

Application for Drug Court

Date: _____

1. Applicant's Name: _____

2. Social Security #: _____ 3. Date of Birth: _____

4. Sex: _____ 5. Race: _____

6. Address: _____

7. Are you IN or OUT of jail? _____

If IN jail when is your release date? _____

8. If not in jail, how can we contact you? _____

9. What is your lawyer's name? _____

10. What are your current charges? _____

11. What is your Docket #? _____

12. What is your pending court date? _____

Which court? _____

14. List any previous convictions: _____

**Please return to Mary Schneider, Drug Court Coordinator
106 East College Street
Murfreesboro, TN 37130**