

MCDC 2025

Team Lunch & Learn

<i>Janaury</i>	Best Practice Standard IV: "Incentives, Sanctions, and Service Adjustments"	Judge Rainey
<i>February</i>	Best Practice Standard VIII: Multidisciplinary Team	Everyone Teaches on Their Own Role
<i>March</i>	TASC Conference	
<i>April</i>	Best Practice Standard VI: Recovery Capital	Jenn & Thriving United
<i>May</i>	RISE25 Conference	
<i>June</i>	Best Practice Standard V: Substance Use & Treatment	Treatment Team
<i>July</i>	Best Practice Standard VII: Drug Testing	Upchurch & New Moon Monitoring
<i>August</i>	Best Practice Standard IX: Census & Caseloads	Probation Team
<i>September</i>	Best Practice Standard X: Program Evaluation & Improvement	All Team Members
<i>October</i>	Team Building Event	
<i>November</i>	Law Enforcement & Jail Operations	Dept. Reese and Capt. Hilliard
<i>December</i>	Holiday Trivia Fun	Upchurch

FINANCIAL INFORMATION

List all persons living in your household with you:

<u>Name</u>	<u>Age</u>	<u>Relationship to you</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

***YOU MUST PROVIDE PROOF OF EMPLOYMENT (CHECK STUB)**

Are you employed? Yes ___ No ___ Do you have more than one job? Yes ___ No ___

Name and Address of Employer#1: _____

Name of Supervisor: _____

How often do you get paid? _____

How much do you take home per pay period? \$ _____

***YOU MUST PROVIDE PROOF OF EMPLOYMENT (CHECK STUB)**

Name and Address of Employer#2: _____

Name of Supervisor: _____

How often do you get paid? _____

How much do you take home per pay period? \$ _____

Do you or anyone in your household have any other sources of income (Including government assistance)?

Yes ___ No ___

If so, list it: _____

Do you have a bank account of any kind? Yes ___ No ___ If so, list all.

Bank Current balance

Do you have a motor vehicle of any kind? Yes ___ No ___ If so, list all.

Year Make Model License Plate No. Owner

List all other property you own and its value, including real estate, vehicles, boats, stocks, bonds, retirement accounts, cash, jewelry, coins, guns, collection of any type, and contents of any safe deposit box.

Does anyone owe you money? If so, describe who it is and how much you are owed

List all your expenses on a monthly basis:

Rent or House payment	\$ _____
Property taxes (if not included in house payment)	\$ _____
House insurance (if not included in house payment)	\$ _____
House maintenance	\$ _____
Utilities – gas	\$ _____
-- water	\$ _____
-- electric	\$ _____
-- sewer	\$ _____
-- garbage	\$ _____
-- telephone	\$ _____
Car payment	\$ _____
Gas and oil	\$ _____
Car insurance	\$ _____
Car repair	\$ _____
Food – groceries	\$ _____
-- eating out	\$ _____
-- school lunches	\$ _____
Medical expense	\$ _____
Dental expense	\$ _____
Health insurance (if not paid by employer or deducted from wages)	\$ _____
Life insurance (if not paid by employer or deducted from wages)	\$ _____
Clothing	\$ _____
Laundry or dry cleaning	\$ _____
Entertainment	\$ _____
Barber or beauty shop	\$ _____
Child support	\$ _____
Child care – work	\$ _____
-- other	\$ _____
School supplies	\$ _____
School or children's activities	\$ _____
Creditors	\$ _____
Creditors	\$ _____
Creditors	\$ _____
Creditors	\$ _____
Creditors	\$ _____
Creditors	\$ _____
Creditors	\$ _____
Creditors	\$ _____
Other _____	\$ _____
_____	\$ _____

By signing my name below, I swear or affirm that the above financial information is current, true and correct, and contains a full and complete accounting of my monthly income from all sources, my monthly expenses, my assets and liabilities.

Defendant

Date

FINANCIAL ASSISTANCE REQUEST FORM

MIDLAND COUNTY DRUG COURT
JUDGE ELIZABETH N. RAINEY
500 N. Loraine
Midland, Texas 79701



Participant Name: _____

Court: ☐ Adult Felony Drug Court ☐ Transitional Treatment Court ☐ DWI Court Phase: _____

Please fill out the information below and submit to your Probation Officer for consideration by the Court.

