Name	Description	Data Type	Format	Source	Required
	SCREENING				-
Date of Screening	Date when participant was screened	Date	Date	Add Screening Popup	Yes
Most Recent Arrest Date	Recent arrest date	Date	Date	Add Screening Popup	No
Court	Name of the court	Dropdown	Dropdown	Add Screening Popup	Yes
Docket	Name of the docket	Dropdown	Dropdown	Add Screening Popup	Yes
Judge	Judge name	Dropdown	Dropdown	Add Screening Popup	Yes
Select County	Selecting the name of the county	Dropdown	Dropdown	Add Screening Popup	Yes
Date of Arraignment	Date of criminal charging and plea	Date	Date	Add Screening Popup	No
Add Admission Type	Selecting the adimission type of the defendant	Dropdown	Dropdown	Add Screening Popup	Yes
Offer Related to Court Participation	Select what will the court offer for participation	Dropdown	Dropdown	Add Screening Popup	Yes
Date of Referral	Date when the participant was referred	Date	Date	Add Screening Popup	Yes
Referral Source	Selecting the source of referral	Dropdown	Dropdown	Add Screening Popup	Yes
Referral Name	Name of the referral source	String	String	Add Screening Popup	Yes
Referral Address	Address of the referral source	String	String	Add Screening Popup	No
Referral Office Email	Email address of the referral office	String	String	Add Screening Popup	No
Referral Phone	Phone number of the referral source	String	Number	Add Screening Popup	No
Alias	Assumed identity or any other name they've gone by	String	String	Add Screening Popup	No
First Name	First name of the participant	String	String	Add Screening Popup	Yes
Middle Name	Middle name of the participant	String	String	Add Screening Popup	No
Last Name	Last name of the participant	String	String	Add Screening Popup	Yes
Phone	Phone number of the participant	integer	Number	Add Screening Popup	No
Phone (Cell)	Phone (cell) number of the participant	integer	Number	Add Screening Popup	No
Email	Email address of the participant	String	String	Add Screening Popup	No
Social Security No.	Social Security Number of the participant	integer	Number	Add Screening Popup	Yes
DOB	Date of birth of the participant	integer	Date	Add Screening Popup	Yes
Have Drivers License/StateID	Does the participant have a drivers license/state id yes or no	String	String	Add Screening Popup	Yes

PARTICIPATO TOTAL	Name	Description	Data Type	Format	Source	Required
Fig. 1966	, amo		Data 1, po	Tormat	554.55	Trosquil ou
March Name						
Angel						
Section						
BECK Back						
Total Parlament						
Section Sect						
Property Service of Property Service or and the positioners 1997 1						
Proceedings	Tribal Affiliation	Tribal Affiliation (If they are a member of a tribe)	Dropdown	Dropdown	Personal Information	
Secondary Seco						
Campaigner 1900						
Second Dispose						
Septiminary Proposed Characterior of Stock Proposed Characterior Propo						
Control Control Amening Control Contro						
Septimen						
Marganish						
Page						
Section	Weight (lbs)	Weight of the participant in lbs	integer	integer	Personal Information	No
Section						
Processor						
Status Occasions						
Second Park Seco						
2						
Comment Company Comp						
Content Montaning Content Co						
Content Description Cont						
Concession Procession Procession Security Procession Securit						
Current pur Problem Propose provision (Institute of Processed Processes of Section (Processes of Processes of Processe						
Personal production						
Pocus price from Pocus or the participant Po						
CASE PERFERAL INFORMATION Ober 3 Date of Perferral fact the participant control of the participant co		MANAGE PICTURE				
CASE PERFERAL INFORMATION Ober 3 Date of Perferral fact the participant control of the participant co	Picture Info		Button	Button	Add Image	No
Selected Sources Destroy Sources (Print) (Selected Sources (Print) (Selected Sources) Despetation Despetat						
Sathernal Sources Sathernal Sources (More aderesed this edition) Diopoleton Diopoleton Clear Refuture Information Yes	Referral Date	Date of Referral for the participant	Date	Date		Yes
Referred Parson Referred Approx Referred Appro	Referral Source	Referral Source (Who referred this client)	Dropdown	Dropdown	Case Referral Information	Yes
Settors Process Referred Address Referred			Dropdown	Dropdown	Case Referral Information	Yes
Returned Authories Counter Months	Referral Email	Referral Email (Email of person referring client)	String	String	Case Referral Information	No
Defense Counses Options Counses (Who is representing client? String						
Security described in a Security described in the Taylor Security of the Security Security of the Security Security of the Security Security of the Security						
Sistes a February Comment (PMT) Selessonieses client/February Client (PMT) Selessonieses (PMT) Selessonieses (PMT) Selessonieses Client/February Client (PMT) Selessonieses (PMT) Selessonie						
Les you grant pour treatment through telescencies? As the pour for present present pour for the pour for present pour for the present present present pour for the present pr						
As the type string treatment (MRT, Seeking Sethly A Metrol) Does the client rivide outside in builded lithtic with no Does the client rivide outside in builded lithtic with no Does the client live in a county when here is no treatment count? **Radiate Clear Number of The Seeking Sethly A Metrol **CREATER OF THE SEEKING SETHLY CONTINUES** **CREATER OF THE SEEKING SETHLY CONTIN						
through theolegy the description of control of the participant flower in the participant of the participant		Are they doing programming online?	Radio Button	Radio Button	Case Referral Information	Yes
Does the client tive in a county where there is no treatment court? Asset INFORMATION Case Information No. No. No. Case Information No. No. No. Case Information No. Case Information No. Case Information No. Case Information No. No. No. Case Information No. Case Information No. No. No. No. Case Information No. Case Information No. Case Information No. No. No. Case Information No. Case Information No. Case Information No. No. No. Case Information No. No. No. Case Information No. No. Case Information No. Case Information No. No. No. Case Information No. No. No. Case Information No. Case Information No. No. No. No. Cas		to the next air anti-continue tractment continue	Dadia Button	Dadia Button	Casa Bafarral Information	Vaa
Problem Solving Court? Case Information Type Case Information Type Case Information Type Case Information No.		is the participant receiving treatment services online?	Naulo Buttoli	Naulo Bulloli	Case Referrat Information	res
Instant Offense Sumber / File Identifier Current Criminal Class Number / File Identifier Case Information No. Observed Class Information		Does the client live in a county where there is no treatment court?	Radio Button	Radio Button	Case Referral Information	Vac
Instant Offense Offense that brought cleant to restment court String Case Information No Current Criminal Case Number / File Identifier Current Criminal Case Number of the participant String String String String Case Information No Current Criminal Case Number of the participant String Case Information No Control Participation String String String Case Information No Control Participation String String String String Case Information No Control Participation String St	i robiciii dolwiig dourt:		riadio Battori	rtadio Batton	Case Neierral Information	103
Current Command Case Number / File Identifier Related Case Number / File Identifier Admission Fype Admis	Instant Offense		Odenia a		I	1
Related Case Number of File identifier Related Case Number of File identifier Date of Screening Date of S				String		Nο
Date of Screening Date of Screening of the participant, Date when Court begins screening process. Date Date Case Information Pea Admission Type of the participant of						
Offer Related to Court Participation (Per Related to Court Participation of the participant (Case dismissel, charge reduction, Dropdown Origodown Origodown Origodown Presentation (Presentation of the Court Participant (Case Information Presentation Pre	Current Criminal Case Number / File Identifier	Current Criminal Case Number of the participant	String	String	Case Information	No
Ofter Related to Court Participation etc.) Dopdown Dropdown Case Information No Date of Acceptance Induction date of participant Trop participant Drop participant D	Current Criminal Case Number / File Identifier Related Case Number / File Identifier	Current Criminal Case Number of the participant Related Case Number of the participant	String String	String String	Case Information Case Information	No No
Date of Acceptance Induction cases Number The participant's treatment court case number String Angle who will manage them in the treatment court Oropdown Oropdo	Current Criminal Case Number / File Identifier Related Case Number / File Identifier Date of Screening	Current Criminal Case Number of the participant Related Case Number of the participant Date of Screening of the participant. Date when Court begins screening process.	String String Date	String String Date	Case Information Case Information Case Information	No No Yes
Case Number The participant's treatment court case number String Number Case Information Yes Number of Case Information Yes Ye	Current Criminal Case Number / File Identifier Related Case Number / File Identifier Date of Screening	Current Criminal Case Number of the participant Related Case Number of the participant Date of Screening of the participant. Date when Court begins screening process. Admission Type of the participant (Pre-plea, post-plea, etc.)	String String Date	String String Date	Case Information Case Information Case Information	No No Yes
Judge Judge who will manage them in the treatment court Dropdown Case Information No.	Current Criminal Case Number / File Identifier Related Case Number / File Identifier Date of Screening Admission Type	Current Criminal Case Number of the participant Related Case Number of the participant Date of Screening of the participant. Date when Court begins screening process. Admission Type of the participant (Pre-plea, post-plea, etc.)	String String Date Dropdown	String String Date Dropdown	Case Information Case Information Case Information Case Information	No No Yes Yes
Risk and Need level Risk and Need level of the participant String String Case Information Yes Number of reasts in your lifetime of the participant String String Case Information Yes Number of law enforcement contacts Number of law enforcement Number of law enforcement contacts Number of law enforcement Number of law enfo	Current Criminal Case Number / File Identifier Related Case Number / File Identifier Date of Screening Admission Type Offer Related to Court Participation Date of Acceptance	Current Criminal Case Number of the participant Related Case Number of the participant Date of Screening of the participant, Date when Court begins screening process. Admission Type of the participant (Pre-plea, post-plea, etc.) Offer Related to Court Participant of the participant (Case dismissal, charge reduction, etc.) Induction date of participant	String String Date Dropdown Dropdown Date	String String Date Dropdown Dropdown Date	Case Information	No No Yes Yes No Yes
Number of arresta in your lifetime (Misdemeanor/Felony) Number of convictions in your lifetime of the participant Number of convictions in your lifetime of the participant Number of convictions in your lifetime of the participant Number of convictions in your lifetime of the participant Number of law independent of the participant in your lifetime of t	Current Criminal Case Number / File Identifier Related Case Number / File Identifier Date of Screening Admission Type Offer Related to Court Participation Date of Acceptance Case Number	Current Criminal Case Number of the participant Related Case Number of the participant Date of Screening of the participant, Date when Court begins screening process. Admission Type of the participant (Pre-plea, post-plea, etc.) Offer Related to Court Participant of the participant (Case dismissal, charge reduction, etc.) Induction date of participant The participant's treatment court case number	String String Date Dropdown Dropdown Date String	String String Date Dropdown Dropdown Date Number	Case Information	No No Yes Yes No Yes Yes
Number of convictions in your lifetime (Misdemeanor/Felony) Number of law enforcement contacts over participants lifetime No. Age of First Arrest of the participant Integer Number of law enforcement contacts No. Age of First Arrest of the participant Integer Number of law enforcement contacts over participants Integer Number of law enforcement contacts over participant integer number of law enforcement on the lattory of Violent Offense of the participant Integer Number of Radio Button Radio Bu	Current Criminal Case Number / File Identifier Related Case Number / File Identifier Date of Screening Admission Type Offer Related to Court Participation Date of Acceptance Case Number Judge	Current Criminal Case Number of the participant Related Case Number of the participant Date of Screening of the participant. Date when Court begins screening process. Admission Type of the participant (Pre-plea, post-plea, etc.) Offer Related to Court Participation of the participant (Case dismissal, charge reduction, etc.) Induction date of participant The participant's treatment court case number Judge who will manage them in the treatment court	String String Date Dropdown Dropdown Date String Dropdown	String String Date Dropdown Dropdown Date Number Dropdown	Case Information	No No Yes Yes No Yes Yes No
Number of law enforcement contacts Age of First Arrest of the participant sifetime Integer	Current Criminal Case Number / File Identifier Related Case Number / File Identifier Date of Screening Admission Type Offer Related to Court Participation Date of Acceptance Case Number Judge Risk and Need level	Current Criminal Case Number of the participant Related Case Number of the participant Date of Screening of the participant, Date when Court begins screening process. Admission Type of the participant (Pre-plea, post-plea, etc.) Offer Related to Court Participant of the participant (Case dismissal, charge reduction, etc.) Induction date of participant The participant's treatment court case number Judge who will manage them in the treatment court Risk and Need level of the participant	String String Date Dropdown Dropdown Date String Dropdown Dropdown Dropdown	String String Date Dropdown Dropdown Date Number Dropdown Dropdown Dropdown	Case Information	No No Yes Yes No Yes Yes No Yes No Yes No Yes
Number of law enforcement contacts Age of First Arrest of the participant sifetime Integer	Current Criminal Case Number / File Identifier Related Case Number / File Identifier Date of Screening Admission Type Offer Related to Court Participation Date of Acceptance Case Number Judge Risk and Need level	Current Criminal Case Number of the participant Related Case Number of the participant Date of Screening of the participant, Date when Court begins screening process. Admission Type of the participant (Pre-plea, post-plea, etc.) Offer Related to Court Participant of the participant (Case dismissal, charge reduction, etc.) Induction date of participant The participant's treatment court case number Judge who will manage them in the treatment court Risk and Need level of the participant	String String Date Dropdown Dropdown Date String Dropdown Dropdown Dropdown	String String Date Dropdown Dropdown Date Number Dropdown Dropdown Dropdown	Case Information	No No Yes Yes No Yes Yes No Yes No Yes No Yes
Age of First Arrest 1 Age of First Arrest of the participant (Interact 2) Ratio Button Ratio But	Current Criminal Case Number / File Identifier Related Case Number / File Identifier Date of Screening Admission Type Offer Related to Court Participation Date of Acceptance Case Number Judge Risk and Need Ievel Number of arrests in your lifetime (Misdemeanor/Felony)	Current Criminal Case Number of the participant Related Case Number of the participant Date of Screening of the participant. Date when Court begins screening process. Admission Type of the participant (Pre-plea, post-plea, etc.) Offer Related to Court Participation of the participant (Case dismissal, charge reduction, etc.) Induction date of participant The participant's treatment court case number Judge who will manage them in the treatment court Risk and Need level of the participant Number of arrests in your lifetime of the participant	String String Date Dropdown Dropdown Date String Dropdown String Dropdown String	String String Date Dropdown Dropdown Date Number Dropdown Dropdown String	Case Information	No No Yes Yes No Yes Yes No Yes Yes No Yes Yes No Yes
Incarcerated Is participant incarcerated? Sadio Button Radio Button Case Information Yes History of Violent Offense History of Violent Offense of the participant Radio Button Radio	Current Criminal Case Number / File Identifier Related Case Number / File Identifier Date of Screening Admission Type Offer Related to Court Participation Date of Acceptance Case Number Judge Risk and Need level Number of arrests in your lifetime (Misdemeanor/Felony)	Current Criminal Case Number of the participant Related Case Number of the participant Date of Screening of the participant Date of Screening of the participant (Pre-plea, post-plea, etc.) Offer Related to Court Participant (Pre-plea, post-plea, etc.) Induction date of participant The participant's treatment court case number Judge who will manage them in the treatment court Risk and Need level of the participant Number of arrests in your lifetime of the participant Number of convictions in your lifetime of the participant	String String Date Dropdown Dropdown Date String Dropdown Dropdown Dropdown Dropdown Dropdown String String String	String String Date Dropdown Dropdown Date Number Dropdown Dropdown String String	Case Information	No No Yes Yes No Yes No Yes Yes No Yes Yes Yes Yes
History of Volent Offense History of Seval Offense of the participant Radio Button Radio B	Current Criminal Case Number / File Identifier Related Case Number / File Identifier Date of Screening Admission Type Offer Related to Court Participation Date of Acceptance Case Number Judge Risk and Need level Number of arrests in your lifetime (Misdemeanor/Felony) Number of convictions in your lifetime (Misdemeanor/Felony) Number of taw enforcement contacts	Current Criminal Case Number of the participant Related Case Number of the participant Date of Screening of the participant. Date when Court begins screening process. Admission Type of the participant (Pre-plea, post-plea, etc.) Offer Related to Court Participation of the participant (Case dismissal, charge reduction, etc.) Induction date of participant The participant's treatment court case number Judge who will manage them in the treatment court Risk and Need level of the participant Number of arrests in your lifetime of the participant Number of convictions in your lifetime of the participant Number of law enforcement contacts over participant's lifetime	String String Date Dropdown Date String Dropdown Date Dropdown Dropdown Dropdown String Dropdown String String String String String	String String Date Dropdown Dropdown Date Dropdown Date Dropdown Dropdown Dropdown String String String	Case Information	No No Yes Yes No Yes No Yes Yes No Yes No Yes No Yes Yes No Yes No
