

**YAKIMA COUNTY SUPERIOR COURT
DRUG COURT
SCREENING REFERRAL**

Client Name: _____ DOB: _____ Referral Date: _____

Referred Cause Number(s): _____

Current Referring Charge(s): _____

Estimated total restitution that will need to be paid: _____

Are there other pending charges: Yes No If yes, identify charges/court: _____

Is the client currently: In Custody Out of Custody

Are there any active outside holds: Yes No Active Warrants: Yes No

Prosecutor: _____ Defense Attorney: _____

Next Omnibus Hearing: _____ Next Trial Date: _____

Client Current Contact Information

Client Phone Number: _____ Address: _____

Alternate Contact Name: _____ Phone Number: _____

SUD Screening Tool		Yes	No
The following questions and your answers will only be used to determine referral eligibility and help your attorney with the referral process. Under no circumstance will any of this information be used against you.			
1. In the last 12 months, have you ever drank or used drugs more than you meant to?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Have you ever neglected some of your usual responsibilities because of using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Have you felt you wanted to or needed to cut down on your drinking or drug use in the last year?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Has anyone ever objected to your drinking or drug use?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Have you found yourself thinking a lot about drinking or drug use?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Have you ever used alcohol or drugs to relieve emotional discomfort such as sadness, anger, boredom or loneliness?	<input type="checkbox"/>	<input type="checkbox"/>	

Scoring = 0 - Not appropriate for Drug Court // 1 to 6 - Refer to Drug Court Screener

Please send completed form to:

Yakima County Superior Court Prosecutor: Susie Silverthorn

Email: susie.silverthorn@co.yakima.wa.us

Phone: (509)574-1210 Fax: (509)574-1211