Reason for requesting financial assistance: _____

I have completed the following required steps to receive financial assistance from the court:

- | | |
|---|---|
| <input type="checkbox"/> <i>Attending/ Completed treatment</i> | <input type="checkbox"/> <i>Current/ Completed required community service hours</i> |
| <input type="checkbox"/> <i>Completed a financial literacy course</i> | <input type="checkbox"/> <i>Completed a budget process</i> |

My current payment plan is:

<input type="checkbox"/> Probation Fees/Fines: \$_____ per wk / mo	<input type="checkbox"/> Monitoring/Device Fees: \$_____ per wk / mo
Current Balance: \$_____ as of ____/____/____	Current Balance: \$_____ as of ____/____/____
Last Payment: \$_____ on ____/____/____	Last Payment: \$_____ on ____/____/____

- ☐ All information provided above is true and correct to the best of my knowledge.
☐ I understand my responsibilities to the court and the possible sanctions should I fail to comply.

Participant Signature: _____

Date: _____

Probation Officer Signature: _____

Date: _____

Judge Signature: _____

Date: _____

For MCDC Team Use: Submitted Timely: Y / N In Compliance: Y / N Recommendation of Officer: Y / N

Comments: _____

Phase Goal Examples

Transportation

- Driver's License:** Schedule test, gather paperwork, pay off fines, study for test
- Bus:** Review bus routes, make schedule, get a bus pass
- Rides:** Make a list of people willing to help, set up a schedule
- ODL:** Obtain SR22, install interlock, complete required classes, pay off fines

Relationships

- Children:** Make a list of activities, schedule time, complete a parenting class
- Marriage:** Set aside time for time together, couples counseling, make a list of goals together
- Peers:** Gather phone numbers for 5 new people, schedule an activity, attend a new recovery meeting

Physical Health

- Lose Weight:** Log meals, create meal plan, find new recipes
- Workout:** Make a workout schedule, join a gym, find an accountability partner, try a yoga class
- Mental Health:** Schedule appointment with doctor, take medications as prescribed

Self Care

- Hobbies:** Explore options, sign up for a class to learn something new
- Reading:** Gather a list of books to read, try out a new author, listen to an audio book
- Entertainment:** Find a new series to watch, go to the movies, play a new video game with a friend

Employment

- New Job:** Apply online, make a list of potential employers, prepare resume
- Disability:** Gather paperwork, contact a lawyer, contact doctor
- Promotion:** Make a plan, study for tests

Financial

- Save Money:** Create a budget, identify areas to cut back spending, complete a financial literacy course
- Open a Bank Account:** Gather paperwork required, research best options for banks, research types of accounts
- Pay Off Fees:** Create a budget, commit to making regular payments

Social

- Sports:** Join a rec team, plan to watch a game with supportive peers, play a round of golf, attend a local event (i.e. Rockhounds)
- Religion:** Make a list of churches to try, join a small group, find a bible study
- Community Service:** Complete extra monthly hours, volunteer at a new organization
- Culture:** Visit a museum, get a library card, shop at the farmer's market

Recovery

- Sponsor:** Make a list of potential sponsors, ask someone to sponsor you, schedule times to meet with sponsor
- Home Group:** Try out several different groups and times, speak at a meeting, sign up to run a meeting, clean up after a meeting, attend a dinner event

PHASE REQUIREMENTS

MIDLAND COUNTY DRUG COURT
JUDGE ELIZABETH N. RAINEY
500 N. Loraine
Midland, Texas 79701



Participant Name: _____ Court: AFDC ☐ TTC ☐ DWI ☐

Phase-Up Date: _____ Entering Phase: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ Post-Grad ☐ Pull Back ☐

Review each requirement with a Team Member and initial to acknowledge your understanding of the expectation