History of Sexual Offense History of Sexual Offense of the participant String String Case Information No Incancerated Id Incarcerated Id Incarcerated Id Incarcerated Id Incarcerated Id Date Date Date Date Date Date Date Case Information No Incarcerated ID Date Da	Current Criminal Case Number / File Identifier Related Case Number / File Identifier Date of Screening Admission Type Offer Related to Court Participation Date of Acceptance Case Number Judge Risk and Need level Number of arrests in your lifetime (Misdemeanor/Felony) Number of convictions in your lifetime (Misdemeanor/Felony) Mumber of Law enforcement contacts Age of First Arrest	Current Criminal Case Number of the participant Related Case Number of the participant Date of Screening of the participant. Date when Court begins screening process. Admission Type of the participant (Pre-plea, post-plea, etc.) Offer Related to Court Participation of the participant (Case dismissal, charge reduction, etc.) Induction date of participant The participant's treatment court case number Judge who will manage them in the treatment court Risk and Need level of the participant Number of arrests in your lifetime of the participant Number of convictions in your lifetime of the participant Number of Isw enforcement contacts over participant's lifetime Age of First Arrest of the participant	String String Date Dropdown Dropdown Date String Dropdown Dropdown String String String String String String Integer	String String Date Dropdown Dropdown Date Number Dropdown Dropdown String String String Number	Case Information	No No No Yes Yes No Yes No Yes Yes No No Yes Yes No No Yes Yes No No No No
Incarcerated Id Date Incarcerated Id of the participant (carcerated In Date	Current Criminal Case Number / File Identifier Related Case Number / File Identifier Date of Screening Admission Type Offer Related to Court Participation Date of Acceptance Case Number Judge Risk and Need level Number of arrests in your lifetime (Misdemeanor/Felony) Number of convictions in your lifetime (Misdemeanor/Felony) Number of taw enforcement contacts Age of First Arrest Incarcerated	Current Criminal Case Number of the participant Related Case Number of the participant Date of Screening of the participant. Date when Court begins screening process. Admission Type of the participant (Pre-plea, post-plea, etc.) Offer Related to Court Participation of the participant (Case dismissal, charge reduction, etc.) Induction date of participant The participant's treatment court case number Judge who will manage them in the treatment court Risk and Need level of the participant Number of arrests in your lifetime of the participant Number of convictions in your lifetime of the participant Number of taw enforcement contacts over participant's lifetime Age of First Arrest of the participant Is participant incarcerated?	String String Date Dropdown Date String Dropdown Date String Dropdown Dropdown Dropdown String String String Integer Radio Button	String String Date Dropdown Date Dropdown Date Number Dropdown Dropdown Dropdown String String String Number Radio Button	Case Information	No No No Yes Yes No Yes Yes No Yes No Yes No Yes Yes No Yes
Incarcerated Date Date participant/candidate was discharged from jail Date Date Date Date Date Date Date Date	Current Criminal Case Number / File Identifier Related Case Number / File Identifier Date of Screening Admission Type Offer Related to Court Participation Date of Acceptance Case Number Judge Risk and Need level Number of arrests in your lifetime (Misdemeanor/Felony) Number of convictions in your lifetime (Misdemeanor/Felony) Number of Iaw enforcement contacts Age of First Arrest Incarcerated	Current Criminal Case Number of the participant Related Case Number of the participant Date of Screening of the participant. Date when Court begins screening process. Admission Type of the participant (Pre-plea, post-plea, etc.) Offer Related to Court Participaton of the participant (Case dismissal, charge reduction, etc.) Induction date of participant The participant's treatment court case number Judge who will manage them in the treatment court Risk and Need level of the participant Number of arrests in your lifetime of the participant Number of convictions in your lifetime of the participant Number of law enforcement contacts over participant's lifetime Age of First Arrest of the participant Is participant incarcerated?	String String Date Dropdown Date String Dropdown Date String Dropdown Dropdown String String String String Integer Radio Button Radio Button	String String Date Dropdown Date Dropdown Date Number Dropdown String String String String Radio Button Radio Button	Case Information	No No No Yes Yes No Yes Yes No Yes Yes No No Yes Yes No
Incarcerated Out Date Date Date Date Case Information No No ArrestDate ArrestDate of the participant Date Date Case Information No No Current Living Arrangement Case Information Ves Current Living Arrangement Cur	Current Criminal Case Number / File Identifier Related Case Number / File Identifier Date of Screening Admission Type Offer Related to Court Participation Date of Acceptance Case Number Judge Risk and Need level Number of arrests in your lifetime (Misdemeanor/Felony) Number of convictions in your lifetime (Misdemeanor/Felony) Number of taw enforcement contacts Age of First Arrest Incarcerated History of Violent Offense History of Violent Offense History of Sexual Offense	Current Criminal Case Number of the participant Related Case Number of the participant Date of Screening of the participant. Date when Court begins screening process. Admission Type of the participant (Pre-plea, post-plea, etc.) Offer Related to Court Participation of the participant (Case dismissal, charge reduction, etc.) Induction date of participant The participant's treatment court case number Judge who will manage them in the treatment court Risk and Need level of the participant Number of arrests in your lifetime of the participant Number of convictions in your lifetime of the participant Number of taw enforcement contacts over participant's lifetime Age of First Arrest of the participant Is participant incarcerated? History of Sexual Offense of the participant History of Sexual Offense of the participant History of Sexual Offense of the participant	String String Date Dropdown Date String Dropdown Date String Dropdown Dropdown String String String Integer Radio Button Radio Button	String String Date Dropdown Date Dropdown Date Number Dropdown Dropdown String String Number Radio Button Radio Button	Case Information	No
Current Living Arrangement Current Living Arrangement of the participant (Homeless, residential, renting, etc.) Participant of States armed forces or military Military Status Military Military Mili	Current Criminal Case Number / File Identifier Related Case Number / File Identifier Date of Screening Admission Type Offer Related to Court Participation Date of Acceptance Case Number Judge Risk and Need level Number of arrests in your lifetime (Misdemeanor/Felony) Number of convictions in your lifetime (Misdemeanor/Felony) Number of taw enforcement contacts Age of First Arrest Incarcerated History of Violent Offense History of Sexual Offense Incarcerated In Date	Current Criminal Case Number of the participant Related Case Number of the participant Date of Screening of the participant. Date when Court begins screening process. Admission Type of the participant (Pre-plea, post-plea, etc.) Offer Related to Court Participation of the participant (Case dismissal, charge reduction, etc.) Induction date of participant The participant's treatment court case number Judge who will manage them in the treatment court Risk and Need level of the participant Number of arrests in your lifetime of the participant Number of convictions in your lifetime of the participant Number of law enforcement contacts over participant's lifetime Age of First Arrest of the participant Is participant incarcerated? History of Violent Offense of the participant History of Sexual Offense of the participant Incarcerated Id of the participant Incarcerated Id of the participant	String String Date Dropdown Date String Dropdown Date String Dropdown Dropdown String String String String String String Integer Radio Button Radio Button Radio Button	String String Date Dropdown Dropdown Date Number Dropdown Dropdown Dropdown Dropdown String String String Number Radio Button Radio Button Radio Button	Case Information	No
Have you served in the United States armed forces or military Served United States armed forces or military Military Status Branch Of Service Branch Of Service (Army, Navy, Marines, etc.) String String Case Information Yes Radio Button Topdown	Current Criminal Case Number / File Identifier Related Case Number / File Identifier Date of Screening Admission Type Offer Related to Court Participation Date of Acceptance Case Number Judge Risk and Need Ievel Number of arrests in your lifetime (Misdemeanor/Felony) Number of convictions in your lifetime (Misdemeanor/Felony) Number of taw enforcement contacts Age of First Arrest Incarcerated History of Sexual Offense History of Sexual Offense Incarcerated Incarcerated Incarcerated Incarcerated Out Date Incarcerated Out Date	Current Criminal Case Number of the participant Related Case Number of the participant Date of Screening of the participant. Date when Court begins screening process. Admission Type of the participant (Pre-plea, post-plea, etc.) Offer Related to Court Participation of the participant (Case dismissal, charge reduction, etc.) Induction date of participant The participant's treatment court case number Judge who will manage them in the treatment court Risk and Need Level of the participant Number of arrests in your lifetime of the participant Number of convictions in your lifetime of the participant Number of law enforcement contacts over participant's lifetime Age of First Arrest of the participant Is participant incarcerated? History of Sexual Offense of the participant History of Sexual Offense of the participant Incarcerated Id of the participant Date participant/candidate entered jail Date participant/candidate was discharged from jail	String String Date Dropdown Dropdown Date String Dropdown Dropdown String String String String Integer Radio Button Radio Button Radio Button String Date Date	String String Date Dropdown Date Dropdown Date Number Dropdown Dropdown String String Number Radio Button Radio Button String String Oate Date Date	Case Information	No
Military Status Military Status Dropdown Case Information Yes Branch Of Service Stranch Of Service Str	Current Criminal Case Number / File Identifier Related Case Number / File Identifier Date of Screening Admission Type Offer Related to Court Participation Date of Acceptance Case Number Judge Risk and Need Level Number of arrests in your lifetime (Misdemeanor/Felony) Number of convictions in your lifetime (Misdemeanor/Felony) Number of law enforcement contacts Age of First Arrest Incarcerated History of Sexual Offense Incarcerated Id Incarcerated Id Incarcerated In Date Incarcerated Unt Date Incarcer	Current Criminal Case Number of the participant Related Case Number of the participant Date of Screening of the participant. Date when Court begins screening process. Admission Type of the participant (Pre-plea, post-plea, etc.) Offer Related to Court Participation of the participant (Case dismissal, charge reduction, etc.) Induction date of participant The participant's treatment court case number Judge who will manage them in the treatment court Risk and Need level of the participant Number of arrests in your lifetime of the participant Number of convictions in your lifetime of the participant Number of law enforcement contacts over participant's lifetime Age of First Arrest of the participant Is participant incarcerated? History of Sexual Offense of the participant Date participant/candidate entered jail Date participant/candidate was discharged from jail Arrestbate of the participant Date participant/candidate was discharged from jail Arrestbate of the participant	String String Date Dropdown Date String Dropdown Date String Dropdown Dropdown String String String Integer Radio Button Radio Button Radio Button String Date Date Date	String String Date Dropdown Dropdown Date Number Dropdown Dropdown String String String String String Number Radio Button Radio Button Ratio Button String Date Date Date	Case Information	No
Military Status Military Status Dropdown Case Information Yes Branch Of Service Stranch Of Service Str	Current Criminal Case Number / File Identifier Related Case Number / File Identifier Date of Screening Admission Type Offer Related to Court Participation Date of Acceptance Case Number Judge Risk and Need Level Number of arrests in your lifetime (Misdemeanor/Felony) Number of convictions in your lifetime (Misdemeanor/Felony) Number of law enforcement contacts Age of First Arrest Incarcerated History of Sexual Offense Incarcerated Id Incarcerated Id Incarcerated In Date Incarcerated Unt Date Incarcer	Current Criminal Case Number of the participant Related Case Number of the participant Date of Screening of the participant. Date when Court begins screening process. Admission Type of the participant (Pre-plea, post-plea, etc.) Offer Related to Court Participation of the participant (Case dismissal, charge reduction, etc.) Induction date of participant The participant's treatment court case number Judge who will manage them in the treatment court Risk and Need level of the participant Number of arrests in your lifetime of the participant Number of convictions in your lifetime of the participant Number of law enforcement contacts over participant's lifetime Age of First Arrest of the participant Is participant incarcerated? History of Sexual Offense of the participant Date participant/candidate entered jail Date participant/candidate was discharged from jail Arrestbate of the participant Date participant/candidate was discharged from jail Arrestbate of the participant	String String Date Dropdown Date String Dropdown Date String Dropdown Dropdown String String String Integer Radio Button Radio Button Radio Button String Date Date Date	String String Date Dropdown Dropdown Date Number Dropdown Dropdown String String String String String Number Radio Button Radio Button Ratio Button String Date Date Date	Case Information	No
Branch Of Service Branch Of Service (Army, Navy, Marines, etc.) Rank At Discharge From Military Rank At Discharge Date Military Discharge Date	Current Criminal Case Number / File Identifier Related Case Number / File Identifier Date of Screening Admission Type Offer Related to Court Participation Date of Acceptance Case Number Judge Risk and Need Level Number of arrests in your lifetime (Misdemeanor/Felony) Number of convictions in your lifetime (Misdemeanor/Felony) Number of Ilaw enforcement contacts Age of First Arrest Incarcerated Ilatory of Violent Offense History of Violent Offense Incarcerated In Date Incarcerated In Date Incarcerated Out Date ArrestDate Current Living Arrangement	Current Criminal Case Number of the participant Bate of Screening of the participant. Date when Court begins screening process. Admission Type of the participant (Pre-plea, post-plea, etc.) Offer Related to Court Participation of the participant (Case dismissal, charge reduction, etc.) Induction date of participant The participant's treatment court case number Judge who will manage them in the treatment court Risk and Need level of the participant Number of arrests in your lifetime of the participant Number of arrests in your lifetime of the participant Number of the participant is participant in carcerated? History of Violent Offense of the participant in	String String Date Dropdown Date String Dropdown Date String Dropdown Dropdown Dropdown String String String String String String String String Dropdown String Date Date Date Date Dropdown	String String Date Dropdown Dropdown Date Number Dropdown String String String String String String String Dutton Radio Button Radio Button String Date Date Date Date Date Dote	Case Information	No
Rank At Discharge From Military Rank At Discharge From Military Military Discharge Date Milit	Current Criminal Case Number / File Identifier Related Case Number / File Identifier Date of Screening Admission Type Offer Related to Court Participation Date of Acceptance Case Number Judge Risk and Need level Number of arrests in your lifetime (Misdemeanor/Felony) Number of convictions in your lifetime (Misdemeanor/Felony) Number of law enforcement contacts Age of First Arrest Incarcerated History of Violent Offense History of Violent Offense History of Sexual Offense Incarcerated Id Incarcerated Id Incarcerated Un Date Incarcerated Un Date Incarcerated Court Participation Incarcerat	Current Criminal Case Number of the participant Related Case Number of the participant. Date of Screening of the participant. Date when Court begins screening process. Admission Type of the participant (Pre-plea, post-plea, etc.) Offer Related to Court Participant (Pre-plea, post-plea, etc.) Offer Related to Court Participant of the participant (Case dismissal, charge reduction, etc.) Induction date of participant Into participant's treatment court case number Judge who will manage them in the treatment court Risk and Need level of the participant Number of arrests in your lifetime of the participant Number of convictions in your lifetime of the participant Number of Law enforcement contacts over participant's lifetime Age of First Arrest of the participant Is participant incarcerated? History of Violent Offense of the participant Incarcerated of of the participant Incarcerated of the participant Date participant/candidate entered jail Date participant/candidate was discharged from jail ArrestDate of the participant Current Living Arrangement of the participant (Homeless, residential, renting, etc.)	String String Date Dropdown Date String Dropdown Date String Dropdown String String String String Integer Radio Button Radio Button Radio Button String Date Date Date Dropdown Radio Button	String String Date Dropdown Date Dropdown Date Number Dropdown Dropdown String String String String String String Number Radio Button Radio Button String Date Date Date Dropdown Radio Button Radio Button String Date Date	Case Information	No
Military Discharge Date Military Discharge Date Have you enrolited in veterans services Alave you enrolited in veterans services on the veterans services on the veterans services on the veterans services prior to admission Pearticipant or significant other pregnant at time of admission Pearticipant or significant other pregnant at time of admission Number of babies born prior to Drug court admission Number of babies born prior to Drug court admission Number of babies born prior to Drug court admission Number of babies born prior to Drug court admission Number of babies born prior to Drug court admission Number of babies born prior to Drug court admission Number of babies born prior to Drug court admission Number of babies born prior to Drug court admission Number of babies born prior to Drug court admission Number of babies born prior to Drug court admission Number of babies born prior to Drug court admission Number of babies born prior to Drug court admission Number of babies born prior to Drug court admission Number of babies born prior to Drug court admission Number of babies born prior to Drug court admission Number of babies born prior to Drug court admission Number of babies born prior to Drug court admission Number of babies born prior to Drug court admission Number of babies born prior to Drug court admission Number of Babies born prior to Drug court admission Number of Babies born prior to Drug court admission Number of Babies born prior to Drug court admission Number of Babies born prior to Drug court admission Number of Babies born prior to Drug court admission Number of Babies born prior to Drug court admission Number of Babies born prior to Drug court admission Number of Babies born prior to Drug court admission Number of Babies born prior to Drug court admission Number of Babies born prior to Drug court admission Number of Babies born prior to Drug court admission Number of Babies born prior to Drug court admission Number of Babies born prior to Drug court admission Number of Babies born prior to	Current Criminal Case Number / File Identifier Related Case Number / File Identifier Date of Screening Admission Type Offer Related to Court Participation Date of Acceptance Case Number Judge Risk and Need level Number of arrests in your lifetime (Misdemeanor/Felony) Number of convictions in your lifetime (Misdemeanor/Felony) Number of law enforcement contacts Age of First Arrest Incarcerated History of Violent Offense History of Violent Offense History of Sexual Offense Incarcerated In Date Incarcerated In Date Incarcerated Out Date ArrestDate Current Living Arrangement Have you served in the United States armed forces or military Military Status Military Status	Current Criminal Case Number of the participant Related Case Number of the participant Date of Screening of the participant. Date when Court begins screening process. Admission Type of the participant (Pre-plea, post-plea, etc.) Offer Related to Court Participation of the participant (Case dismissal, charge reduction, etc.) Induction date of participant The participant's treatment court case number Judge who will manage them in the treatment court Risk and Need level of the participant Number of arrests in your lifetime of the participant Number of convictions in your lifetime of the participant Number of law enforcement contacts over participant's lifetime Age of First Arrest of the participant Is participant incarcerated? History of Violent Offense of the participant History of Violent Offense of the participant Date participant/candidate and the related incarcerated Identification Date participant/candidate the entered jail Date participant/candidate was discharged from jail ArrestDate of the participant Current Living Arrangement of the participant (Homeless, residential, renting, etc.) Served United States armed forces or military Military Status	String String Date Dropdown Date String Dropdown Date String Dropdown Dropdown String String String String Integer Radio Button Radio Button Radio Button Pate Date Date Date Date Date Date Date D	String String Date Dropdown Date Dropdown Date Number Dropdown String String String Number Radio Button Date Date Date Date Date	Case Information	No
