

# KNIGHT COURT SERVICES

## APPLICATION FOR SERVICES

NOTE: Completing the following application for services does not mean that you will automatically be accepted or sentenced to one of the following programs. The sentencing Court maintains ALL DISPOSITIONAL AUTHORITY in your case. Any questions or concerns regarding your case should be brought to the attention of your legal counsel.

Check The Service(s) Applying For:

- |  |   |
|--|---|
| <input type="checkbox"/> Global Positioning System (HD/EM) | <input type="checkbox"/> Risk Assessment Evaluation (LSI-R) |
| <input type="checkbox"/> Radio Frequency (HD/EM)           | <input type="checkbox"/> Community Work Service             |
| <input type="checkbox"/> Daily Reporting                   | <input type="checkbox"/> Drug/Alcohol Relapse Group         |
| <input type="checkbox"/> MEMS HOME ALCOHOL SYSTEM (HD/EM)  |   |

Please include copies of any of the following documents if available:

- |                               |  |
|-------------------------------|--|
| 1. Charging Information       | 4. Conditions of Plea Agreement Offer  |
| 2. Criminal History           | 5. Psychological Assessment/Evaluation |
| 3. Pre Sentence Investigation | 6. Police Report(s)                    |

### Referral Source

Judge: \_\_\_\_\_ Court Name/location: \_\_\_\_\_  
Cause(s) #: \_\_\_\_\_

Probation Officer: \_\_\_\_\_ Telephone: \_\_\_\_\_ Ext \_\_\_\_\_  
Attorney: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_

Next Court Date: \_\_\_\_\_ Pre-Sentence Investigation Available: (circle one) YES NO

### Criminal History

**Defendant/Offender Name:** \_\_\_\_\_ MI \_\_\_\_\_ DOB \_\_\_\_\_  
Address: \_\_\_\_\_ SS #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Home Telephone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Telephone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Charges: \_\_\_\_\_

Are you presently on parole or probation supervision: \_\_\_\_ Yes \_\_\_\_ No If yes, list your PO's name, address and telephone #: \_\_\_\_\_

**Criminal History Cont'd**

**Prior Misdemeanor Charges/Convictions:**

1. Charge(s): \_\_\_\_\_ Date: \_\_\_\_\_  
Cause #: \_\_\_\_\_ Disposition: \_\_\_\_\_
2. Charge(s): \_\_\_\_\_ Date: \_\_\_\_\_  
Cause #: \_\_\_\_\_ Disposition: \_\_\_\_\_
3. Charge(s): \_\_\_\_\_ Date: \_\_\_\_\_  
Cause #: \_\_\_\_\_ Disposition: \_\_\_\_\_

(If necessary, list additional charges/conviction on separate paper)

**Prior Felony Charges/Convictions:**

1. Charge(s): \_\_\_\_\_ Date: \_\_\_\_\_  
Cause #: \_\_\_\_\_ Disposition: \_\_\_\_\_
2. Charge(s): \_\_\_\_\_ Date: \_\_\_\_\_  
Cause #: \_\_\_\_\_ Disposition: \_\_\_\_\_
3. Charge(s): \_\_\_\_\_ Date: \_\_\_\_\_  
Cause #: \_\_\_\_\_ Disposition: \_\_\_\_\_

(If necessary, list additional charges/conviction on separate paper)

**Personal Information**

Name: \_\_\_\_\_ Alias/Nick Name: \_\_\_\_\_  
Age: \_\_\_\_ Gender: \_\_\_\_ Race: \_\_\_\_ Single: \_\_\_\_ Married: \_\_\_\_ Divorced: \_\_\_\_ Number of Children: \_\_\_\_  
Marks/Scars/Tattoos: \_\_\_\_\_  
Own/Rent home: \_\_\_\_\_ Number of people in home: \_\_\_\_\_  
Drivers License #: \_\_\_\_\_ Valid: \_\_\_\_\_ Vehicle Information: Make: \_\_\_\_\_  
Model: \_\_\_\_\_ Year: \_\_\_\_ Color: \_\_\_\_\_ License Plate: \_\_\_\_\_

**Employment Status**

Employer: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Hours: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

**Previous Employer:**

1. Name of Business: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Date(s) of Employment: \_\_\_\_\_

2. Name of Business: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Date(s) of Employment: \_\_\_\_\_

3. Name of Business: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Date(s) of Employment: \_\_\_\_\_

**Educational Background/Vocational Training**

\_\_\_ GED    \_\_\_ High School    \_\_\_ College/University    Last year of education completed \_\_\_

