

Supreme Court of Mississippi

Administrative Office of Courts

Family Drug Court Program Reporting Form

Program Jurisdiction: _____

Report for the month of: _____ Year: _____

The drug court program report must be completed, signed, and returned to the Administrative Office of Courts by the 10th day of each month. The report must be complete and accurate to the best of your knowledge. Reports submitted with answers left blank are considered incomplete and will not be accepted. Mail report to: Administrative Office of Courts, Attn: Drug Court, P.O. Box 117, Jackson, MS 3920

General Program Information

Number of adult parents enrolled in the program on the first day of the month?	<input type="text"/>
Number of adult parents enrolled in the program on the last day of the month?	<input type="text"/>
Number of <u>new</u> participants that entered the program during the month?	<input type="text"/>
Number of persons screened for admission but rejected due to not meeting eligibility criteria?	<input type="text"/>
Number of persons screened for admission but <u>declined to participate</u> in program?	<input type="text"/>
Number of participants who successfully completed the program during the month?	<input type="text"/>
Number of participants who left before successfully completing the program?	<input type="text"/>
Number of participants that committed at least 1 drug court violation during the month?	<input type="text"/>
Number of violations that resulted in the participant being charged with a new crime?	<input type="text"/>

Dependency Information

Total number of dependents of all active participants enrolled in the program during the month?	<input type="text"/>
Number of dependents currently being cared for by custodial parent(s) enrolled in program?	<input type="text"/>
Number of dependents currently being cared for by family member(s) other than custodial parent(s)?	<input type="text"/>
Number of dependents currently being cared for by unrelated families?	<input type="text"/>
Number of days that dependents spent in the care of someone other than the custodial parent(s) this month?	<input type="text"/>

Parental Charge Information

Of the <u>new</u> participants, how many are here on child neglect/abuse charges?	<input type="text"/>
Of the <u>new</u> participants, how many are here on alcohol and/or drug related charges?	<input type="text"/>
Of the <u>new</u> participants, how many are here on charges other than the ones listed above?	<input type="text"/>

Drug Testing

Total number of urine, hair, or saliva sample collected and tested during the month?

Total number of "drugs of abuse" that were tested on above samples?

Total number of positive test results? (Exclude FTAs and diluted results)?

Treatment

New participants referred for In-Patient treatment program lasting at least 28 days?

New participants referred to an Intensive Out-Patient treatment program lasting at least 28 days?

New participants referred for group or individual counseling only?

Total contact hours with A&D counselors for all active participants during the month?

Social Improvement

Number of "drug-free" babies born to active female participants during the month?

Number receiving their General Education Development (GED) certificate during the month?

Number of participants who gained employment during the month and were previously unemployed?

Number of participants who enrolled during the month in a vocational training program?

Number of participants who enrolled during the month in a post-secondary education program?

Number of participants receiving a reinstatement of their driver's license during the month?

Reunification

Number of program participants gaining supervised visitation rights during the month?

Number of program participants gaining un-supervised visitation rights during the month?

Number of program participants regaining custody of child(ren) during the month?

Signatures

I attest that all information in this report is accurate and true to the best of my knowledge.

Coordinator's Signature

Printed Name

Date

Judge's Signature

Printed Name

Date