Have you enrolled in veterans services Received veterans services prior to admission Pregnant at time of admission to treatment court; either participant or partner Dropdown Dropdown Dropdown Case Information Yes Number Case Information Yes Participant making child support payments as ordered at admission Pregnant at time of admission to treatment court; either participant newer relative Integer Number Case Information Yes Number Case Information Yes Number Case Information Yes Participant making child support payments as ordered at admission Pregnant at time of admission to drug court? Integer Number Case Information Yes Participant making child support payments? (Current, paying but not current, etc.) Integer Number Case Information Yes Number Case Information Yes Number Case Inf	Current Criminal Case Number / File Identifier Related Case Number / File Identifier Date of Screening Admission Type Offer Related to Court Participation Date of Acceptance Case Number Judge Risk and Need Level Number of arrests in your lifetime (Misdemeanor/Felony) Number of convictions in your lifetime (Misdemeanor/Felony) Number of Isw enforcement contacts Age of First Arrest Incarcerated History of Violent Offense History of Violent Offense History of Sexual Offense Incarcerated In Date Incarcerated Out Date ArrestDate Current Living Arrangement Have you served in the United States armed forces or military Military Status Branch Of Service	Current Criminal Case Number of the participant Related Case Number of the participant. Date of Screening of the participant. Date when Court begins screening process. Admission Type of the participant (Pre-plea, post-plea, etc.) Offer Related to Court Participation of the participant (Case dismissal, charge reduction, etc.) Induction date of participant The participant's treatment court case number Judge who will manage them in the treatment court Risk and Need level of the participant Number of arrests in your lifetime of the participant Number of convictions in your lifetime of the participant Number of Issa Arrest of the participant (Sample of Pirst Arrest of the participant) Is participant incarcerated? History of Wiolent Offense of the participant Incarcerated Id of the participant Date participant/candidate entered jall Date participant/candidate was discharged from jail ArrestDate of the participant Current Living Arrangement of the participant (Homeless, residential, renting, etc.) Served United States armed forces or military Military Status Branch Of Service (Army, Navy, Marines, etc.)	String String Date Dropdown Date String Dropdown Date String Dropdown Dropdown String String String String String String String Integer Jack Badio Button Radio Button Radio Button Radio Button Radio Button Radio Button Radio Button String Date Date Date Dropdown Radio Button Dropdown	String String Date Dropdown Date Dropdown Date Number Dropdown Dropdown Dropdown String String String String Number Radio Button Radio Button Radio Button String Date Date Date Dropdown Dropdown Dropdown Dropdown Dropdown Dropdown Dropdown Dropdown String Date Dropdown Date Dropdown	Case Information	No
Received veterans services prior to admission Received veterans services prior to admission Received veterans services prior to admission Participant or significant other pregnant at time of admission Number of babies born prior to Drug court admission No net warm publidren under 18 live with the participant to participant the age of 18 live with the participant have? Number Case Information Yes Number Case Informa	Current Criminal Case Number / File Identifier Related Case Number / File Identifier Date of Screening Admission Type Offer Related to Court Participation Date of Acceptance Case Number Judge Risk and Need Level Number of arrests in your lifetime (Misdemeanor/Felony) Number of convictions in your lifetime (Misdemeanor/Felony) Number of convictions in your lifetime (Misdemeanor/Felony) Number of law enforcement contacts Age of First Arrest Incarcerated History of Violent Offense History of Violent Offense History of Sexual Offense Incarcerated In Date Incarcerated Date Incarcerated Date Incarcerated Current Living Arrangement Have you served in the United States armed forces or military Military, Status Branch Of Service Rank At Discharge From Military	Current Criminal Case Number of the participant Related Case Number of the participant. Date of Screening of the participant. Date when Court begins screening process. Admission Type of the participant (Pre-plea, post-plea, etc.) Offer Related to Court Participant of the participant (Case dismissal, charge reduction, etc.) Induction date of participant Into participant's treatment court case number Judge who will manage them in the treatment court Risk and Need level of the participant Number of arrests in your lifetime of the participant Number of convictions in your lifetime of the participant Number of Isw enforcement contacts over participant's lifetime Age of First Arrest of the participant Is participant incarcerated? History of Violent Offense of the participant Incarcerated id of the participant Date participant/candidate entered jail Date participant/candidate was discharged from jail ArrestDate of the participant Current Living Arrangement of the participant (Homeless, residential, renting, etc.) Served United States armed forces or military Military Status Branch Of Service (Army, Navy, Marines, etc.) Rank At Discharge From Military	String String Date Dropdown Date String Dropdown Dropdown Dropdown Dropdown Dropdown String String String Integer Radio Button Radio Button Radio Button String Date Date Date Dropdown Radio Button String Date Date Date Dropdown Radio Button String Date Date Dropdown String String String Date Dropdown String String	String String Date Dropdown Date Dropdown Date Number Dropdown Dropdown String String String String Number Radio Button Radio Button String Date Date Date Dropdown Radio Button String Date Date Dropdown Radio Button String	Case Information	No
Participant or significant other pregnant at time of admission Number of babies born prior to Drug court admission No No Assetting admission No Role at agency (Courselor, Mental Health worker, etc.) Number of babies born prior to Drug court admission to drug court by the warm of the participant the participant to participant team No Case Information Yes Number Case In	Current Criminal Case Number / File Identifier Related Case Number / File Identifier Date of Screening Admission Type Offer Related to Court Participation Date of Acceptance Case Number Judge Risk and Need level Number of arrests in your lifetime (Misdemeanor/Felony) Number of convictions in your lifetime (Misdemeanor/Felony) Number of law enforcement contacts Age of First Arrest Incarcerated History of Violent Offense History of Violent Offense History of Sexual Offense Incarcerated In Date Incarcerated In Date Incarcerated In Date Incarcerated In Date Incarcerated In Use Incarcerated Incarcerated In Use Incarcerated Incarcerated In Have you served in the United States armed forces or military Military Status Branch Of Service Rank At Discharge From Military Military Sicharge From Mili	Current Criminal Case Number of the participant Related Case Number of the participant Date of Screening of the participant. Date when Court begins screening process. Admission Type of the participant (Pre-plea, post-plea, etc.) Offer Related to Court Participation of the participant (Case dismissal, charge reduction, etc.) Induction date of participant The participant's treatment court case number Judge who will manage them in the treatment court Risk and Need level of the participant Number of arrests in your lifetime of the participant Number of convictions in your lifetime of the participant Number of law enforcement contacts over participant's lifetime Age of First Arrest of the participant Is participant incarcerated? History of Violent Offense of the participant History of Violent Offense of the participant Date participant/candidate entered jail Date participant/candidate was discharged from jail ArrestDate of the participant Current Living Arrangement of the participant (Homeless, residential, renting, etc.) Served United States armed forces or military Military Status Branch Of Service (Army, Navy, Marines, etc.) Rank At Discharge From Military Military Discharge Pate	String String Date Dropdown Date String Dropdown Date String Dropdown Dropdown String String String String Integer Radio Button Radio Button Radio Button Radio Button Radio Button String Date Date Date Date Date Date Date Date	String String String Date Dropdown Date Dropdown Date Number Dropdown String String Number Radio Button Radio Button Radio Button Radio Button Radio Button String Date Date Date Date Date Date Date Date	Case Information	No
Number of babies born prior to Drug court admission Number of babies born prior to Drug court admission Number of babies born prior to Drug court admission Number of babies born prior to Drug court admission Number of babies born prior to Drug court admission Number of babies born prior to Drug court admission Number of babies born prior to Drug court admission Number of babies born prior to Drug court admission Number of babies born prior to Drug court admission Number of babies born prior to Drug court admission Number of babies born prior to Drug court admission Number of babies born prior to Drug court admission Number of babies born prior to Drug court admission Number of babies born prior to Drug court admission to Yes Number of babies born prior to Drug court admission to Yes Number of babies born prior to Drug court admission to Yes Number of babies born prior to Drug court admission to Number of Babies born prior to Drug court admission to Number of Babies born prior to Drug court admission to Number of Babies born prior to Drug court admission to Number of Babies born prior to Drug court admission to Number of Babies born prior to Drug court admission to Number of Babies born prior to Drug court admission to Number of Babies born prior to Drug court admission to Number of Babies born prior to Drug court admission to Number of Babies born prior to Drug court admission to Number of Babies born prior to Drug court admission to Number of Babies born prior to Drug court admission to Number of Babies born prior to Drug court admission to Number of Babies born prior to Drug court admission to Number of Babies born prior to Drug court admission to Number of Babies born prior to Drug court admission to Number of Babies born prior to Drug court admission to Number of Babies Information of Yes **TEAMS ON CASE** **User Agency Name** **West Add on Manage Team Number of Babies and Prior to Drug court admission to Drug	Current Criminal Case Number / File Identifier Related Case Number / File Identifier Date of Screening Admission Type Offer Related to Court Participation Date of Acceptance Case Number Judge Risk and Need level Number of arrests in your lifetime (Misdemeanor/Felony) Number of arrests in your lifetime (Misdemeanor/Felony) Number of convictions in your lifetime (Misdemeanor/Felony) Number of Isw enforcement contacts Age of First Arrest Incarcerated History of Violent Offense History of Sexual Offense History of Sexual Offense Incarcerated Id Incarcerated In Date Incarcerated Current Living Arrangement Have you served in the United States armed forces or military Military Status Franch Of Service Rank At Discharge From Military Military Discharge Date Have you enrolled in veterans services	Current Criminal Case Number of the participant Related Case Number of the participant. Date of Screening of the participant. Date when Court begins screening process. Admission Type of the participant (Pre-plea, post-plea, etc.) Offer Related to Court Participation of the participant (Case dismissal, charge reduction, etc.) Induction date of participant The participant's treatment court case number Judge who will manage them in the treatment court Risk and Need level of the participant Number of arrests in your lifetime of the participant Number of convictions in your lifetime of the participant Number of law enforcement contacts over participant's lifetime Age of First Arrest of the participant Is participant incarcerated? History of Sexual Offense of the participant History of Sexual Offense of the participant Date participant/candidate entered jail Date participant/candidate was discharged from jail ArrestDate of the participant Current Living Arrangement of the participant (Homeless, residential, renting, etc.) Served United States armed forces or military Military Status Branch of Service (Army, Navy, Marines, etc.) Rank At Discharge From Military Military Discharge Date Have you enrolled in veterans services	String String Date Dropdown Date String Dropdown Date String Dropdown Dropdown String String String String String String String Integer Radio Button Radio Button Radio Button Radio Button Radio Button String Date Date Date Dropdown Radio Button String Date Dropdown Radio Button Dropdown Radio Button Dropdown Radio Button Dropdown Radio Button Dropdown	String String Date Dropdown Date Dropdown Date Number Dropdown Dropdown Dropdown String String String String String String String Number Radio Button Radio Button Radio Button String Date Date Date Dropdown Radio Button String Date Date Dropdown Radio Button Dropdown Radio Button Dropdown	Case Information	No
Number of babies born prior to Drug court admission Number of babies born prior to Drug court admission Number of babies born prior to Drug court admission Number of babies born prior to Drug court admission Number of babies born prior to Drug court admission Number of babies born prior to Drug court admission Number of babies born prior to Drug court admission Number of babies born prior to Drug court admission Number of babies born prior to Drug court admission Number of babies born prior to Drug court admission Yes How many children under 18 live with other relative How many children under 18 live with other relative How many children under 18 live with other relative How many children under 18 live with other relative How many children under 18 are in foster care or a residential home How many children under 18 are in foster care or a residential home How many children under 18 are in foster care or a residential home How many children under 18 are in foster care or a residential home How many children under 18 are in foster care or a residential home How many children under 18 are in foster care or a residential home How many children under 18 are in foster care or a residential home How many children under 18 are in foster care or a residential home How many children under 18 are in foster care or a residential home Integer Number Case Information Yes Participant making child support payments as ordered at admission to drug court? How many children under the age of 18 before admission to drug court? How many children under 18 live independently How many children under 18 live independently Integer Number Case Information Yes Participant making child support payments? (Current, paying but not current, etc.) Integer Number Case Information Yes Case Information Yes Participant making child support payments? (Current, paying but not current, etc.) Integer Number Case Information Yes Case Information Yes Participant making child support payments? (Current, payi	Current Criminal Case Number / File Identifier Related Case Number / File Identifier Date of Screening Admission Type Offer Related to Court Participation Date of Acceptance Case Number Judge Risk and Need Level Number of arrests in your lifetime (Misdemeanor/Felony) Number of arrests in your lifetime (Misdemeanor/Felony) Number of convictions in your lifetime (Misdemeanor/Felony) Number of law enforcement contacts Age of First Arrest Incarcerated History of Violent Offense History of Sexual Offense Incarcerated Id Incarcerated Id Incarcerated Id Incarcerated In Date Incarcerated Uncarcerated Id Incarcerated Uncarcerated	Current Criminal Case Number of the participant Related Case Number of the participant. Date of Screening of the participant. Date when Court begins screening process. Admission Type of the participant (Pre-plea, post-plea, etc.) Offer Related to Court Participation of the participant (Case dismissal, charge reduction, etc.) Induction date of participant The participant's treatment court case number Judge who will manage them in the treatment court Risk and Need level of the participant Number of arrests in your lifetime of the participant Number of convictions in your lifetime of the participant Number of law enforcement contacts over participant's lifetime Age of First Arrest of the participant Is participant incarcerated? History of Sexual Offense of the participant History of Sexual Offense of the participant Date participant/candidate entered jail Date participant/candidate was discharged from jail ArrestDate of the participant Current Living Arrangement of the participant (Homeless, residential, renting, etc.) Served United States armed forces or military Military Status Branch of Service (Army, Navy, Marines, etc.) Rank At Discharge From Military Military Discharge Date Have you enrolled in veterans services	String String Date Dropdown Date String Dropdown Date String Dropdown Dropdown String String String String String String String Integer Radio Button Radio Button Radio Button Radio Button Radio Button String Date Date Date Dropdown Radio Button String Date Dropdown Radio Button Dropdown Radio Button Dropdown Radio Button Dropdown Radio Button Dropdown	String String Date Dropdown Date Dropdown Date Number Dropdown Dropdown Dropdown String String String String String String String Number Radio Button Radio Button Radio Button String Date Date Date Dropdown Radio Button String Date Date Dropdown Radio Button Dropdown Radio Button Dropdown	Case Information	No