- ☐ I will attend court ☐ every week ☐ every other week ☐ 1st week of the month ☐ 3rd week of the month at _____ on _____.
- ☐ I will follow my treatment plan.
- ☐ I will comply with supervision and meet with my community supervision officer on time.
- ☐ I will allow law enforcement and/or community supervision officers associated with the Drug Court Program into my residence for home visits per the *Compliance Check Policy*.
- ☐ I will abide by the curfew of _____ p.m. to _____ a.m. or ☐ I have no curfew restriction
- ☐ I will not leave Midland County without permission from the Court.
- ☐ I will submit to random urine analysis testing as determined by the Drug Court Team.
- ☐ I will notify the Drug Court Team of any contact with law enforcement including traffic stops, arrests, and new charges. I will also identify myself as a Participant in the Drug Court to the law enforcement officer at the time of contact.
- ☐ I will attend peer support and recovery support meetings as instructed in my treatment plan. I understand that only one meeting per day will count toward this requirement.
- ☐ I will make payments toward by probation balance of \$_____ per ☐ week ☐ month ☐ paycheck
- ☐ Special phase requirements/goals:

I have reviewed the requirements above and understand my responsibilities to the program.

Participant Signature: _____

Date: _____

Team Member Signature: _____

Date: _____



MIDLAND COUNTY DRUG COURT
JUDGE ELIZABETH N. RAINEY
500 N. Loraine
Midland, Texas 79701



Melissa Bianchi, Court Coordinator

Tel: 432-688-4390

{DATE}

{ADDRESS INFO}

Dear _____,

We have received your application for the Midland County Adult Felony Drug Court. The MCDC program is unlike any court you're ever been before and for that reason we are very selective with applicants. Not only do you have to meet our criteria based, but you must choose us and be ready to participate in a demanding program designed to change your life for the better. Because of this, before we go any further in the application process we require all applicants to observe a court session to make sure you truly want to join us.

The next step is for you to complete an observation of the court and speak with members of our Team. Court sessions are held every Tuesday at 3:00 p.m. in the Auxiliary Courtroom located on the first floor of the Midland County Courthouse at 500 N. Loraine.

After you have observed a court session and spoken to members of our Team, if you feel that Midland County Drug Court is the best option for you, then we will schedule you for assessments and continue with the application process.

Attending the court observation is your responsibility and your application will be placed on hold until it is completed. Please be sure that you check in with the Team during your selected observation time. Also, be aware that the District and County-Courts-At-Law will be aware of your current application status should you have any scheduled dates in their courts.

Sincerely,

Hon. Elizabeth N. Rainey



MIDLAND COUNTY DRUG COURT
JUDGE ELIZABETH N. RAINEY
500 N. Loraine
Midland, Texas 79701



Candace Ligon, Court Coordinator

Tel: 432-688-4512

REQUEST FOR VOLUNTARY TERMINATION FROM MIDLAND COUNTY SPECIALTY COURT

I, _____, a current participant in the
Midland County ☐ Adult Felony Drug Court ☐ DWI Court ☐ Transitional Treatment Court under
cause number _____ thoughtfully request to be voluntarily
terminated from the Specialty Court program. I understand and acknowledge that:

_____ If I am voluntarily terminated from Specialty Court, my criminal case will
return to the District Court criminal docket for further proceedings;

_____ Voluntary termination occurs immediately and can not be undone without
completing the entire application process again;

_____ Another opportunity to participate in a Midland County Specialty Court is
entirely at the discretion of the Specialty Court Judge;

_____ No one has coerced, forced, or promised me anything in exchange for this
request for voluntary termination; and

_____ I have made the decision to request voluntary termination from Specialty
Court after having the opportunity to speak with Legal Counsel, further, I
understand the possible consequences of such termination.

