

21st DRUG COURT

APPLICATION

Date: _____

Applicant's Full Name: _____

Soc. Sec No. _____ Date of Birth _____

Sex _____ Race: _____

Local Residence Address: _____

Are you currently in jail? _____ If so, what is your release date? _____

If not in jail, how can you be contacted? _____

What is your lawyers name, address and phone numbers: _____

What are you current charges? _____

What is your docket number _____

Do you have a pending court date? _____

Which court/Judge _____

List all previous convictions: _____

**Please return to Marianne Schroer, Drug Court Coordinator
Fax: (615) 595-2591**

Office is located at 105 Southeast Parkway, Suite 104, Franklin, TN 37064

Mailing address is P.O. Box 757, Franklin, TN 37065