How many children under the age of 18 do you have? How many children under 18 live with the participant How many children under 18 live with the participant How many children under 18 live with the participant How many children under 18 live with the participant How many children under 18 live with the participant How many children under 18 live with the participant How many children under 18 live with other relative How many children under 18 are in foster care or a residential home How many children under 18 live independently Integer Number Case Information Yes Participant making child support payments? (Current, paying but not current, etc.) Integer Number Case Information Yes Participant making child support payments? (Current, paying but not current, etc.) Integer Number Case Information Yes Case Information Yes Participant making child support payments? (Current, paying but not current, etc.) Integer Number Case Information Yes Case Information Yes Participant making child support payments? (Current, paying but not current, etc.) Integer Number Case Information Yes	Current Criminal Case Number / File Identifier Related Case Number / File Identifier Date of Screening Admission Type Offer Related to Court Participation Date of Acceptance Case Number Judge Risk and Need level Number of arrests in your lifetime (Misdemeanor/Felony) Number of arrests in your lifetime (Misdemeanor/Felony) Number of taw enforcement contacts Age of First Arrest Incarcerated History of Violent Offense History of Sexual Offense History of Sexual Offense Incarcerated In Date Incarcerated Out Date ArrestDate Current Living Arrangement Have you served in the United States armed forces or military Military Status Branch Of Service Rank At Discharge From Military Military Discharge Late Have you enrolled in veterans services Received veterans services prior to admission	Current Criminal Case Number of the participant Bate of Screening of the participant. Date when Court begins screening process. Admission Type of the participant (Pre-plea, post-plea, etc.) Offer Related to Court Participation of the participant (Case dismissal, charge reduction, etc.) Induction date of participant The participant's treatment court case number Judge who will manage them in the treatment court Risk and Need level of the participant Number of arrests in your lifetime of the participant Number of arrests in your lifetime of the participant Number of Islam of the participant is participant in the participant of the participant is participant incarcerated? History of Violent Offense of the participant incarcerated? History of Sexual Offense of the participant incarcerated in the participant of the participant incarcerated incarce	String String Date Dropdown Date String Dropdown Date String Dropdown Dropdown Dropdown String String String String String String String String Integer Radio Button Radio Button String Date Date Date Dropdown String Date Dropdown String Integer Dropdown String Dropdown Dropdown String	String String Date Dropdown Dropdown Date Number Dropdown Dropdown Dropdown Dropdown String String String String String String String Outpool String Date Date Date Date Date Date Dropdown String Date Date Dropdown String Date Dropdown Dropdown Dropdown Dropdown Dropdown Dropdown Dropdown Dropdown	Case Information	No
How many children under 18 live with other relative How many children under 18 are in foster care or a residential How many children under 18 are in foster care or a residential How many children under 18 are in foster care or a residential How many children under 18 live independently How many children under 18 live independently How many children under the age of 18 have you had your parental rights terminated or relinquished before admission to drug court? How many children under the age of 18 before admission to drug court? Participant making child support payments as ordered at admission Participant making child support payments? (Current, paying but not current, etc.) TEAMS ON CASE User Agency Name Mole agency (Counselor, Mental Health worker, etc.) Selecting the include/Exclude to put this USER wont this participant team Case Information Yes Number Case Information Yes Number Case Information Yes TEAMS ON CASE List List Add on Manage Team No Role Role Selecting the include/Exclude to put this USER won this participant team Check Box Add on Manage Team No	Current Criminal Case Number / File Identifier Related Case Number / File Identifier Date of Screening Admission Type Offer Related to Court Participation Date of Acceptance Case Number Judge Risk and Need Level Number of arrests in your lifetime (Misdemeanor/Felony) Number of arrests in your lifetime (Misdemeanor/Felony) Number of faw enforcement contacts Age of First Arrest Incarcerated History of Violent Offense History of Sexual Offense History of Sexual Offense Incarcerated do Un Date Incarcerated ID Date Incarcerated Un Date Incarcerated Un Date Incarcerated Un Date Incarcerated Un Date Incarcerated Note Note Note Note Note Note Note Note	Current Criminal Case Number of the participant Related Case Number of the participant. Date of Screening of the participant. Date when Court begins screening process. Admission Type of the participant (Pre-plea, post-plea, etc.) Offer Related to Court Participant (Pre-plea, post-plea, etc.) Induction date of participant of the participant (Case dismissal, charge reduction, etc.) Induction date of participant The participant's treatment court case number Judge who will manage them in the treatment court Risk and Need level of the participant Number of arrests in your lifetime of the participant Number of convictions in your lifetime of the participant Number of law enforcement contacts over participant's lifetime Age of First Arrest of the participant Is participant incarcerated? History of Violent Offense of the participant History of Sexual Offense of the participant Date participant/candidate entered jail Date participant/candidate was discharged from jail ArrestDate of the participant Current Living Arrangement of the participant (Homeless, residential, renting, etc.) Served United States armed forces or military Military Discharge Date Have you enrolled in veterans services Received veterans services prior to admission	String String Date Dropdown Date String Dropdown Date String Dropdown Dropdown String String String Integer Radio Button Radio Button Radio Button String Date Date Date Date Date Dropdown String Date Dropdown Radio Button Radio Button String Date Dropdown Dropdown Dropdown Dropdown Dropdown Dropdown Dropdown	String String Date Dropdown Date Dropdown Date Number Dropdown Dropdown String String String String String Number Radio Button Radio Button Radio Button Radio Button String Date Date Date Dropdown Radio Button String Date Dropdown Radio Button Dropdown Dropdown Dropdown Dropdown Dropdown Dropdown Dropdown Dropdown Dropdown	Case Information	No
How many children under 18 are in foster care or a residential home How many children under 18 live independently How many children under the age of 18 have you had your parental rights terminated or relinquished before admission to drug court? How many children under the age of 18 have you had your parental rights terminated or relinquished before admission to drug court? How many children under the age of 18 before admission to drug court? How many children under the age of 18 before admission to drug court? Integer Number Case Information Yes Participant making child support payments as ordered at admission Participant making child support payments? (Current, paying but not current, etc.) Integer Number Case Information Yes Case Information	Current Criminal Case Number / File Identifier Related Case Number / File Identifier Date of Screening Admission Type Offer Related to Court Participation Date of Acceptance Case Number Judge Risk and Need Ievel Number of arrests in your lifetime (Misdemeanor/Felony) Number of convictions in your lifetime (Misdemeanor/Felony) Number of taw enforcement contacts Age of First Arrest Incarcerated History of Violent Offense History of Sexual Offense History of Sexual Offense Incarcerated do Un Date Incarcerated Out Date Current Living Arrangement Have you served in the United States armed forces or military Military Status Branch Of Service Rank At Discharge From Military Military Discharge Date Have you enrolled in veterans services Received veterans services prior to admission Participant or significant other pregnant at time of admission Number of bables born prior to Drugon take 92.	Current Criminal Case Number of the participant Related Case Number of the participant. Date of Screening of the participant. Date when Court begins screening process. Admission Type of the participant (Pre-plea, post-plea, etc.) Offer Related to Court Participation of the participant (Case dismissal, charge reduction, etc.) Induction date of participant The participant's treatment court case number Judge who will manage them in the treatment court Risk and Need level of the participant Number of arrests in your lifetime of the participant Number of convictions in your lifetime of the participant Number of Issa Arrest of the participant of the partici	String String Date Dropdown Date String Dropdown Date String Dropdown Dropdown String String String Integer Radio Button Radio Button String Date Date Date Date Date Dropdown String Date Date Dropdown String Date Dropdown Propdown Dropdown	String String Date Dropdown Dropdown Dropdown Dropdown Dropdown Dropdown Dropdown Dropdown String String String String String String Number Radio Button Radio Button Radio Button String Date Dropdown Dropdown String Date Dropdown	Case Information	No
How many children under 18 live independently Integer Number Case Information Yes How many children under 18 live independently Integer Number Case Information Yes Participant making child support payments as ordered at admission Participant making child support payments? (Current, paying but not current, etc.) Integer Number Case Information Yes Participant making child support payments as ordered at admission Participant making child support payments? (Current, paying but not current, etc.) Integer Number Case Information Yes Participant making child support payments of the support p	Current Criminal Case Number / File Identifier Related Case Number / File Identifier Date of Screening Admission Type Offer Related to Court Participation Date of Acceptance Case Number Judge Risk and Need Level Number of arrests in your lifetime (Misdemeanor/Felony) Number of arrests in your lifetime (Misdemeanor/Felony) Number of convictions in your lifetime (Misdemeanor/Felony) Number of law enforcement contacts Age of First Arrest Incarcerated History of Violent Offense History of Violent Offense History of Sexual Offense Incarcerated Id Incarcerated Id Incarcerated Id Incarcerated Unt Date Incarcerated Unt Date Incarcerated Court Date Violent Offense History of Sexual Offense Incarcerated Unt Date Incarcerated Sexual Offense Incarcerated Unt Date Incarcerated Sexual Offense Incarcerated Will Sexual Offense Incarcerated Unt Date Incarcerated Unt Date Incarcerated Will Sexual Offense Incarcerated Will Will Will Will Will Will Will Wil	Current Criminal Case Number of the participant Related Case Number of the participant. Date of Screening of the participant. Date when Court begins screening process. Admission Type of the participant (Pre-plea, post-plea, etc.) Offer Related to Court Participant (Pre-plea, post-plea, etc.) Induction date of participant of the participant (Case dismissal, charge reduction, etc.) Induction date of participant Into participant's treatment court case number Judge who will manage them in the treatment court Risk and Need level of the participant Number of arrests in your lifetime of the participant Number of convictions in your lifetime of the participant Number of Law enforcement contacts over participants's lifetime Age of First Arrest of the participant Is participant incarcerated? History of Violent Offense of the participant History of Sexual Offense of the participant Date participant/candidate entered jail Date participant/candidate entered jail Date participant/candidate was discharged from jail ArrestDate of the participant Current Living Arrangement of the participant (Homeless, residential, renting, etc.) Served United States armed forces or military Military Status Branch Of Service (Army, Navy, Marines, etc.) Rank At Discharge From Military Military Discharge Date Have you enrolled in veterans services Received veterans services prior to admission Pregnant at time of admission to treatment court; either participant nave? How many children under the age of 18 does the participant have? How many children under the age of 18 does the participant have?	String String Date Dropdown Date String Dropdown Date String Dropdown Dropdown String String String String Integer Radio Button Radio Button Radio Button Radio Button String Date Date Dropdown String Date Dropdown String Date Dropdown Tropdown Dropdown Dropdown String String Integer Integer Integer Integer Integer Integer Integer Integer Integer	String String Date Dropdown Date Number Dropdown Dropdown Dropdown Dropdown Dropdown String String String String String String String Number Radio Button Radio Button String Date Date Date Dropdown Radio Button String Date Dropdown Radio Button String Date Dropdown Radio Button Dropdown Radio Button Dropdown Radio Button Dropdown Radio Button Dropdown Number Number Number	Case Information	No
How many children under 18 live independently How many children under 18 live independently How many children under 18 live independently How many children under the age of 18 have you had your parental rights terminated or retlinquished before admission to drug court? How many children under the age of 18 before admission to drug court? How many children under the age of 18 before admission to drug court? How many children under the age of 18 before admission to drug court? How many children under the age of 18 before admission to drug court? Integer Number Case Information Yes TEAMS ON CASE User Agency Name What agency does this USER work for? List List Add on Manage Team No Include/Exclude Selecting the Include/Exclude to put this USER on this participant team Check Box Check Box Add on Manage Team No	Current Criminal Case Number / File Identifier Related Case Number / File Identifier Date of Screening Admission Type Offer Related to Court Participation Date of Acceptance Case Number Judge Risk and Need Ievel Number of arrests in your lifetime (Misdemeanor/Felony) Number of arrests in your lifetime (Misdemeanor/Felony) Number of convictions in your lifetime (Misdemeanor/Felony) Number of the wenforcement contacts Age of First Arrest Incarcerated History of Violent Offense History of Sexual Offense History of Sexual Offense Incarcerated do Un Date Incarcerated do Un Date Incarcerated Out Date ArrestDate Current Living Arrangement Have you served in the United States armed forces or military Military Discharge Pate Have you enrolled in veterans services Received veterans services prior to admission Participant or significant other pregnant at time of admission How many children under 18 live with the participant How many children under 18 live with the participant	Current Criminal Case Number of the participant Related Case Number of the participant. Date of Screening of the participant. Date when Court begins screening process. Admission Type of the participant (Pre-plea, post-plea, etc.) Offer Related to Court Participant (Pre-plea, post-plea, etc.) Induction date of participant of the participant (Case dismissal, charge reduction, etc.) Induction date of participant Into participant's treatment court case number Judge who will manage them in the treatment court Risk and Need level of the participant Number of arrests in your lifetime of the participant Number of convictions in your lifetime of the participant Number of Law enforcement contacts over participants's lifetime Age of First Arrest of the participant Is participant incarcerated? History of Violent Offense of the participant History of Sexual Offense of the participant Date participant/candidate entered jail Date participant/candidate entered jail Date participant/candidate was discharged from jail ArrestDate of the participant Current Living Arrangement of the participant (Homeless, residential, renting, etc.) Served United States armed forces or military Military Status Branch Of Service (Army, Navy, Marines, etc.) Rank At Discharge From Military Military Discharge Date Have you enrolled in veterans services Received veterans services prior to admission Pregnant at time of admission to treatment court; either participant nave? How many children under the age of 18 does the participant have? How many children under the age of 18 does the participant have?	String String Date Dropdown Date String Dropdown Date String Dropdown Dropdown String String String String Integer Radio Button Radio Button Radio Button Radio Button String Date Date Dropdown String Date Dropdown String Date Dropdown Tropdown Dropdown Dropdown String String Integer Integer Integer Integer Integer Integer Integer Integer Integer	String String Date Dropdown Date Number Dropdown Dropdown Dropdown Dropdown Dropdown String String String String String String String Number Radio Button Radio Button String Date Date Dropdown Radio Button String Date Dropdown Radio Button String Date Dropdown Radio Button Dropdown Radio Button Dropdown Number Number Number	Case Information	No
How many children under the age of 18 have you had your perental rights terminated or relinquished before admission to drug court? Integer Number Case Information Yes Participant making child support payments as ordered at admission Participant making child support payments? (Current, paying but not current, etc.) Integer Number Case Information Yes Number Case Information Yes Participant making child support payments? (Current, paying but not current, etc.) Integer Number Case Information Yes Ves TEAMS ON CASE User Agency Name Matagency does this USER work for? List List Add on Manage Team No Role at agency (Counselor, Mental Health worker, etc.) List List Add on Manage Team No Selecting the Include/Exclude to put this USER worthis participant team Check Box Add on Manage Team No	Current Criminal Case Number / File Identifier Related Case Number / File Identifier Date of Screening Admission Type Offer Related to Court Participation Date of Acceptance Case Number Date of Acceptance Case Number Judge Risk and Need level Number of arrests in your lifetime (Misdemeanor/Felony) Number of arrests in your lifetime (Misdemeanor/Felony) Number of convictions in your lifetime (Misdemeanor/Felony) Number of law enforcement contacts Age of First Arrest Incarcerated History of Violent Offense History of Sexual Offense History of Sexual Offense Incarcerated Id Incarcerated Id Incarcerated Id Incarcerated In Date Incarcerated Out Date ArrestDate Current Living Arrangement Have you served in the United States armed forces or military Military Status Franch Of Service Rank At Discharge From Military Military Discharge Date Have you enrolled in veterans services Received veterans services prior to admission Participant or significant other pregnant at time of admission Number of babies born prior to Drug court admission Number of babies born prior to Drug court admission Number of babies born prior to Drug court admission Number of babies born prior to Drug court admission Number of babies born prior to Drug court admission Number of babies born prior to Drug court admission Number of babies born prior to Drug court admission Number of babies born prior to Drug court admission How many children under 18 live with other relative How many children under 18 are in foster care or a residential	Current Criminal Case Number of the participant Related Case Number of the participant. Date when Court begins screening process. Admission Type of the participant (Pre-plea, post-plea, etc.) Offer Related to Court Participation of the participant (Case dismissal, charge reduction, etc.) Induction date of participant The participant's treatment court case number Judge who will manage them in the treatment court Risk and Need level of the participant Number of arrests in your lifetime of the participant Number of convictions in your lifetime of the participant Number of Isw enforcement contacts over participant's lifetime Age of First Arrest of the participant Is participant incarcerated? History of Sexual Offense of the participant History of Sexual Offense of the participant Date participant/candidate entered jail Date participant/candidate entered jail Date participant/candidate was discharged from jail ArrestDate of the participant Current Living Arrangement of the participant (Homeless, residential, renting, etc.) Served United States armed forces or military Military Status Branch Of Service (Army, Navy, Marines, etc.) Rank AD Discharge From Military Military Discharge Date Have you enrolled in veterans services Received veterans services prior to admission Pregnant at time of admission to treatment court; either participant have? How many children under 18 live with the participant How many children under 18 live with other relative	String String Date Dropdown Date String Dropdown Date String Dropdown Dropdown Dropdown String Date Date Date Date Date Dropdown Radio Button Radio Button Radio Button Radio Button Radio Button Dropdown Date Date Dropdown	String String Date Dropdown Date Dropdown Date Number Dropdown Dropdown Dropdown Dropdown String String String String String String String Number Radio Button Radio Button Radio Button String Date Date Date Date Dropdown Radio Button String Date Date Dropdown Radio Button Dropdown Dropdown Dropdown Dropdown Dropdown Dropdown Dropdown Number Number	Case Information	No