Name of High School: \_\_\_\_\_

Address: \_\_\_\_\_ Years Attended: \_\_\_\_\_

College/Vocational: \_\_\_\_\_

Major or Certification: \_\_\_\_\_ Year: \_\_\_\_\_

Do you have further educational plans/goals: (describe) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Financial Status/Earnings**

Please indicate if Weekly or Monthly Expense

Employment Income: \$ \_\_\_\_\_ Current Legal Fees/Balance: \_\_\_\_\_ Alimony: \_\_\_\_\_

Child Support Income: \_\_\_\_\_ Child Support Expense: \_\_\_\_\_ Food Stamps: \_\_\_\_\_

Social Security Disability: \_\_\_\_\_ Welfare: \_\_\_\_\_ Outstanding Court/Probation Fees/Fines/Penalties: \_\_\_\_\_

Current Restitution Balance: \_\_\_\_\_ Monthly Housing/Rent Expense: \_\_\_\_\_ Prescriptions: \_\_\_\_\_

Utilities/Water/Gas/Electric: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Automobile Loan: \_\_\_\_\_ Laundromat: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cigarettes: (weekly) \_\_\_\_\_ Alcohol: (weekly) \_\_\_\_\_ Personal Care: \_\_\_\_\_

Medical/Dental Balance: \_\_\_\_\_ Personal Outstanding Loans: \_\_\_\_\_ Credit Card Debt: \_\_\_\_\_

Educational Expense: \_\_\_\_\_ Monthly Credit Card Payment: \_\_\_\_\_ Groceries Monthly: \_\_\_\_\_

Gasoline: \_\_\_\_\_ Insurance Premium: \_\_\_\_\_ Counseling/Treatment Fees: \_\_\_\_\_

Internet Access: \_\_\_\_\_ Cable: \_\_\_\_\_ Pet Expense: \_\_\_\_\_ Magazine/newspaper: \_\_\_\_\_

**Personal Medical History/Emotional Medical History/Substance Abuse Issues**

Date of last Physical: \_\_\_\_\_ Personal Physician: \_\_\_\_\_

Address: \_\_\_\_\_

List all Medications that you use: \_\_\_\_\_

Dates of Treatment or Hospital Admissions: \_\_\_\_\_

Name of Hospital/Treatment Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Do you have or had any of the following (check all that apply):

- |                        |                |                         |                           |
|------------------------|----------------|-------------------------|---------------------------|
| ___ Heart Disease      | ___ Diabetes   | ___ Epilepsy            | ___ Hepatitis A – B – C   |
| ___ MERSA              | ___ HIV        | ___ Infectious Diseases | ___ STD's                 |
| ___ Physical Handicaps | ___ Disability | ___ H1N1/Swine/Bird Flu | ___ Major Dental Problems |

**Personal Medical History/Emotional Medical History/Substance Abuse Issues Cont'd**

Check the use of any of the following and frequency of use:

Substance	Seldom	Monthly	Weekly	Daily	Addiction
<input type="checkbox"/> Beer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Wine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hard Liquor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Barbiturates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Marijuana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Xanax/Zanax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Vicodin/Oxycotin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Methadone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Crack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Narcotics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Methamphetamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hallucinogens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Chewing Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Offense Information**

In your own words, describe the circumstances and acts involved in your pending offense(s): \_\_\_\_\_

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(Use additional paper and attach as needed)

**Justify Acceptance Issues**

In your own words, state why you believe you are a good candidate for participation on any of the programs with Knight Community Corrections and what goals you might have for yourself while participating in the program. How do you feel that participation in the Knight Community Correction program will benefit you?

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(Use additional paper and attach as needed)

**Miscellaneous:** In your own words, considering the events that have brought you to this point, what would you have done differently to avoid the current situation?

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(Use additional paper and attach as needed)

**Summary Statement and Signature**

The above information is true and accurate to the best of my knowledge and ability. I understand that this information will be processed and screened in consideration of my eligibility for programming with Knight Community Corrections, Inc., and does not guarantee placement nor acceptance until the sentencing Court makes that determination. If approved and ordered to participate on any of the above programs, I agree to comply with all rules, regulations and conditions of the program(s) and understand that failure to maintain full compliance, will result in my termination of program ordered to and be returned to a detention facility to complete my executed sentence.

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_