Signature of Participant

Date

Counsel for Defendant

Date

Midland County Adult Felony Drug Court Phase Schedule

	Orientation Phase	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5	Post-Grad Phase
	Phase Length: 14-30 Days	Phase Length: No Minimum/Maximum	Phase Length: No Minimum/Maximum	Phase Length: No Minimum/Maximum	Phase Length: No Minimum/Maximum	Phase Length: Min 90 Days or the Time Needed for a 14 Month Program	Phase Length: 6 Months
Requirement							
Court Appearances	Weekly	Weekly	Every Other Week			Monthly	Monthly
Drug Testing Minimum	2x per week					1x per week	Randomly
Probation Reporting	Weekly			2x per Month		Monthly	Monthly By Kiosk
Counseling							
Group Counseling Sessions		Will Be Determined By Treatment Plan and Updated				Monthly	
Individual Counseling Sessions		Will Be Determined By Treatment Plan and Updated				Monthly	
Recovery Support Group		Will Be Determined By Treatment Plan and Updated				Monthly	
Peer Support Group		Will Be Determined By Treatment Plan and Updated				Monthly	
Other							
Fee Payment		Will Be Determined By Supervision Plan and Updated In Each Phase Until Paid In Full					
Community Service Hours			10 Hours Per Month Until Completed				
Curfew	9 p.m.		10 p.m.	11 p.m.	12 a.m.		
Home Visits/Field Contact	1x per month						
ProSocial Activity			1x per week				



SAMMY SAMPLETON

DWI Court

Probation Officer
Bettie Weatherspoon

SCC Counselor
Ismene

ML#: 166014

Case #: CR60527

Big Court: 142

Charge: DWI w/child

Yrs in Prison Saved:

DOC: *marij
alcohol
cocaine*

DOB: 03-05-93

Driving Status:
suspended

MHMR:
Dx:

NR

Rx:

Phase Dates

Phase 1: *8/1/24*

Phase 2:

Phase 3:

Phase 4:

Phase 5:

Graduation:

Post-Grad:

Pull Back:

Employment:
Whataburger (Andrew)

Background/
Special Notes:
likes to volunteer

Support Network:
*son - 8 - Ezkeil King / son - 5 - Jeremiah
mom - Melinda Martinez - live w/
Brother - Isreal - live w/
Mathew - Lil Brother*

Treatment History

- ☒ TP *Feb 2025*
- ☐ CRTC
- ☐ SAFPF
- ☐ ISF
- ☐ OTHER
- ☐ SCC Tx

Testing History

- ☒ Creatinine: *10/1/24 Tu
11/14/24 Th*

- ☒ FTS: *11/25/24 M
11/26/24 Tu*

- ☐ DP:

APPLICANT SCREENING REVIEW

MIDLAND COUNTY DRUG COURT
JUDGE ELIZABETH N. RAINEY
500 N. Loraine
Midland, Texas 79701



Name: _____ Age: _____ ☐ Male ☐ Female

Current Status: ☐ Pending MTR ☐ CSCD Referral ☐ New Charge: _____

Midland County Drug Court Program: ☐ AFDC ☐ TTC ☐ DWI Other Counties Involved: _____

Information Presented by CSCD and TRAS Screening

Risk Level: ☐ High ☐ Moderate ☐ Low-Mod ☐ Low Trailers: ☐ Drug ☐ Alcohol ☐ MH

High Domains: ☐ Criminal History ☐ Family/Social Support ☐ Neighborhood ☐ Education/Employment/Financial
☐ Substance Abuse ☐ Criminal Attitudes & Behavioral Patterns ☐ Peer Association

DOC: ☐ THC ☐ Cocaine ☐ Heroin ☐ Alcohol ☐ Meth ☐ Fentanyl ☐ IV ☐ Other: _____

Prior Treatment: ☐ TAIP Date: _____ Success/Fail

☐ None ☐ 30 Day Date: _____ Success/Fail Location: _____

☐ CRTC Date: _____ Success/Fail Location: _____

☐ SAFPF Date: _____ Success/Fail Special Needs: Y/N

☐ Other Date: _____ Success/Fail Location: _____

Risk Level Qualified: ☐ Yes ☐ No Team Member Presenting: _____

Information Presented by Treatment and TAAD-5 Screening

Overall Need Level: ☐ Severe (High) ☐ Moderate ☐ Mild (Low)

High Domains: ☐ Criminal History ☐ Education/Employment/Financial ☐ Family/Social Support
☐ Substance Abuse ☐ Criminal Attitudes & Behavioral Patterns ☐ Peer Association

DOC Need Level: ☐ THC: S/M/m ☐ Opiates: S/M/m ☐ Stimulants: S/M/m ☐ Alcohol: S/M/m ☐ Other: _____