parental rights terminated or relinquished before admission to drug court? Integer Number Case Information Yes Participant making child support payments as ordered at admission Participant making child support payments as ordered at admission Participant making child support payments? (Current, paying but not current, etc.) Integer Number Case Information Yes TEAMS ON CASE User Agency Name What agency does this USER work for? List List Add on Manage Team No Role at agency (Counselor, Mental Health worker, etc.) List List Add on Manage Team No Include/Exclude Selecting the include/Exclude to put this USER on this participant team Check Box Check Box Add on Manage Team No	Current Criminal Case Number / File Identifier Related Case Number / File Identifier Date of Screening Admission Type Offer Related to Court Participation Date of Acceptance Case Number Judge Risk and Need Level Number of arrests in your lifetime (Misdemeanor/Felony) Number of arrests in your lifetime (Misdemeanor/Felony) Number of convictions in your lifetime (Misdemeanor/Felony) Number of law enforcement contacts Age of First Arrest Incarcerated History of Violent Offense History of Violent Offense History of Sexual Offense Incarcerated Id Incarcerated Id Incarcerated Out Date Incarcerated Un Date Incarcerated Un Date Incarcerated Current Living Arrangement Have you served in the United States armed forces or military Military Status Branch Of Service Rank At Discharge From Military Military Discharge Date Have you enrolled in veterans services Received veterans services prior to admission Number of babies born prior to Drug court admission Number of babies born prior to Drug court admission How many children under 18 live with the participant How many children under 18 live with the participant How many children under 18 live with the participant	Current Criminal Case Number of the participant Related Case Number of the participant. Date of Screening of the participant. Date when Court begins screening process. Admission Type of the participant (Pre-plea, post-plea, etc.) Offer Related to Court Participation of the participant (Case dismissal, charge reduction, etc.) Induction date of participant In participant's treatment court case number Judge who will manage them in the treatment court Risk and Need level of the participant Number of arrests in your lifetime of the participant Number of convictions in your lifetime of the participant's lifetime Age of First Arrest of the participant Is participant incarcerated? History of Violent Offense of the participant Date participant lord of the participant Date participant/candidate entered jail Date participant/candidate was discharged from jail ArrestDate of the participant Current Living Arrangement of the participant (Homeless, residential, renting, etc.) Served United States armed forces or military Military Status Branch Of Service (Army, Navy, Marines, etc.) Rank At Discharge From Military Military Discharge Date Have you enrolled in veterans services Received veterans services prior to admission Pregnant at time of admission to treatment court, either participant how many children under 18 live with the participant How many children under 18 live with the participant How many children under 18 live with the participant How many children under 18 live with the participant How many children under 18 are in foster care or a residential home	String String Date Dropdown Date String Dropdown Date String Dropdown Dropdown String String String Integer Radio Button Radio Button String Date Date Date Date Date Dropdown String Date Date Dropdown String Date Dropdown Tropdown Dropdown String Integer Integer Integer Integer Integer Integer Integer	String String Date Dropdown Date Number Dropdown Dropdown Dropdown Dropdown Dropdown String String String String String String Number Radio Button Radio Button String Date Date Dropdown Radio Button String Date Dropdown Radio Button Radio Button String Date Dropdown Radio Button Radio Button Number Number Number Number Number	Case Information	No
drug court? How many children under the age of 18 before admission to drug court? Integer Number Case Information Yes Participant making child support payments as ordered at admission Participant making child support payments? (Gurrent, paying but not current, etc.) Integer Number Case Information Yes TEAMS ON CASE User Agency Name What agency does this USER work for? List List Add on Manage Team No Role at agency (Counselor, Mental Health worker, etc.) List List Add on Manage Team No Include/Exclude Selecting the Include/Exclude to put this USER on this participant team Check Box Check Box Add on Manage Team No	Current Criminal Case Number / File Identifier Related Case Number / File Identifier Date of Screening Admission Type Offer Related to Court Participation Date of Acceptance Case Number Brisk and Need Ievel Number of Arrests in your lifetime (Misdemeanor/Felony) Number of arrests in your lifetime (Misdemeanor/Felony) Number of convictions in your lifetime (Misdemeanor/Felony) Number of taw enforcement contacts Age of First Arrest Incarcerated History of Violent Offense History of Sexual Offense History of Sexual Offense Incarcerated of Un Date Incarcerated of Un Date Incarcerated Out Date ArrestDate Current Living Arrangement Have you served in the United States armed forces or military Military Discharge Pote Have you enrolled in veterans services Received veterans services prior to admission Participant or significant other pregnant at time of admission How many children under 18 live with the participant How many children under 18 live with the relative How many children under 18 live with the relative How many children under 18 live with ther relative	Current Criminal Case Number of the participant Related Case Number of the participant. Date of Screening of the participant. Date when Court begins screening process. Admission Type of the participant (Pre-plea, post-plea, etc.) Offer Related to Court Participation of the participant (Case dismissal, charge reduction, etc.) Induction date of participant In participant's treatment court case number Judge who will manage them in the treatment court Risk and Need level of the participant Number of arrests in your lifetime of the participant Number of convictions in your lifetime of the participant's lifetime Age of First Arrest of the participant Is participant incarcerated? History of Violent Offense of the participant Date participant lord of the participant Date participant/candidate entered jail Date participant/candidate was discharged from jail ArrestDate of the participant Current Living Arrangement of the participant (Homeless, residential, renting, etc.) Served United States armed forces or military Military Status Branch Of Service (Army, Navy, Marines, etc.) Rank At Discharge From Military Military Discharge Date Have you enrolled in veterans services Received veterans services prior to admission Pregnant at time of admission to treatment court, either participant how many children under 18 live with the participant How many children under 18 live with the participant How many children under 18 live with the participant How many children under 18 live with the participant How many children under 18 are in foster care or a residential home	String String Date Dropdown Date String Dropdown Date String Dropdown Dropdown String String String Integer Radio Button Radio Button String Date Date Date Date Date Dropdown String Date Date Dropdown String Date Dropdown Tropdown Dropdown String Integer Integer Integer Integer Integer Integer Integer	String String Date Dropdown Date Number Dropdown Dropdown Dropdown Dropdown Dropdown String String String String String String Number Radio Button Radio Button String Date Date Dropdown Radio Button String Date Dropdown Radio Button Radio Button String Date Dropdown Radio Button Radio Button Number Number Number Number Number	Case Information	No
Participant making child support payments as ordered at admission Participant making child support payments? (Current, paying but not current, etc.) Integer Number Case Information Yes TEAMS ON CASE User Agency Name What agency does this USER work for? List List Add on Manage Team No Role at agency (Counselor, Mental Health worker, etc.) List List Add on Manage Team No Selecting the Include/Exclude to put this USER on this participant team Check Box Check Box Add on Manage Team No	Current Criminal Case Number / File Identifier Related Case Number / File Identifier Date of Screening Admission Type Offer Related to Court Participation Date of Acceptance Case Number Judge Risk and Need Level Number of Arrests in your lifetime (Misdemeanor/Felony) Number of arrests in your lifetime (Misdemeanor/Felony) Number of convictions in your lifetime (Misdemeanor/Felony) Number of law enforcement contacts Age of First Arrest Incarcerated History of Violent Offense History of Violent Offense History of Sexual Offense Incarcerated Id Incarcerated In Date Incarcerated In Date Incarcerated Out Date ArrestDate Current Living Arrangement Have you served in the United States armed forces or military Military Status Franch Of Service Rank At Discharge From Military Military Discharge Date Have you enrolled in veterans services Received veterans services prior to admission Participant or significant other pregnant at time of admission Number of babies born prior to Drug court admission How many children under 18 live with the participant How many children under 18 live with other relative How many children under 18 live with other relative How many children under 18 live with other relative How many children under 18 live with other relative	Current Criminal Case Number of the participant Related Case Number of the participant. Date of Screening of the participant. Date when Court begins screening process. Admission Type of the participant (Pre-plea, post-plea, etc.) Offer Related to Court Participation of the participant (Case dismissal, charge reduction, etc.) Induction date of participant In participant's treatment court case number Judge who will manage them in the treatment court Risk and Need level of the participant Number of arrests in your lifetime of the participant Number of convictions in your lifetime of the participant's lifetime Age of First Arrest of the participant Is participant incarcerated? History of Violent Offense of the participant Date participant lord of the participant Date participant/candidate entered jail Date participant/candidate was discharged from jail ArrestDate of the participant Current Living Arrangement of the participant (Homeless, residential, renting, etc.) Served United States armed forces or military Military Status Branch Of Service (Army, Navy, Marines, etc.) Rank At Discharge From Military Military Discharge Date Have you enrolled in veterans services Received veterans services prior to admission Pregnant at time of admission to treatment court, either participant how many children under 18 live with the participant How many children under 18 live with the participant How many children under 18 live with the participant How many children under 18 live with the participant How many children under 18 are in foster care or a residential home	String String Date Dropdown Date String Dropdown Date String Dropdown Dropdown String String String Integer Radio Button Radio Button String Date Date Date Date Date Dropdown String Date Date Dropdown String Date Dropdown Tropdown Dropdown String Integer Integer Integer Integer Integer Integer Integer	String String Date Dropdown Date Number Dropdown Dropdown Dropdown Dropdown Dropdown String String String String String String Number Radio Button Radio Button String Date Date Dropdown Radio Button String Date Dropdown Radio Button Radio Button String Date Dropdown Radio Button Radio Button Number Number Number Number Number	Case Information	No
admission Participant making child support payments? (Current, paying but not current, etc.) Integer Number Case Information Yes TEAMS ON CASE User Agency Name No What agency does this USER work for? List List Add on Manage Team No Role at agency (Counselor, Mental Health worker, etc.) List List Add on Manage Team No Include/Exclude by put this USER on this participant team Check Box Check Box Add on Manage Team No	Current Criminal Case Number / File Identifier Related Case Number / File Identifier Date of Screening Admission Type Offer Related to Court Participation Date of Acceptance Case Number Judge Risk and Need Level Number of Arrests in your lifetime (Misdemeanor/Felony) Number of arrests in your lifetime (Misdemeanor/Felony) Number of convictions in your lifetime (Misdemeanor/Felony) Number of law enforcement contacts Age of First Arrest Incarcerated History of Violent Offense History of Violent Offense History of Sexual Offense Incarcerated Id Incarcerated Id Incarcerated In Date Incarcerated Dut Date Current Living Arrangement Have you served in the United States armed forces or military Military Status Branch Of Service Rank At Discharge From Military Military Discharge Date Have you enrolled in veterans services Received veterans services prior to admission Participant or significant other pregnant at time of admission Number of babies born prior to Drug court admission How many children under 18 live with the participant How many children under 18 live with the participant How many children under 18 live with the participant How many children under 18 live with the participant How many children under 18 live with the participant How many children under 18 live with the participant How many children under 18 live with the participant How many children under 18 live with the participant How many children under 18 live independently	Current Criminal Case Number of the participant Related Case Number of the participant. Date of Screening of the participant. Date when Court begins screening process. Admission Type of the participant (Pre-plea, post-plea, etc.) Offer Related to Court Participation of the participant (Case dismissal, charge reduction, etc.) Induction date of participant The participant's treatment court case number Judge who will manage them in the treatment court Risk and Need level of the participant Number of arrests in your lifetime of the participant Number of convictions in your lifetime of the participant's lifetime Age of First Arrest of the participant Sumber of law enforcement contacts over participant's lifetime Age of First Arrest of the participant History of Violent Offense of the participant History of Violent Offense of the participant Incarcerated Id of the participant Date participant/candidate was discharged from jail Date participant/candidate was discharged from jail ArrestDate of the participant Current Living Arrangement of the participant (Homeless, residential, renting, etc.) Served United States armed forces or military Military Status Branch Of Service (Army, Navy, Marines, etc.) Rank At Discharge Prom Military Military Discharge Date Have you enrolled in veterans services Received veterans services prior to admission Pregnant at time of admission to treatment court; either participant and participant	String String Date Dropdown Date String Dropdown Date String Dropdown Dropdown String String String String Integer Radio Button Radio Button String Date Date Date Date Date Date Dropdown String Date Dropdown String Date Dropdown Tropdown Dropdown String Integer	String String Date Dropdown Date Number Dropdown Dropdown Dropdown Dropdown String String String String String String Number Radio Button Radio Button String Date Dropdown String Date Dropdown Tropdown String Date Dropdown Number Number Number Number	Case Information	No
TEAMS ON CASE User Agency Name What agency does this USER work for? List List Add on Manage Team No Role at agency (Counselor, Mental Health worker, etc.) List List Add on Manage Team No Include/Exclude Selecting the Include/Exclude to put this USER on this participant team Check Box Add on Manage Team No	Current Criminal Case Number / File Identifier Related Case Number / File Identifier Date of Screening Admission Type Offer Related to Court Participation Date of Acceptance Case Number Judge Risk and Need level Number of arrests in your lifetime (Misdemeanor/Felony) Number of convictions in your lifetime (Misdemeanor/Felony) Number of taw enforcement contacts Age of First Arrest Incarcerated History of Violent Offense History of Sexual Offense History of Sexual Offense History and Sexual Offense Current Living Arrangement Have you served in the United States armed forces or military Military Status Ranch Of Service Rank At Discharge From Military Military Discharge Date Have you enrolled in veterans services Received veterans services prior to admission Participant or significant other pregnant at time of admission Number of babies born prior to Drug court admission Number of babies born prior to Drug court admission How many children under 18 live with the participant How many children under 18 live with other relative How many children under 18 live with other relative How many children under 18 live with other relative How many children under 18 live with other relative How many children under 18 live with other relative How many children under 18 live with other relative How many children under 18 live with other relative How many children under 18 live independently How many children under 18 live independently How many children under 18 live with other relative How many children under 18 live independently How many children under 18 live with other relative How many children under 18 live with other relative	Current Criminal Case Number of the participant Related Case Number of the participant. Date of Screening of the participant. Date when Court begins screening process. Admission Type of the participant (Pre-plea, post-plea, etc.) Offer Related to Court Participation of the participant (Case dismissal, charge reduction, etc.) Induction date of participant The participant's treatment court case number Judge who will manage them in the treatment court Risk and Need level of the participant Number of arrests in your lifetime of the participant Number of convictions in your lifetime of the participant's lifetime Age of First Arrest of the participant Sumber of law enforcement contacts over participant's lifetime Age of First Arrest of the participant History of Violent Offense of the participant History of Violent Offense of the participant Incarcerated Id of the participant Date participant/candidate was discharged from jail Date participant/candidate was discharged from jail ArrestDate of the participant Current Living Arrangement of the participant (Homeless, residential, renting, etc.) Served United States armed forces or military Military Status Branch Of Service (Army, Navy, Marines, etc.) Rank At Discharge Prom Military Military Discharge Date Have you enrolled in veterans services Received veterans services prior to admission Pregnant at time of admission to treatment court; either participant and participant	String String Date Dropdown Date String Dropdown Date String Dropdown Dropdown String String String String Integer Radio Button Radio Button String Date Date Date Date Date Date Dropdown String Date Dropdown String Date Dropdown Tropdown Dropdown String Integer	String String Date Dropdown Date Number Dropdown Dropdown Dropdown Dropdown String String String String String String Number Radio Button Radio Button String Date Dropdown String Date Dropdown Tropdown String Date Dropdown Number Number Number Number	Case Information	No
