driver's license/id. _____ | | |
| Applicant's Mailing Address: _____ _____ | | | | | |
| Applicant's Phone/Voice Mail: _____ | | | Applicant's Email: _____ | | |
| If there is any other way to contact the Applicant, please indicate that information _____ _____ _____ | | | | | |

Case Manager's Contact Information:

Agency Name: _____

Case Manager's Name and Position: _____

Phone: _____ Fax: _____

Email: _____

Applicant's name: _____

(If necessary, use additional sheets. Please write the Applicant's name at the top of the sheet.)

Program Information

Please briefly which program(s) or type of program may help the Applicant and how. See Example.

| <u>Agency</u> | <u>Program Name</u> | <u>Program Requirements</u> | <u>Client's Needs</u> |
|-------------------|---------------------|--|---|
| Recovery Resource | Drug Rehabilitation | Attend NA 3xs weekly and random drug testing | Obtain TX driver's license or Id for Social Security Disability |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Applicant's signature

Date signed

Case Manager's signature

Date signed

Anticipated date that the probation will be completed: _____

**AGREEMENT TO PARTICIPATE IN
HOMELESS COURT**

I am participating, I will participate or I have participated in a program that qualifies for meeting the terms of probation set by the City of Fort Worth's Community Court/Homeless Docket.

Referral to Community Court/Homeless Docket does not automatically result in dismissal of offenses. I understand that I will be required to appear in Community Court and discuss my situation with the judge.

I also understand that the judge may require additional "sentencing" or action in my case(s), and that if I do not appear or contact the Court at 817.392.6990 at least 3 days before my scheduled court appearance, the Community Court may add additional charges or additional requirements to my probation.

Applicant's Signature: _____

Date signed: _____

PROMISE TO APPEAR

I, _____ (Print Applicant's name), agree to appear in the City of Fort Worth's Community Court at _____ on a Date to be Determined, in Court Number 2. Failure to appear may result in additional charges, arrest and/or exclusion from future City of Fort Worth's Homeless Court dockets.

Applicant's signature: _____

Applicant's birth date: _____

Date signed: _____

CONSENT FOR RELEASE OF INFORMATION

Applicant's name: _____

The purpose of this Consent for Release of Information is to obtain information which will be used to confirm the Applicant's participation in the City of Fort Worth's Community Court/Homeless Docket program.

My birth date is _____.

My Texas Driver's License/Id. No. _____.

I hereby authorize the release of information regarding my participation in a rehabilitation program that may include my social service, health information, drug and alcohol treatment and/or criminal record, to include:

Agency's Name: _____

Agency's Address: _____

Agency's Phone: _____

Referral to the Community Court/Homeless Docket does not automatically result in dismissal of offenses and may result in a court appearance. The Judge may determine additional "sentencing" or action needed. Failure to appear may result in additional charges and fines.

I understand that I may revoke this Consent for Release of Information in writing at any time, except to the extent that action has already been taken. If not revoked earlier, this consent shall terminate at the end of the probation period unless the Court extends the probation period, in which case my consent automatically extends for the term of the extension, or one year from my signature below, whichever occurs first.

This form was completed in its entirety and read by me (or to me) prior to signing. A copy of this signed form is as valid as the original.

Signature of Applicant: _____

Date signed: _____

PHYSICAL AND MENTAL CONDITIONS

Does the applicant/defendant have any condition(s) that prevents him/her from performing physical labor? YES or NO. If yes, please list conditions:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____
- 8) _____

****PLEASE PROVIDE A CRIMINAL REPORT OF LIST OF CRIMINAL CHARGES ALONG WITH APPLICATION****