LOC Indicated: ☐ IRT { ☐ CRTC or ☐ 30-Day } ☐ IOP ☐ SOP Medical Detox Indicated: ☐ Yes ☐ No

Mental Health Info: _____

Need Level Qualified: ☐ Yes ☐ No Team Member Presenting: _____

Information Presented by District Attorney's Office

Exposure Level: ☐ Prison ☐ Probation Possible Prior Prison: ☐ Yes ☐ No DA Presenting: _____

Special Notes: _____

Judge's Decision: ☐ Accept ☐ 30-Day TX Prior to Intake ☐ CRTC/TTC Offer ☐ Deny ☐ Add to 3rd Group Data Date: _____

EXIT INTERVIEW

MIDLAND COUNTY DRUG COURT
JUDGE ELIZABETH N. RAINEY
500 N. Loraine
Midland, Texas 79701



All information gathered from this survey is anonymous and will be used to improve the Midland County Drug Court

Court: ☐ AFDC ☐ DWI ☐ TTC Status: ☐ Graduating ☐ Terminated ☐ Voluntarily Terminated

Entry Process

How did you first learn that the Midland County Drug Court was an option for you?

☐ Attorney ☐ Court ☐ Family/Friend
☐ Probation Officer ☐ In Jail ☐ Other: _____

Did you begin the program while in custody or were you out on bond with pending charges?

☐ In detention/jail when accepted into program ☐ Out of custody (detention/jail) when I was accepted

Why did you originally choose to apply to this program?

☐ To get out of jail ☐ Support/structure ☐ Less incarceration time
☐ Treatment available ☐ Financial benefit ☐ Community resources available
☐ Other: _____

Courtroom Aspect

During orientation, how well were the requirements, program rules, regulations, and expectations explained to you?

	Not at All	Fair	Average/Decent	Good	Explained Well
<i>By Defense Attorney</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>By Judge</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Which aspects of the court supervision do you feel were helpful in motivating you? *Please check all that apply*

☐ Positive interaction with the Judge ☐ Community service hours ☐ Writing assignments
☐ Sobriety coins ☐ Jail or threat of jail ☐ Home visits
☐ Phasing up certificates ☐ Extra recovery support groups ☐ Increased reporting days
☐ Rewards/Incentives for reaching goals ☐ Other: _____

Which aspects of the court supervision do you feel were less helpful in motivating you? Please check all that apply.

- | | | |
|--|--|---|
| <input type="checkbox"/> Interaction with the Judge | <input type="checkbox"/> Community service hours | <input type="checkbox"/> Writing assignments |
| <input type="checkbox"/> Sobriety coins | <input type="checkbox"/> Jail or threat of jail | <input type="checkbox"/> Home visits |
| <input type="checkbox"/> Phasing up certificates | <input type="checkbox"/> Extra recovery support groups | <input type="checkbox"/> Increased reporting days |
| <input type="checkbox"/> Rewards/Incentives for reaching goals | <input type="checkbox"/> Other: _____ | |

Treatment Aspect

What aspect of treatment do you feel really helped you? Please list/explain your answer below.

What aspect of treatment do you feel was least helpful to you? Please list/explain your answer below.

While in the program, were you referred to inpatient treatment?

- | | |
|--|--|
| <input type="checkbox"/> No | <input type="checkbox"/> I wasn't referred, but went on my own |
| <input type="checkbox"/> Yes, and completed inpatient | <input type="checkbox"/> Yes, but never went to inpatient |
| <input type="checkbox"/> Yes, and went but didn't complete | <input type="checkbox"/> Yes, and went to inpatient ____ times |

List Inpatient Treatment Center Name(s) and length of stay

Prior to this program, have you been under the supervision of any of the following? Please select all that apply to you.