User Agency Name What agency does this USER work for? List List Add on Manage Team No Role Role at agency (Counselor, Mental Health worker, etc.) List List Add on Manage Team No Include/Exclude Selecting the Include/Exclude to put this USER on this participant team Check Box Check Box Add on Manage Team No	Current Criminal Case Number / File Identifier Related Case Number / File Identifier Date of Screening Admission Type Offer Related to Court Participation Date of Acceptance Case Number Judge Risk and Need Level Number of arrests in your lifetime (Misdemeanor/Felony) Number of convictions in your lifetime (Misdemeanor/Felony) Number of faw enforcement contacts Age of First Arrest Incarcerated History of Violent Offense History of Sexual Offense History of Sexual Offense Incarcerated Id Incarcerated In Date Incarcerated Out Date ArrestDate Current Living Arrangement Have you served in the United States armed forces or military Military Status Branch Of Service Rank At Discharge From Military Military Discharge Date Have you not service services prior to admission Participant or significant other pregnant at time of admission Number of babies born prior to Drug court admission Number of babies born prior to Drug court admission How many children under 18 live with the participant How many children under 18 live with the relative How many children under 18 live with the relative How many children under 18 live with the participant How many children under 18 live with the participant How many children under 18 live with other relative How many children under 18 live with other relative How many children under 18 live with other relative How many children under 18 live with other relative How many children under 18 live with other relative How many children under 18 live with other relative How many children under 18 live with other relative How many children under 18 live with other relative How many children under 18 live with other relative How many children under 18 live with other relative	Current Criminal Case Number of the participant Related Case Number of the participant. Date when Court begins screening process. Admission Type of the participant (Pre-plea, post-plea, etc.) Offer Related to Court Participation of the participant (Case dismissal, charge reduction, etc.) Induction date of participant The participant's treatment court case number Judge who will manage them in the treatment court Risk and Need level of the participant Number of arrests in your lifetime of the participant Number of convictions in your lifetime of the participant Number of law enforcement contacts over participant's lifetime Age of First Arrest of the participant Is participant incarcerated? History of Violent Offense of the participant Intercerated of of the participant Date participant/candidate entered jail Date participant/candidate entered jail Date participant/candidate was discharged from jail ArrestDate of the participant Current Living Arrangement of the participant (Homeless, residential, renting, etc.) Served United States armed forces or military Military Discharge From Military Military Discharge From Military Military Discharge From Military Military Discharge Date Have you enrolled in veterans services Received veterans services prior to admission Pregnant at time of admission to treatment court; either participant no partner Number of babies born prior to Drug court admission How many children under the age of 18 before admission to drug court? How many children under 18 live with other relative How many children under the age of 18 before admission to drug court?	String String Date Dropdown Date String Dropdown Date String Dropdown Dropdown String String String Integer Radio Button Radio Button Radio Button String Date Date Date Date Date Date Date Dropdown String Date Dropdown Radio Button Radio Button String Integer	String String Date Dropdown Date Number Dropdown Dropdown Dropdown Dropdown Dropdown String String String String String String Number Radio Button Radio Button Radio Button String Date Date Dropdown Radio Button String Date Dropdown Radio Button Radio Button String Date Dropdown Radio Button Number Number Number Number Number Number	Case Information	No
Role Role at agency (Counselor, Mental Health worker, etc.) List List Add on Manage Team No Include/Exclude Selecting the Include/Exclude to put this USER on this participant team Check Box Check Box Add on Manage Team No	Current Criminal Case Number / File Identifier Related Case Number / File Identifier Date of Screening Admission Type Offer Related to Court Participation Date of Acceptance Case Number Judge Risk and Need Level Number of arrests in your lifetime (Misdemeanor/Felony) Number of convictions in your lifetime (Misdemeanor/Felony) Number of faw enforcement contacts Age of First Arrest Incarcerated History of Violent Offense History of Sexual Offense History of Sexual Offense Incarcerated Id Incarcerated In Date Incarcerated Out Date ArrestDate Current Living Arrangement Have you served in the United States armed forces or military Military Status Branch Of Service Rank At Discharge From Military Military Discharge Date Have you not service services prior to admission Participant or significant other pregnant at time of admission Number of babies born prior to Drug court admission Number of babies born prior to Drug court admission How many children under 18 live with the participant How many children under 18 live with the relative How many children under 18 live with the relative How many children under 18 live with the participant How many children under 18 live with the participant How many children under 18 live with other relative How many children under 18 live with other relative How many children under 18 live with other relative How many children under 18 live with other relative How many children under 18 live with other relative How many children under 18 live with other relative How many children under 18 live with other relative How many children under 18 live with other relative How many children under 18 live with other relative How many children under 18 live with other relative	Current Criminal Case Number of the participant Date of Screening of the participant. Date when Court begins screening process. Admission Type of the participant (Pre-plea, post-plea, etc.) Offer Related to Court Participation of the participant (Case dismissal, charge reduction, etc.) Induction date of participant The participant's treatment court case number Judge who will manage them in the treatment court Risk and Need level of the participant Number of arrests in your lifetime of the participant Number of arrests in your lifetime of the participant Number of Inst Arrest of the participant Number of Inst Arrest of the participant is participant in Instruction of the participant is participant incarcerated? History of Sexual Offense of the participant Inscreamed of the participant incarcerated? History of Sexual Offense of the participant Incarcerated Id of the participant Date participant/candidate entered jail Date participant/candidate was discharged from jail ArrestDate of the participant Current Living Arrangement of the participant (Homeless, residential, renting, etc.) Served United States armed forces or military Military Status Branch Of Service (Army, Navy, Marines, etc.) Rank At Discharge From Military Military Discharge Date Have you enrolled in veterans services Received veterans services prior to admission How many children under 18 live with the participant have? How many children under 18 live with the relative How many children under 18 are in foster care or a residential home How many children under 18 are in foster care or a residential home How many children under 18 are in foster care or a residential home How many children under 18 are in foster care or a residential home How many children under 18 are in foster care or a residential home How many children under 18 are in foster care or a residential home How many children under 18 are in foster care or a residential home How many children under 18 are in foster care or a residential home	String String Date Dropdown Date String Dropdown Date String Dropdown Dropdown String String String Integer Radio Button Radio Button Radio Button String Date Date Date Date Date Date Date Dropdown String Date Dropdown Radio Button Radio Button String Integer	String String Date Dropdown Date Number Dropdown Dropdown Dropdown Dropdown Dropdown String String String String String String Number Radio Button Radio Button Radio Button String Date Date Dropdown Radio Button String Date Dropdown Radio Button Radio Button String Date Dropdown Radio Button Number Number Number Number Number Number	Case Information	No
Include/Exclude Selecting the Include/Exclude to put this USER on this participant team Check Box Check Box Add on Manage Team No	Current Criminal Case Number / File Identifier Related Case Number / File Identifier Date of Screening Admission Type Offer Related to Court Participation Date of Acceptance Case Number Judge Risk and Need level Number of arrests in your lifetime (Misdemeanor/Felony) Number of convictions in your lifetime (Misdemeanor/Felony) Number of taw enforcement contacts Age of First Arrest Incarcerated History of Violent Offense History of Sexual Offense History of Sexual Offense History and Sexual Offense Current Living Arrangement Loracreated to Under Cartery Military Status Franch Of Service Rank At Discharge From Military Military Discharge Date Have you enrolled in veterans services Received veterans services prior to admission Participant or significant other pregnant at time of admission Number of babies born prior to Drug court admission Number of habies born prior to Drug court admission Number of habies horn prior to Drug court admission Number of habies horn prior to Bar in foster care or a residential home How many children under 18 live with other relative How many children under 18 are in foster care or a residential home How many children under 18 live with other relative How many children under 18 live with other relative How many children under 18 live with other relative How many children under 18 live with other relative How many children under 18 live with other relative How many children under 18 live with other relative How many children under 18 live with other relative How many children under 18 live with other relative How many children under 18 live with other relative How many children under 18 live with other relative How many children under 18 live with other relative	Current Criminal Case Number of the participant Date of Screening of the participant. Date when Court begins screening process. Admission Type of the participant (Pre-plea, post-plea, etc.) Offer Related to Court Participation of the participant (Case dismissal, charge reduction, etc.) Induction date of participant The participant's treatment court case number Judge who will manage them in the treatment court Risk and Need level of the participant Number of arrests in your lifetime of the participant Number of convictions in your lifetime of the participant Number of Issue and the participant of the part	String String Date Dropdown Date String Dropdown Date String Dropdown Dropdown String String String String String String String String String Oropdown Radio Button Radio Button Radio Button Radio Button String Date Date Dropdown String Date Dropdown Dropdown Tropdown Dropdown Dropdown Integer	String String Date Dropdown Date Number Dropdown Dropdown Dropdown Dropdown Dropdown String String String String String String String String Number Radio Button Radio Button Radio Button String Date Date Date Date Dropdown Radio Button String Date Date Dropdown Number Number Number Number Number Number Number Number	Case Information	No
	Current Criminal Case Number / File Identifier Related Case Number / File Identifier Date of Screening Admission Type Offer Related to Court Participation Date of Acceptance Case Number Judge Risk and Need Level Number of Arrests in your lifetime (Misdemeanor/Felony) Number of arrests in your lifetime (Misdemeanor/Felony) Number of convictions in your lifetime (Misdemeanor/Felony) Number of law enforcement contacts Age of First Arrest Incarcerated History of Violent Offense History of Sexual Offense History of Sexual Offense Incarcerated du Incarcerated Id Incarcerated Un Date Incarcerated Current Living Arrangement Have you served in the United States armed forces or military Military Status Branch Of Service Rank At Discharge From Military Military Discharge Date Have you onlied in veterans services Received veterans services prior to admission Participant or significant other pregnant at time of admission Number of babies born prior to Drug court admission How many children under 18 live with the participant How many children under 18 live with the participant How many children under 18 live with the participant How many children under 18 live with the participant How many children under 18 live with the participant How many children under 18 live with the participant How many children under 18 live with the participant How many children under 18 live with the participant How many children under 18 live with the participant How many children under 18 live with the participant How many children under 18 live with the participant How many children under 18 live with the participant How many children under 18 live with the participant How many children under 18 live with the participant making child support payments as ordered at admission User Agency Name	Current Criminal Case Number of the participant Related Case Number of the participant. Date when Court begins screening process. Admission Type of the participant (Pre-plea, post-plea, etc.) Offer Related to Court Participation of the participant (Case dismissal, charge reduction, etc.) Induction date of participant Into participant's treatment court case number Judge who will manage them in the treatment court Risk and Need level of the participant Number of arrests in your lifetime of the participant Number of convictions in your lifetime of the participant Number of convictions in your lifetime of the participant Number of law enforcement contacts over participant's lifetime Age of First Arrest of the participant Is participant incarcerated? History of Violent Offense of the participant History of Sexual Offense of the participant Date participant/candidate entered jail Date participant/candidate entered jail Date participant/candidate was discharged from jail ArrestDate of the participant Current Living Arrangement of the participant (Homeless, residential, renting, etc.) Served United States armed forces or military Military Status Branch Of Service (Army, Navy, Marines, etc.) Rank At Discharge From Military Military Discharge Date Have you enrolled in veterans services Received veterans services prior to admission Pregnant at time of admission to treatment court; either participant or partner Number of babies born prior to Drug court admission How many children under 18 live with the participant How many children under 18 live with the participant How many children under 18 live with the participant How many children under 18 live with the participant How many children under 18 live with the participant How many children under 18 live with the participant How many children under 18 live with the participant How many children under 18 live with the participant How many children under 18 live with the participant How many children under 18 live with the participant How many children under 18 live with th	String String Date Dropdown Date String Dropdown Date String Dropdown Dropdown String String String Integer Radio Button Radio Button Radio Button String Date Date Dropdown String Date Dropdown String Date Dropdown Radio Button Radio Button Integer	String String String Date Dropdown Date Number Dropdown Dropdown Dropdown Dropdown String String String String String String String String Number Radio Button Radio Button String Date Date Dropdown String Date Dropdown Radio Button String Date Dropdown Radio Button String Date Dropdown Radio Button Number	Case Information Case Information	No
1 Ipper on the data Ipper of Ipper	Current Criminal Case Number / File Identifier Related Case Number / File Identifier Date of Screening Admission Type Offer Related to Court Participation Date of Acceptance Case Number Judge Risk and Need Level Number of arrests in your lifetime (Misdemeanor/Felony) Number of convictions in your lifetime (Misdemeanor/Felony) Number of Law enforcement contacts Age of First Arrest Incarcerated History of Violent Offense History of Violent Offense History of Sexual Offense Incarcerated In Date Incarcerated Out Date ArrestDate Current Living Arrangement Have you served in the United States armed forces or military Military Status Branch of Service Rank At Discharge From Military Military Discharge Date Have you enrolled in veterans services Received veterans services prior to admission Participant or significant other pregnant at time of admission Number of babies born prior to Drug court admission How many children under 18 live with the participant How many children under 18 live with the ther relative How many children under 18 live with the participant How many children under 18 live in debre care or a residential home How many children under 18 live in inder relative How many children under 18 live in inder relative How many children under 18 live in inder relative How many children under 18 live in inder relative How many children under 18 live independently Participant making child support payments as ordered at admission User Agency Name	Current Criminal Case Number of the participant Date of Screening of the participant. Date when Court begins screening process. Admission Type of the participant (Pre-plea, post-plea, etc.) Offer Related to Court Participation of the participant (Case dismissal, charge reduction, etc.) Induction date of participant The participant's treatment court case number Judge who will manage them in the treatment court Risk and Need level of the participant Number of arrests in your lifetime of the participant Number of arrests in your lifetime of the participant Number of Issue and Issue	String String Date Dropdown Date String Dropdown Date String Dropdown Dropdown Dropdown String Date Date Date Date Date Date Date Date	String String Date Dropdown Date Dropdown Date Number Dropdown Dropdown Dropdown Dropdown String Date Date Date Date Date Dropdown String Date Date Dropdown String String String Number Radio Button Radio Button String Date Dropdown String String Number	Case Information Case Information	No

