



**AMY LOWREY**  
SPECIALTY COURT COORDINATOR  
MCLENNAN COUNTY, TEXAS

McLennan County Courthouse  
501 Washington Ave., Ste. 405  
Waco, Texas 76701

Telephone: (254) 759-7557  
Fax: (254) 757-0085  
[www.co.mclennan.tx.us/1094/Specialty-Courts](http://www.co.mclennan.tx.us/1094/Specialty-Courts)

## APPLICATION FOR SPECIALTY COURT

Please complete to the best of your ability. This application form is inclusive for all three McLennan County Specialty Courts: DWI/Drug Court, Veterans' Treatment Court and Mental Health Court. Your responses will determine the best fit for your needs and recovery. Submission of an application does not guarantee acceptance into any Specialty Court Program.

Full Legal Name: \_\_\_\_\_

Aliases/Maiden/Other Previous Name Used (if any): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Current living arrangement (choose one):

Homeless/shelter

Hotel/motel

Independent-renting

Jail

With friend/family

Transitional-renting

Independent-own

Other: \_\_\_\_\_

County of Residence: \_\_\_\_\_

Email: \_\_\_\_\_

SSN: \_\_\_\_\_

Phone (Home) \_\_\_\_\_

D.L.#: \_\_\_\_\_

Phone (Cell) \_\_\_\_\_

Status of D.L. (choose one): Valid / Suspended / Revoked / Expired

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Eye color: \_\_\_\_\_ Hair color: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Race: \_\_\_\_\_

Ethnicity: Hispanic / Non-Hispanic

Marital Status: \_\_\_\_\_

Preferred Primary language: \_\_\_\_\_

Do you own/drive/have access to a vehicle? Yes / No

If no, how do you plan to report and make appointments? \_\_\_\_\_

### CRIMINAL/COURT INFORMATION

List your current pending charges below:

Cause No(s): \_\_\_\_\_ Charge(s): \_\_\_\_\_ Court Date(s): \_\_\_\_\_

Defense Attorney's name: \_\_\_\_\_ Defense Attorney's email: \_\_\_\_\_

Defense Attorney's Phone #: \_\_\_\_\_ Defense Attorney's Fax #: \_\_\_\_\_

Currently on Probation? Yes / No

Currently in jail? Yes / No

Number of arrests in your lifetime: Misdemeanor: \_\_\_\_\_ Felony: \_\_\_\_\_

Number of convictions in your lifetime: Misdemeanor: \_\_\_\_\_ Felony: \_\_\_\_\_

Do you have any other pending cases or charges? Yes / No

If so, list: \_\_\_\_\_

Do you have any outstanding holds or warrants from any other jurisdiction (including immigration matters)? Yes / No  
If yes, name jurisdiction and offense: \_\_\_\_\_

Are you currently on Community Supervision/Probation/Parole in any other jurisdiction? Yes / No  
If yes, name jurisdiction and offense: \_\_\_\_\_

Do you have a history of probation violations? Yes / No  
Are you involved in any pending civil litigation as a party, such as a divorce or custody case? Yes / No  
If yes, please describe when this happened and what was the outcome:  
\_\_\_\_\_

Are you now or have you ever been the subject of a protective order, etc.? Yes / No  
If so, please describe when this happened and its outcome: \_\_\_\_\_

**EMPLOYMENT/SCHOOL INFORMATION**

Employment Status (circle one):  
Unemployed                      Employed less than 35 hours per week                      Student                      Disabled  
Retired                              Employed 35 hours or more per week                      Volunteer                      Other: \_\_\_\_\_

Employer/School: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_

Job title: \_\_\_\_\_ How long have you worked there: \_\_\_\_\_ Is it okay to contact you at work? Yes / No

Sources of Financial Support (circle all that apply):  
Salary/Wages      Retirement      Workers Comp      Family Support      Child Support  
SS Disability      Unemployment      VA Benefits      Adoption/Foster Care Subsidy      Social Security  
Self-Employed      Other: \_\_\_\_\_

**EDUCATION INFORMATION**

Did you graduate high school/GED? Yes / No                      Were you ever enrolled in any special education classes? Yes / No  
Highest grade completed: \_\_\_\_\_                      Name of college/university: \_\_\_\_\_  
Are you currently in school? Yes / No                      If so, briefly describe your class schedule: \_\_\_\_\_

**FAMILY INFORMATION**

Marital status: Single / Married / Divorced / Separated / Widowed  
For how long? \_\_\_\_\_ Spouse's name (if applicable): \_\_\_\_\_  
Do you have children? Yes / No                      Do they live with you? Yes / No  
If yes, how many? \_\_\_\_\_                      If no, with whom do they live with? \_\_\_\_\_

**MEDICAL INFORMATION**

List medical conditions: \_\_\_\_\_  
Have you been prescribed medications in the past 12 months? Yes / No      Currently taking medications as prescribed? Yes / No  
If yes, list the amount of the following:  
• Medically Prescribed medication: \_\_\_\_\_  
• Psychiatric medications: \_\_\_\_\_