- | | | |
|--|--|--|
| <input type="checkbox"/> Probation | <input type="checkbox"/> Parole | <input type="checkbox"/> Inpatient Treatment |
| <input type="checkbox"/> Out-Patient Treatment | <input type="checkbox"/> Social Services/CPS | <input type="checkbox"/> Other treatment court |

Personal Experience in Program

Do you feel comfortable enough talking to and sharing information with at least one member of the Drug Court Team? *Please select each member of the Team you feel comfortable sharing information with.*

- | | | |
|--|---|--|
| <input type="checkbox"/> Judge | <input type="checkbox"/> Defense Attorney | <input type="checkbox"/> Probation Officer |
| <input type="checkbox"/> Court Coordinator | <input type="checkbox"/> Prosecutor | <input type="checkbox"/> Law Enforcement |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> No one at this time |

Did you receive sanction(s) while in the program? *Please check all that apply to you.*

- | | | | | | | | | |
|------------|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------|-----------------|
| | Extra UAs/
External Device | Written
Assignment | Extra
Meetings | Curfew/
House Arrest | Jail | Work
Release | Community Service
Hours | |
| YES | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | # of hours ____ |
| NO | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Other (please specify) _____

Did you receive incentives while in the program? *Please check all that apply to you.*

- | | | | | | | | |
|------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Verbal
Praise | Certificate | Gift Card | Leave Court
Early | Bus
Pass | Waiver of
Fees | Travel
Pass |
| YES | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NO | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Other (please specify) _____

What difficulties/barriers have you experienced while in the program? *Please check all that apply to you.*

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Finances | <input type="checkbox"/> Obtaining Driver's License | <input type="checkbox"/> Sober Housing |
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Employment | <input type="checkbox"/> Lack of family/peer support | <input type="checkbox"/> Medications |
| <input type="checkbox"/> Education | <input type="checkbox"/> Medical/Dental | <input type="checkbox"/> Mental Health Counseling | <input type="checkbox"/> Making Appointments |
| <input type="checkbox"/> Counseling/Classes | <input type="checkbox"/> Changing Attitude | <input type="checkbox"/> Relating to/trusting Staff/Team | <input type="checkbox"/> Recovery Environment |
| <input type="checkbox"/> Other (please specify) _____ | | | |

Did you receive any extra services or help to overcome some of these difficulties/barriers while in the program?

☐ Yes

☐ No

If yes, which services did you receive? _____

What successes/achievements did you experience while in the program? *Please check all that apply to you.*

- | | | |
|--|---|---|
| <input type="checkbox"/> Complete a GED program | <input type="checkbox"/> Complete ESL Courses | <input type="checkbox"/> Enroll in college |
| <input type="checkbox"/> Obtain full-time employment | <input type="checkbox"/> Obtain driver's license | <input type="checkbox"/> Purchase a home or vehicle |
| <input type="checkbox"/> Improve credit score | <input type="checkbox"/> Reunite with children/family | <input type="checkbox"/> Other: _____ |

Which community support groups do you attend? *Please select all that apply to you.*

- | | | |
|--|--|--|
| <input type="checkbox"/> Alcoholics Anonymous | <input type="checkbox"/> Narcotics Anonymous | <input type="checkbox"/> Church Group/Bible Study |
| <input type="checkbox"/> Celebrate Recovery | <input type="checkbox"/> SMART Recovery | <input type="checkbox"/> Domestic Violence support |
| <input type="checkbox"/> Organized sober activities (bowling, softball, camping) | <input type="checkbox"/> Other: _____ | |

If you are a graduate, are you currently:

- | | | |
|--|--|--|
| <input type="checkbox"/> Employed: Part-Time | <input type="checkbox"/> Employed: Full-Time | <input type="checkbox"/> Otherwise Supported |
| <input type="checkbox"/> Enrolled in Education Courses (College/GED/ESL) | | |

What comments and/or changes would you like the Team to consider for the program?

If you were terminated from the program, what could the Drug Court Team have done to help you succeed?

OPTIONAL: If you would like someone to contact you regarding your responses or experience in the Midland County Drug Court, please provide contact information. If you would like to remain anonymous and not be contacted, please know we value your responses and appreciate your time. *Thank you, The Midland County Drug Court Team*

- | | |
|---|---|
| <input type="checkbox"/> I'd like to remain anonymous | <input type="checkbox"/> I'd like to be contacted |
|---|---|

Name: _____

Phone Number: _____

Email address: _____

Alt. Phone Number: _____