Company Comp		Date that you are recording this address	Date	Date	Add on Address	Yes
Cames and sections	Address Type					
March Marc						
Second						
The common						
Comment Comm	Zip Code	Zip Code of the participant	String	String	Add on Address	Yes
Control Cont	City	City where this address is located	String	String	Add on Address	No
Company Comp	State		String			
Control Security Control Sec	County		Dropdown	Dropdown	Add on Address	Yes
Stock American Notes of Engineering contents on the proposed of the contents on the proposed of the contents of the proposed of the contents of the proposed of the contents of the proposed of the propos					Territoria	L. 1
Company						
Temperature Section						
Section Sect						
March Process Proces						
Transport Common an embrance from a minimization from a straight common and minimization from a straight common and an embrance from a straight common and a straight common						
Part Marco of the Fare lay Meeting						No
Trick Dates		FAMILY INFORMATION AND SUPPORT SYSTEM				
					Family information & Support	
March Name	First Name	Name of the Family Member	String	String		Yes
Section Sect						
Section Leaf Name of the Family Network Deposits	Middle Name	Middle Name of the Family Member	String	String	,	No
Sectionable Control of the Family Permitter is permissional and control of the Family Permitter is permissional and control of the Family Permitter is permitted and the Section of Control	LandManna	Land Name and the Familia Manushan	Obelin a	Otalia a		
Sectional state Section Sectio	Last Name	Last Name of the Family Member	String	String		Yes
Section of the family before the problement of t	Polationship	Relationship of the Family Member to participant	Drondown	Drondown		Voc
Address of the Family Member Store	netationship	Retationship of the Family Member to participant	Diopuowii	Diopuowii		165
Accessed this Funday Mendod Cay Cay and See Service Cay and See Se	Address1	Address of the Family Member	String	String		No
Address Address of the Sensity Nombor Story Bridge Store No.	7 da	Tradition of the Family Frombot	Ouring	ouring		110
Part	Address2	Address of the Family Member	String	String		No
Company						
Process Proc	City	City of the family Member	String	String		No
These Number These Number Project Nu					Family information & Support	
State	Zip Code	Zip Code of the Address	integer	Number		No
Prove Number Prove Number of the Tarrishy Member Prove Number of the Tarrishy Member Prove Number of the Tarrishy Member No.			<u> </u>]
Process Process Number of the Central Persons Section Society So	State	State of the Family Member	Dropdown	Dropdown	.,	No
Posted P	L	L	<u>l</u> .	l		<u> </u>
Notes Part Notes Part Notes Part Notes Part Notes Part Notes Part Notes No	Phone Number	Phone Number of the Family Member	integer	Number		No
### CHRISTON OF CONTACT String						1
Post Name	Notes		String	String	System	No
First Name			I	1	T	
Indicate Name						
Land Number Land Number of the Member Soring Strong Remempersy Content Yes						
Address 1 Abdress of the Nember						
Address 2 Address of the Member Sing Sing Sing Congency Contact No October State of the Member Sing Sing Congency Contact No October State of the Member Sing Sing Congency Contact No October State State of the Member Sing Sing Congency Contact No October State Sta						
Grys (Carp Carp Carp Carp Carp Carp Carp Carp						
State State of the Menthed Dropdown Dropdown Congency Contract No 20 20 20 20 20 20 20 2						
Page						
CHILDREN First Name First Name First Name First Name First Name Last Name Disc Of Jeth of His Child Disc Of Jeth of His Child String String Children Ves See See of the Child Liver Strind Disc Of Jeth of His Child Liver Strind Disc Of Jeth of His Child Liver Strind Last Name L	Zip					No
First Name First Name of the Child Sinnig Sinnig Children Yes Last Name Last Name of the Child Sinnig Sinnig Children Yes Ves of Birth Obte Of Birth Of the Child Sinnig Children Yes Ves of Birth Obte Of Birth Of the Child Obte Obte Children Yes Ves Children Children No Children Children Children No Children Children Children No Children Children Children No Children Child	Phone Number	Number of the Member	integer	Number	Emergency Contact	No
Last Name Last Name of the Child String String Children Yes Sex Sex of Diller Child Child Child Child Child Child Children Yes Sex Sex of the Child Child Child Child Children Yes Sex Sex of the Child Child Children Children Yes Sex Sex of the Child Children Children Yes Sex Sex of the Child Children Children Children No Relationship Sex of the Child (with participant, with parent not in treatment court, foster, etc.) Oxyodron Children No Relationship Sex of the Child (with participant and participant and participant sex of the Child (with participant and par		CHILDREN				
First Patient (States) Sex Sex Sex of the Child Sex Sex Sex Sex of the Child Sex			String			Yes
Sex of the Child Childre No. Oppdown Children Yes Childre Status Current Harmer of the Child (with participant, with parrent not in treatment court, foster, etc.) Dropdown Children No. Oppdown Child						
Childria Living Status Current Horne of the Child (with participant, with parent not in treatment court, foster, etc.) Dropdown Children No Children N						
Relationship Membership With Child (seep, adagster, etc.) Dipendent Status Is child dependent in independent? Dropdown Dro	Sex	Sex of the Child	Dropdown	Dropdown	Children	Yes
Relationship Membership With Child (seep, adagster, etc.) Dipendent Status Is child dependent in independent? Dropdown Dro						1
Dependent Status Is child dependent or independent? Dropdown Oropdown Children No Current Child Support Deseparating purchild support Dropdown Oropdown Or						1
Current Child Support Does participant pay child support Dirpodown Dirpodown Children No Amount of Shapport Amount of Shapport Amount of Shapport Dirpodown Dirpodown Dirpodown No Dirpodown Dir						
Amount of Support Amount of Public support assessed Dropdown Dropdown Control Children No Custody status Dropdown Control Children No No Address Share Address where the child is living String String String Children No No Children No Chil						
Current Custady Status Custody status Diopodown						
Address Member Related to Case Relationship To Case						No
Relationship To Case	Amount of Support	Amount of child support assessed				
First Name First Name of the Member String String String Parties Related To Case Yes Middle Name Middle Name of the Member String String Parties Related To Case No Last Name Last Name of the Member String String String Parties Related To Case Yes Final Id Email Id of the Member String String String Parties Related To Case No Phone Number Phone Number of the Member String String Parties Related To Case No Address 1 Address of the Member String String Parties Related To Case No Address 2 Address of the Member String String Parties Related To Case No Address 2 Address of the Member String String Parties Related To Case No City City of the Member String String Parties Related To Case No City City of the Member String String Parties Related To Case No City City of the Member String String Parties Related To Case No City City of the Member String String Parties Related To Case No City City of the Member String String Parties Related To Case No City City of the Member String String Parties Related To Case No City City of the Member String String Parties Related To Case No City City of the Member String String String Parties Related To Case No City City of the Member String String String String Parties Related To Case No City City of the Member String Participant Profile Notes No City of the Member String String String String Participant Profile Notes No City of the Member String String String String Participant Profile Notes No City of the Address of the Member String String String String Participant No City	Amount of Support Current Custody Status	Amount of child support assessed Custody status	Dropdown	Dropdown	Children	No
Middle Name Middle Name of the Member String String Parties Related To Case No	Amount of Support Current Custody Status	Amount of child support assessed Custody status Address where the child is living	Dropdown	Dropdown	Children	No
Last Name Last Name of the Member String String Parties Related To Case Yes Email Lid Email Lid Email Lid The Member String String Parties Related To Case No Phone Number Phone Number of the Member Integer Number Parties Related To Case No Address1 Address of the Member String String Parties Related To Case No Address2 Address of the Member String String Parties Related To Case No Address2 Address of the Member String String Parties Related To Case No Address2 Address of the Member String String Parties Related To Case No Address2 Zip Code of the Address Integer Number Parties Related To Case No Zip Code Zip Code of the Address Integer Number Parties Related To Case No Notes State State of the Member Dropdown Dropdown Taries Related To Case No Notes Note	Amount of Support Current Custody Status Address	Amount of child support assessed Custody status Address where the child is living PARTIES RELATED TO CASE	Dropdown String String	Dropdown String	Children Children	No No
Email Lid free Member String String Parties Related To Case No Phone Number Phone Numb	Amount of Support Current Custody Status Address Relationship To Case First Name	Amount of child support assessed Custody status Address where the child is living PARTIES RELATED TO CASE Member Related to Case First Name of the Member	String String String	String String String	Children Children Parties Related To Case Parties Related To Case	No No Yes Yes
Phone Number Phone Number of the Member Integer Number Parties Related To Case No Address 1 Address of the Member String String String Parties Related To Case No Address 2 Address of the Member String String String Parties Related To Case No City of the Member String String String Parties Related To Case No City of the Member String String String Parties Related To Case No City of the Member Orogodown	Amount of Support Current Custody Status Address Relationship To Case First Name Middle Name	Amount of child support assessed Custody status Address where the child is living PARTIES RELATED TO CASE Member Related to Case First Name of the Member Middle Name of the Member	Dropdown String String String String String	Dropdown String String String String String	Children Children Parties Related To Case Parties Related To Case Parties Related To Case	No No Yes Yes No
Address of the Member String String Parties Related To Case No Address 2	Amount of Support Current Custody Status Address Relationship To Case First Name Middle Name Last Name	Amount of child support assessed Custody status Address where the child is living PARTIES RELATED TO CASE Member Related to Case First Name of the Member Middle Name of the Member Last Name of the Member	Dropdown String String String String String String String	Dropdown String String String String String String	Children Children Parties Related To Case	Yes Yes No Yes
Address of the Member String String Parties Related To Case No Zip Code Zip Code of the Address Integer Number Parties Related To Case No Zip Code Zip Code of the Address Integer Number Parties Related To Case No Notes State of the Member Dropdown Dropdown Parties Related To Case No Notes Notes Notes String String String String Parties Related To Case No Notes Notes Notes String String String Parties Related To Case No Notes Notes String String String Parties Related To Case No Notes Notes To Related To Case No Notes Notes String String String Parties Related To Case No Notes Notes To Related To Case No Notes Notes String String String Parties Related To Case No Notes Notes String String String Participant Profile Notes No Notes Notes String String String Participant Profile Notes No Notes Notes about participant String String Participant Profile Notes No Notes Notes about participant Quarternity Insured OR Not String String Participant Profile Notes No Notes Participant Currently Insured OR Not String String Participant Profile Notes No Notes Participant Currently Insured OR Not String String Participant Profile Notes No Notes Types/Status of Insurance Dropdown Dropdown Dropdown Medical Insurances No Medical Insurance Information Insurance Eligibility of the Participant Dropdown Dropdown Medical Insurances No Notes Notes, If any Medical Insurance No Notes, If any Medical Insurance No Medical Insurance No Medical Insurance No Medical Insurance No Notes, If any Medical Insurance No Notes, If any Medical Insurance No Me	Amount of Support Current Custody Status Address Relationship To Case First Name Middle Name Last Name Email Id	Amount of child support assessed Custody status Address where the child is living PARTIES RELATED TO CASE Member Related to Case First Name of the Member Middle Name of the Member Last Name of the Member Email to of the Member	Dropdown String String String String String String String String String	Dropdown String String String String String String String String String	Children Children Parties Related To Case	Yes Yes No Yes No Yes
City of the Member String	Amount of Support Current Custody Status Address Relationship To Case First Name Middle Name Last Name Email Id Phone Number	Amount of child support assessed Custody status Address where the child is living PARTIES RELATED TO CASE Member Related to Case First Name of the Member Middle Name of the Member Last Name of the Member Email Id of the Member Phone Number of the Member	Dropdown String String String String String String String integer	Dropdown String String String String String String String String Number	Children Children Children Parties Related To Case	Yes Yes No Yes No Yes No No No
Zip Code of the Address Integer Number Parties Related To Case No	Amount of Support Current Custody Status Address Relationship To Case First Name Middle Name Last Name Email d Phone Number Address1	Amount of child support assessed Custody status Address where the child is living PARTIES RELATED TO CASE Member Related to Case First Name of the Member Middle Name of the Member Last Name of the Member Email dof the Member Email dof the Member Phone Number of the Member Address of the Member	Dropdown String	Dropdown String Number String	Children Children Parties Related To Case	Yes Yes No Yes No No No No No No
State of the Member Orcodown Dropdown Parties Related To Case No	Amount of Support Current Custody Status Address Relationship To Case First Name Middle Name Last Name Email Id Phone Number Address1 Address2	Amount of child support assessed Custody status Address where the child is living PARTIES RELATED TO CASE Member Related to Case First Name of the Member Middle Name of the Member Last Name of the Member Email Id of the Member Phone Number of the Member Address of the Member Address of the Member Address of the Member	Dropdown String Integer String String	Dropdown String String String String String String String String String Number String String	Children Children Children Parties Related To Case	Yes Yes No
Notes Notes, if any String String Parties Related To Case No	Amount of Support Current Custody Status Address Relationship To Case First Name Middle Name Last Name Email Id Phone Number Address1 Address2 City	Amount of child support assessed Custody status Address where the child is living PARTIES RELATED TO CASE Member Related to Case First Name of the Member Middle Name of the Member Last Name of the Member Emailt of the Member Phone Number of the Member Address of the Member Address of the Member City of the Member City of the Member	Dropdown String	Dropdown String	Children Children Children Parties Related To Case	No No Yes Yes No Yes No No No No No No
Notes Notes to record social media accounts/addresses String String Social Media Accounts Yes	Amount of Support Current Custody Status Address Relationship To Case First Name Middle Name Last Name Email Id Phone Number Address1 Address2 City Zip Code	Amount of child support assessed Custody status Address where the child is living PARTIES RELATED TO CASE Member Related to Case First Name of the Member Middle Name of the Member Last Name of the Member Email Id of the Member Email Id of the Member Address of the Member Address of the Member City of the Member C	Dropdown String integer String String String integer	Dropdown String Number String String Number String String String	Children Children Children Parties Related To Case	Yes Yes No Yes No No No No No No No No No
Notes to record social media accounts/addresses String String Scial Media Accounts Yes	Amount of Support Current Custody Status Address Relationship To Case First Name Middle Name Last Name Emailt Id Phone Number Address1 Address2 City Zip Code State	Amount of child support assessed Custody status Address where the child is living PARTIES RELATED TO CASE Member Related to Case First Name of the Member Middle Name of the Member Last Name of the Member Last Name of the Member Phone Number of the Member Address of the Member City of the Member City of the Member Zip Code of the Address State of the Member	Dropdown String Integer String String Dropdown	Dropdown String String String String String String String String String Number String String String Number Dropdown	Children Children Children Children Parties Related To Case	Yes Yes No
Date Obte of the notes Obte of	Amount of Support Current Custody Status Address Relationship To Case First Name Middle Name Last Name Emailt Id Phone Number Address1 Address2 City Zip Code State	Amount of child support assessed Custody status PARTIES RELATED TO CASE Member Related to Case First Name of the Member Middle Name of the Member Last Name of the Member Emailt do fthe Member Phone Number of the Member Address of the Member City of the Member City of the Member Size of the Member City of the Member City of the Member Size of the Member City of the Member Size of the Member City of the Member Size of the Member Size of the Member City of the Member Size of the Member Size of the Member Notes, if any	Dropdown String Integer String String Dropdown	Dropdown String String String String String String String String String Number String String String Number Dropdown	Children Children Children Children Parties Related To Case	Yes Yes No
Date of the notes Date of the notes Notes about participant String String String Participant Profile Notes No	Amount of Support Current Custody Status Address Relationship To Case First Name Middle Name Last Name Email Id Phone Number Address1 Address2 City Zip Code State Notes	Amount of child support assessed Custody status Address where the child is living PARTIES RELATED TO CASE Member Related to Case First Name of the Member Middle Name of the Member Last Name of the Member Email Id of the Member Email Id of the Member Address of the Member Address of the Member City of the Member Zip Code of the Address State of the Member Notes, if any SOCIAL MEDIA ACCOUNT	Dropdown String integer String	Dropdown String Number String	Children Children Children Children Parties Related To Case	No