Do you have health insurance? Yes / No  
If so, what health insurance? Medicaid / Medicare / VA Medical / None / Private Insurance (list provider): \_\_\_\_\_  
If you receive SSI/SSDI, are they the payee? Yes / No  
If female, are you pregnant? Yes / No

**MENTAL HEALTH HISTORY**

Have you been diagnosed for/treated with a mental condition? Yes / No

If so, please describe any psychiatric diagnosis and/or treatments: \_\_\_\_\_

If you receive SSI/SSDI, is it for a psychiatric disability? Yes / No

Are you competent to stand trial? Yes / No

Are you an active client of the Heart of Texas Region MHMR and have been seen within the past 90 days by a caseworker? Yes / No

If so, name of caseworker: \_\_\_\_\_

FOR APPLICANTS WHO ARE APPLYING FOR CONSIDERATION OF MENTAL HEALTH COURT AND ARE NOT CLIENTS OF HOTRMHMR, PLEASE ATTACH DOCUMENTATION OF A MENTAL HEALTH DIAGNOSIS BY A LICENSED CLINICIAN WITHIN THE LAST 12 MONTH PERIOD

**SUBSTANCE USE HISTORY**

Prior substance abuse? Yes / No

If so, please list the following:

Drugs of Choice: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

Pharmacological Interventions for Substance Abuse? (Ex: Methadone, Vivitrol, Suboxone) \_\_\_\_\_

Age began drug use: \_\_\_\_\_ Age began alcohol use: \_\_\_\_\_

IV drug usage and/or history? Yes / No

Currently in a substance abuse treatment program? Yes / No

If so, please list the treatment provider: \_\_\_\_\_

Have you ever received prior Drug and Alcohol Inpatient and/or Outpatient Treatment? Yes / No

If yes, was it a detox program only? Yes / No

If yes, what is the longest period of sobriety? \_\_\_\_\_

For DWI charges only - BAC: \_\_\_\_\_ Is Client on Monitoring? Yes / No

If client is on monitoring, please answer the following questions:

Monitoring System: \_\_\_\_\_

Date Monitoring Ordered: \_\_\_\_\_ Payment Source: \_\_\_\_\_

**VETERAN INFORMATION (if applicable)**

Served in Military or Armed Forces? Yes / No

**A copy of your DD214 is REQUIRED for VTC**

If yes, what branch: \_\_\_\_\_

Enlistment of Commissioning Date: \_\_\_\_\_

Military Discharge Date: \_\_\_\_\_

Military Discharge Reason/Type of Discharge: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_

Have you enrolled in VA services: Yes / No

What combat zone or other similar hazardous duty area were you deployed to? \_\_\_\_\_

Trauma exposed? Yes / No

Have you been diagnosed for/treated with, or otherwise believe they have, a service related mental condition (Ex: PTSD, traumatic brain injury (TBI), military sexual trauma (MST), etc.)? Yes / No / Unknown

If yes, please describe any diagnosis and/or treatments: \_\_\_\_\_

Have you utilized a Veterans' Treatment Court, Mental Health Court, DWI/Drug Court or a similar program in another county previously? Yes / No

If yes, please describe where and when this happened and what was the outcome: \_\_\_\_\_

**EMERGENCY CONTACT**

Name : \_\_\_\_\_

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

Phone #: (\_\_\_\_\_) \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Does the attorney grant consent for the McLennan County Specialty Court Coordinator to meet with the applicant for assessment, referral(s), and explanation of the program prior to being accepted into the McLennan County Specialty Court? Yes / No

Please explain in your own words about how you believe your experiences dealing with your mental health and/or substance abuse issues have contributed to the behavior resulting in your arrest. Also, please indicate what you hope to gain from the program and what the Court can expect of you (use extra pages if necessary):

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I am capable of understanding the requirements for the McLennan County Specialty Courts and the requirements have been fully explained to me by my attorney.

\_\_\_\_\_  
Defendant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney Signature

\_\_\_\_\_  
Date

**Return completed application via fax (254) 799-4902 or email to:**

Amy Lowrey, Specialty Court Coordinator

[Amy.Lowrey@co.mclennan.tx.us](mailto:Amy.Lowrey@co.mclennan.tx.us)



<https://www.TVC.Texas.gov>

This program is supported by a grant from the Texas Veterans Commission Fund for Veterans' Assistance. The Fund for Veterans' Assistance provides grants to organizations serving veterans and their families.

**For Specialty Court Use Only**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_  
SID#: \_\_\_\_\_ CID#: \_\_\_\_\_  
DWI/Drug \_\_\_\_\_ Denied \_\_\_\_\_ Reason: \_\_\_\_\_  
VTC \_\_\_\_\_  
MHC \_\_\_\_\_  
\_\_\_\_\_ Track 1 (Pre-Trial)  
\_\_\_\_\_ Track 2 (Probation)