

Defendant _____ Case Number _____

KANE COUNTY DRUG REHABILITATION COURT PROGRAM (KCDRC)

APPLICATION FOR ADMISSION TO THE
KANE COUNTY DRUG REHABILITATION COURT

(Your responses on this form cannot be used against you in any criminal prosecution.)

I, _____, having a date of birth of _____, and having read the Consent to Participate and Addendum approved for KCDRC, represent as follows:

1. I understand the terms of the Consent to Participate and the Addendum including the immediate sanctions provisions.
2. I have reviewed the Consent to Participate and Addendum with my attorney _____.
3. I am a resident of Kane County, Illinois.
4. I am currently charged with an offense of _____, a Class _____ felony.
5. I am addicted to _____.
6. I am/am not (circle one) currently being held in the Kane County Jail.
7. I want to participate in and successfully complete treatment through the KCDRC and am willing to follow all treatment recommendations.
8. If accepted, I will sign the Consent to Participate and Addendum and abide by all of its terms.

Defendant/Applicant

Attorney for Defendant/Applicant

Date: _____

ADDRESS: _____

CITY: _____

PHONE: _____