

Supreme Court of Mississippi

Administrative Office of Courts

Juvenile 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: Joey Craft, P.O. Box 117, Jackson, MS 39205.

General Program Information

Number of participants enrolled in the program on the first day of the month?	<input type="text"/>
Number of participants 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 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"/>
Balance remaining in "local drug court fund" on the last day of the month?	<input type="text"/>

Accountability

Dollar amount collected from drug court participant fines?	<input type="text"/>
Dollar amount collected from drug court participant fees?	<input type="text"/>
Total number of community service hours performed by participants during the month?	<input type="text"/>
Total number of days served in detention by sanctioned participants during the month?	<input type="text"/>
Total number of days that electronic monitoring devices were used during the month?	<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?

Number of active participants ordered back to one of the above treatment programs?

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

Education

Number of participants currently enrolled in a traditional school setting?

Number of participants currently enrolled in an alternative school setting?

Number of participants receiving disciplinary action from school officials during the month?

Number of participants not currently enrolled in school?

Number enrolled in a High School Equivalency program?

Number receiving their High School Equivalency certificate during the month?

Health

Number of participants that are known to actively smoke or use other tobacco products?

Number of participants with known STDs or other communicable diseases?

Number of female participants that are pregnant or already have children?

Of the active participants, how many have participated in gang-related activities?

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

