

## HDDTC Intake Form

Referral Date: \_\_\_\_\_

Referral Source: \_\_\_\_\_

### Defendant Contact Information:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Last 4 SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Substance of Choice: \_\_\_\_\_ Date of last use: \_\_\_\_\_

### Case/Court Information:

Charge(s): \_\_\_\_\_

Case #(s): \_\_\_\_\_

Judge: \_\_\_\_\_

Next Hearing Date/Time: \_\_\_\_\_ Hearing Type: \_\_\_\_\_

Transferring Court Name/location: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

### Attorney Contact Information:

Name: \_\_\_\_\_ P#: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

### Defendant Demographics: *(check all that apply)*

Gender: Male \_\_\_ Female \_\_\_ Non-Binary \_\_\_ Unknown \_\_\_ Prefer not to answer \_\_\_  
Other \_\_\_\_\_

Pronoun: He/Him \_\_\_ She/Her \_\_\_ They/Them \_\_\_ Unknown \_\_\_ Prefer not to answer \_\_\_  
Other \_\_\_\_\_

Ethnicity: Hispanic or Latino/a \_\_\_ Non-Hispanic or Latino/a \_\_\_ Unknown \_\_\_ Prefer not to answer \_\_\_

Race: African American/Black \_\_\_ American Indian/Alaska Native \_\_\_ Arab American \_\_\_ Asian \_\_\_  
Middle Eastern \_\_\_ North African \_\_\_ White \_\_\_ Unknown \_\_\_ Prefer not to answer: \_\_\_  
Multi-Racial \_\_\_ Other \_\_\_\_\_

### Employment: *(check all that apply)*

\*\*\* We will not contact your employer \*\*\*

Are you currently employed: Yes \_\_\_ No \_\_\_

If yes, are you: Full-time \_\_\_ Part-Time \_\_\_ Number of hours worked per week: \_\_\_\_\_

Employer: \_\_\_\_\_

[illegible]