



SUPERIOR COURT OF CALIFORNIA • COUNTY OF FRESNO
Application for Family Dependency Treatment Court (FDTC)

Date: _____

Parent's Full Name	Date of Birth	Gender	Ethnicity
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other: _____
Phone Number:		Email Address:	

****Only list children with open dependency case**

Case Number	Child's Full Name	Date of Birth	Gender
			<input type="checkbox"/> Male <input type="checkbox"/> Female
			<input type="checkbox"/> Male <input type="checkbox"/> Female
			<input type="checkbox"/> Male <input type="checkbox"/> Female
			<input type="checkbox"/> Male <input type="checkbox"/> Female

Case Plan: FM FR Services for Visitation

Drug Testing: <input type="checkbox"/> No <input type="checkbox"/> Yes Frequency: ____ x wk	Self-Help Meetings: A.A. <input type="checkbox"/> No <input type="checkbox"/> Yes N.A. <input type="checkbox"/> No <input type="checkbox"/> Yes Other: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes Frequency: ____ x wk
Therapy: <input type="checkbox"/> No <input type="checkbox"/> Yes	DV Allegations: <input type="checkbox"/> No <input type="checkbox"/> Yes

Parent's Attorney: _____ Phone: _____

Have you had an ASI Assessment? Yes NO, but I have an appointment on: _____

Drug(s) of Choice:

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Methamphetamine | <input type="checkbox"/> Prescription Drugs |
| <input type="checkbox"/> Amphetamine | <input type="checkbox"/> PCP | <input type="checkbox"/> Cocaine |
| <input type="checkbox"/> Heroin | <input type="checkbox"/> Marijuana | <input type="checkbox"/> Other (Please Specify): _____ |

History of Any Prior Treatment? No Yes If Yes, when (List Dates and Duration): _____

Are you currently pregnant? Yes No N/A Do you have health insurance? Yes No

What is your current living situation?

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> House, Apartment, Mobile Home | <input type="checkbox"/> Residential Hotel, Rooming House | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Residential Treatment Facility | <input type="checkbox"/> Emergency Housing/Shelter | <input type="checkbox"/> Jail/Prison |
| <input type="checkbox"/> Transitional Housing | <input type="checkbox"/> Other (Please Specify): _____ | <input type="checkbox"/> Decline |

Is this housing safe and stable? Yes No Why? _____

What is your highest education level achieved?

- | | | |
|--|---|--|
| <input type="checkbox"/> No formal schooling | <input type="checkbox"/> High School Diploma | <input type="checkbox"/> Bachelor's Degree |
| <input type="checkbox"/> Less than 9 th grade | <input type="checkbox"/> Some college or technical school | <input type="checkbox"/> Graduate Degree |
| <input type="checkbox"/> Some high school | <input type="checkbox"/> Associates or technical degree | <input type="checkbox"/> Declined |

Are you currently employed? Yes No

FOR COURT USE ONLY: Applicant is: Accepted Not Accepted

APPLICATION REVIEW SET IN DEPT. at 3:00 PM, on _____ (date)