Notes about participant String String String Participant Profile Notes No	Amount of Support Current Custody Status Address Relationship To Case First Name Middle Name Last Name Email Id Phone Number Address1 Address2 City Zip Code State Notes	Amount of child support assessed Custody status Address where the child is living PARTIES RELATED TO CASE Member Related to Case First Name of the Member Middle Name of the Member Last Name of the Member Last Name of the Member Email Id of the Member Phone Number of the Member Address of the Member City of the Member City of the Member Zip Code of the Address State of the Member Notes, if any SOCIAL MEDIA ACCOUNT Notes to record social media accounts/addresses	Dropdown String integer String	Dropdown String Number String	Children Children Children Children Parties Related To Case	No
SCURRENT Participant Currently Insured OR Not Radio Type Radio Type Medical Insurances No Medical Insurance Type Types/Status of Insurance Dropdown Dropdown Medical Insurances Yes Medical Insurance Insuranc	Amount of Support Current Custody Status Address Relationship To Case First Name Middle Name Last Name Email Id Phone Number Address1 Address2 City Zip Code State Notes	Amount of child support assessed Custody status Address where the child is living PARTIES RELATED TO CASE Member Related to Case First Name of the Member Middle Name of the Member Last Name of the Member Email do fthe Member Email do fthe Member Phone Number of the Member Clip of the Member Address of the Member Address of the Member Zip Code of the Address State of the Member Notes, if any SOCIAL MEDIA ACCOUNT Notes to record social media accounts/addresses PARTICIPANT PROFILE NOTES	Dropdown String	Dropdown String	Children Children Children Children Children Parties Related To Case Social Media Accounts	No
Medical Insurance Type	Amount of Support Current Custody Status Address Relationship To Case First Name Middle Name Last Name Email Id Phone Number Address1 Address2 City Zip Code State Notes Date	Amount of child support assessed Custody status Address where the child is living PARTIES RELATED TO CASE Member Related to Case First Name of the Member Middle Name of the Member Last Name of the Member Last Name of the Member Email Id of the Member Phone Number of the Member Address of the Member City of the Member City of the Member City of the Member Notes, if any SOCIAL MEDIA ACCOUNT Notes to record social media accounts/addresses PARTICIPANT PROFILE NOTES Date of the notes Notes about participant	Dropdown String Dropdown String Date	Dropdown String Number String Dropdown String String Dropdown String	Children Children Children Children Parties Related To Case	No
Medical Insurance Information Insurance Eligibility of the Participant Dropdown Dropdown Medical Insurances No Note Note Notes, if any Medical Insurances No Notes Medical Insurances No	Amount of Support Current Custody Status Address Relationship To Case First Name Middle Name Last Name Email d Phone Number Address1 Address2 City Zip Code State Notes Notes Date Notes	Amount of child support assessed Custody status Address where the child is living PARTIES RELATED TO CASE Member Related to Case First Name of the Member Middle Name of the Member Last Name of the Member Email do ft he Member Email do ft he Member Hone Number of the Member Address of the Member Address of the Member Zip Code of the Address State of the Member Zip Code of the Address State of the Member Notes, if any SOCIAL MEDIA ACCOUNT Notes to record social media accounts/addresses PARTICIPANT PROFILE NOTES Date of the notes Notes about participant MEDICAL INSURANCE	Dropdown String Integer Dropdown String String String	Dropdown String	Children Children Children Children Children Parties Related To Case	No
Notes Notes, if any String String String Medical Insurances No	Amount of Support Current Custody Status Address Relationship To Case First Name Middle Name Last Name Email Id Phone Number Address1 Address2 City Zip Code State Notes Date Notes Date Notes Is Current	Amount of child support assessed Custody status Address where the child is living PARTIES RELATED TO CASE Member Related to Case First Name of the Member Middle Name of the Member Last Name of the Member Email to of the Member Email to of the Member Email to of the Member City of the Member Address of the Member City of the Member Zip Code of the Address State of the Member Notes, if any SOCIAL MEDIA ACCOUNT Notes to record social media accounts/addresses PARTICIPANT PROFILE NOTES Date of the notes Notes about participant MEDICAL INSURANCE	Dropdown String Integer String String String String String String String String String Integer Dropdown String String String Radio Type	Dropdown String Number String Radio Type	Children Children Children Children Children Parties Related To Case Parties Parties Related To Case Parties Related To Case Parties Related To Case Parties Related To Case Medical Insurances	No
Ever received mental health eval Has this participant ever received a mental health evaluation? Radio Type Radio T	Amount of Support Current Custody Status Address Address Relationship To Case First Name Middle Name Last Name Emailt d Phone Number Address1 Address2 City Zip Code State Notes Notes Date Notes Is Current Medical Insurance Type	Amount of child support assessed Custody status Address where the child is living PARTIES RELATED TO CASE Member Related to Case First Name of the Member Middle Name of the Member Last Name of the Member Last Name of the Member Email Id of the Member Phone Number of the Member Address of the Member City of the Member City of the Member City of the Member Notes, if any SOCIAL MEDIA ACCOUNT Notes to record social media accounts/addresses PARTICIPANT PROFILE NOTES Date of the notes Notes about participant MEDICAL INSURANCE Participant Currently Insured OR Not Types/Status of Insurance	Dropdown String Integer String Radio Type Dropdown	Dropdown String Number String Rumber Dropdown String String String String String	Children Children Children Children Children Parties Related To Case Parties Parties Related To Case Parties Related To Case Medical Insurances Medical Insurances Medical Insurances	No
Ever received mental health eval Is Client Competent Client is Competent Yes/Nor/Juknown Radio Type Radio Type	Amount of Support Current Custody Status Address Relationship To Case First Name Middle Name Last Name Email Id Phone Number Address2 City Zip Code State Notes Notes Date Notes Is Current Medical Insurance Type Medical Insurance Information	Amount of child support assessed Custody status Address where the child is living PARTIES RELATED TO CASE Member Related to Case First Name of the Member Middle Name of the Member Last Name of the Member Email Id of the Member Email Id of the Member Email Id of the Member City of the Member Address of the Member Address of the Member Zip Code of the Address State of the Member Notes, if any SOCIAL MEDIA ACCOUNT Notes to record social media accounts/addresses PARTICIPANT PROFILE NOTES Date of the notes Notes about participant MEDICAL INSURANCE Participant Currently Insured OR Not Types/Status of Insurance Insurance Eligibility of the Participant	Dropdown String Radio Type Dropdown Dropdown	Dropdown String Number Dropdown String String String Dropdown Dropdown Dropdown Dropdown Dropdown Dropdown Dropdown Dropdown	Children Children Children Children Children Parties Related To Case Medical Insurances Medical Insurances Medical Insurances Medical Insurances	No
Is Client Competent Client is Competent Yes/No/Unknown Radio Type	Amount of Support Current Custody Status Address Relationship To Case First Name Middle Name Last Name Email Id Phone Number Address2 City Zip Code State Notes Notes Date Notes Is Current Medical Insurance Type Medical Insurance Information	Amount of child support assessed Custody status Address where the child is living PARTIES RELATED TO CASE Member Related to Case First Name of the Member Middle Name of the Member Last Name of the Member Email Id of the Member Email Id of the Member Address of the Member Phone Number of the Member City of the Member City of the Member Zip Code of the Address State of the Member Notes, if any SOCIAL MEDIA ACCOUNT Notes to record social media accounts/addresses PARTICIPANT PROFILE NOTES Date of the notes Notes about participant MEDICAL INSURANCE Participant Currently Insured OR Not Types/Status of Insurance Insurance Eligibility of the Participant Notes, if any	Dropdown String Radio Type Dropdown Dropdown	Dropdown String Number Dropdown String String String Dropdown Dropdown Dropdown Dropdown Dropdown Dropdown Dropdown Dropdown	Children Children Children Children Children Parties Related To Case Medical Insurances Medical Insurances Medical Insurances Medical Insurances	No
History Of Mental Illness History about Mental Illness of Participant Radio Type Radio Type Mental Health No Ever had any suicidal thoughts / made any suicidal attempts? Mental Thinking About Participant Radio Type Mental Health No Description of Victim of Physical Sexual abuse String String String Mental Health No Date Competency Evaluation Ordered Date Date Mental Health No Date Competency Evaluation Received Date Date Mental Health No Date Of the Receiving competency evaluation Date Date Mental Health No Was there a Psychiatric Diagnosis? Psychiatric Diagnosis of the Participant PRIMARY DIAGNOSIS followed by the ability to enter Frimary Diagnosis Second Diagnosis of the Participant Dropdown Dropdown Mental Health No Diagnosis Code 3 Third Diagnosis of the Participant Dropdown Dropdown Mental Health No Dropdown Dropdown Mental Health No Dropdown Dropdown Mental Health No	Amount of Support Current Custody Status Address Relationship To Case First Name Middle Name Last Name Email Id Phone Number Address1 Address2 City Zip Code State Notes Notes Date Notes Is Current Medical Insurance Type Medical Insurance Information Note	Amount of child support assessed Custody status Address where the child is living PARTIES RELATED TO CASE Member Related to Case First Name of the Member Middle Name of the Member Last Name of the Member Email do fit he Member Email do fit he Member Hone Number of the Member Zip Code of the Member Zip Code of the Member Zip Code of the Address State of the Member Notes, if any SOCIAL MEDIA ACCOUNT Notes to record social media accounts/addresses PARTICIPANT PROFILE NOTES Date of the notes Notes about participant MEDICAL INSURANCE Participant Currently Insured OR Not Types/Status of Insurance Insurance Eligibility of the Participant Notes, if any MENTAL HEALTH	Dropdown String	Dropdown String String String String String String String String String Number String	Children Children Children Children Children Parties Related To Case Medical Insurances Medical Insurances Medical Insurances Medical Insurances Medical Insurances Medical Insurances	No
Ever had any suicidal thoughts / made any suicidal attempts? Ever had any suicidal thoughts / made any suicidal attempts? Ever heen a victim of violence? Ever been a victim of Physical and / or Sexual abuse? Victim of physical/sexual abuse Radio Type R	Amount of Support Current Custody Status Address Relationship To Case First Name Middle Name Last Name Email Id Phone Number Address2 City Zip Code State Notes Notes Date Notes Lis Current Medical Insurance Information Note Ever received mental health eval	Amount of child support assessed Custody status Address where the child is living PARTIES RELATED TO CASE Member Related to Case First Name of the Member Middle Name of the Member Last Name of the Member Email Id of the Member Email Id of the Member Email Id of the Member Clity of the Member Address of the Member Clity of the Member Clity of the Member Address of the Member Notes, if any SOCIAL MEDIA ACCOUNT Notes to record social media accounts/addresses PARTICIPANT PROFILE NOTES Date of the notes Notes about participant MEDICAL INSURANCE Participant Currently Insured OR Not Types/Status of Insurance Insurance Eligibility of the Participant Notes, if any MENTAL HEALTH Has this participant ever received a mental health evaluation?	Dropdown String Radio Type Dropdown String Radio Type Radio Type	Dropdown String Dropdown String Radio Type Dropdown String Radio Type Radio Type	Children Children Children Children Children Parties Related To Case Medical Insurances	No
Ever been a victim of violence? Victim of violence? Victim of violence? Victim of physical sand of Sexual abuse? Victim of physical/sexual abuse Notes related to Abuse, Violence or Suicidal ideations. Notes About Abuse, Violence or Suicidal ideations. Notes About Abuse, Violence or Suicidal ideations. String String Mental Health No Date Competency Evaluation Ordered Date Date Date Date Date Mental Health No Date Of the Receiving competency evaluation Date Date Date Mental Health No Date Obate Mental Health No Preychiatric Diagnosis? Primary Diagnosis? Primary Diagnosis Secondary Dropdown Dropdown Dropdown Mental Health No Diagnosis Odde 2 Second Diagnosis of the Participant No Dropdown Dropdown Dropdown Mental Health No Mental Health No Dropdown Mental Health No Mental Health No Dropdown Mental Health No Dropdown Mental Health No Dropdown Mental Health No Dropdown Mental Health No Diagnosis Odde 3 Third Diagnosis of the Participant Dropdown Dropdown Dropdown Dropdown Mental Health No	Amount of Support Current Custody Status Address Relationship To Case First Name Middle Name Last Name Email Id Phone Number Address1 Address2 City Zip Code State Notes Notes Date Notes Is Current Medical Insurance Type Medical Insurance Information Note Ever received mental health eval Is Client Competent	Amount of child support assessed Custody status Address where the child is living PARTIES RELATED TO CASE Member Related to Case First Name of the Member Middle Name of the Member Last Name of the Member Email Id of the Member Email Id of the Member Phone Number of the Member City of the Member Address of the Member City of the Member Zip Code of the Address State of the Member Notes, if any SOCIAL MEDIA ACCOUNT Notes to record social media accounts/addresses PARTICIPANT PROFILE NOTES Date of the notes Notes about participant MEDICAL INSURANCE Participant Currently Insured OR Not Types/Status of Insurance Insurance Eligibility of the Participant Notes, if any MENTAL HEALTH Has this participant ever received a mental health evaluation? Client is Competent Yes/No/Unknown	Dropdown String Integer String String String String String String String String Integer Dropdown String Radio Type Dropdown String Radio Type Radio Type Radio Type	Dropdown String String String String String String String String Number String String String String Number String String String String String Number Dropdown String String Radio Type Radio Type Radio Type Radio Type	Children Children Children Children Children Parties Related To Case Medical Insurances Medical Health Mental Health	No
Ever been a victim of violence? Victim of violence? Victim of violence? Victim of physical sand of Sexual abuse? Victim of physical/sexual abuse Notes related to Abuse, Violence or Suicidal ideations. Notes About Abuse, Violence or Suicidal ideations. Notes About Abuse, Violence or Suicidal ideations. String String Mental Health No Date Competency Evaluation Ordered Date Date Date Date Date Mental Health No Date Of the Receiving competency evaluation Date Date Date Mental Health No Date Obate Mental Health No Preychiatric Diagnosis? Primary Diagnosis? Primary Diagnosis Secondary Dropdown Dropdown Dropdown Mental Health No Diagnosis Odde 2 Second Diagnosis of the Participant No Dropdown Dropdown Dropdown Mental Health No Mental Health No Dropdown Mental Health No Mental Health No Dropdown Mental Health No Dropdown Mental Health No Dropdown Mental Health No Dropdown Mental Health No Diagnosis Odde 3 Third Diagnosis of the Participant Dropdown Dropdown Dropdown Dropdown Mental Health No	Amount of Support Current Custody Status Address Relationship To Case First Name Middle Name Last Name Email Id Phone Number Address1 Address2 City Zip Code State Notes Notes Date Notes Is Current Medical Insurance Type Medical Insurance Information Note Ever received mental health eval Is Client Competent	Amount of child support assessed Custody status Address where the child is living PARTIES RELATED TO CASE Member Related to Case First Name of the Member Middle Name of the Member Last Name of the Member Email Id of the Member Email Id of the Member Phone Number of the Member City of the Member Address of the Member City of the Member Zip Code of the Address State of the Member Notes, if any SOCIAL MEDIA ACCOUNT Notes to record social media accounts/addresses PARTICIPANT PROFILE NOTES Date of the notes Notes about participant MEDICAL INSURANCE Participant Currently Insured OR Not Types/Status of Insurance Insurance Eligibility of the Participant Notes, if any MENTAL HEALTH Has this participant ever received a mental health evaluation? Client is Competent Yes/No/Unknown	Dropdown String Integer String String String String String String String String Integer Dropdown String Radio Type Dropdown String Radio Type Radio Type Radio Type	Dropdown String String String String String String String String Number String String String String Number String String String String String Number Dropdown String String Radio Type Radio Type Radio Type Radio Type	Children Children Children Children Children Parties Related To Case Medical Insurances Medical Health Mental Health	No
Ever been a victim of Physical and / or Sexual abuse? Victim of physical/sexual abuse Notes About Abuse, Violence or Suicidal ideations String String Mental Health No Date Onte Or Suicidal ideations. Notes About Abuse, Violence or Suicidal ideations String String Mental Health No Date Onte Ordered Date Date Mental Health No Date Onte Ordered Date Date Mental Health No Date Ordered Date Date Mental Health No Mental Health No Date Ordered Date Date Date Mental Health No Date Date Date Date Date Date Date Date	Amount of Support Current Custody Status Address Relationship To Case First Name Middle Name Last Name Email Id Phone Number Address1 Address2 City Zip Code State Notes Notes Date Notes List Current Medical Insurance Type Medical Insurance Information Note Ever received mental health eval Is Client Competent History Of Mental Illness	Amount of child support assessed Custody status Address where the child is living PARTIES RELATED TO CASE Member Related to Case First Name of the Member Middle Name of the Member Last Name of the Member Email Id of the Member Email Id of the Member Email Id of the Member City of the Member Address of the Member City of the Member City of the Member Address of the Member Notes, if any SOCIAL MEDIA ACCOUNT Notes to record social media accounts/addresses PARTICIPANT PROFILE NOTES Date of the notes Notes about participant MEDICAL INSURANCE Participant Currently Insured OR Not Types/Status of Insurance Insurance Eigibility of the Participant Notes, if any MENTAL HEALTH Has this participant ever received a mental health evaluation? Client is Competent Yes/No/Unknown History about Mental Illness of Participant	Dropdown String Integer Dropdown String Bating Badio Type Radio Type Radio Type Radio Type	Dropdown String Number String Radio Type Radio Type Radio Type Radio Type Radio Type	Children Children Children Children Children Parties Related To Case Macria Case Social Media Accounts Participant Profile Notes Participant Profile Notes Participant Profile Notes Medical Insurances Mental Health Mental Health Mental Health	No
Notes related to Abuse, Violence or Suicidal ideations. Notes About Abuse, Violence or Suicidal ideations. Notes About Abuse, Violence or Suicidal ideations. Notes About Abuse, Violence or Suicidal ideations. String String Mental Health No Date One Date One Date One Date One One One One One One One One One On	Amount of Support Current Custody Status Address Relationship To Case First Name Middle Name Last Name Email Id Phone Number Address1 Address2 City Zip Code State Notes Notes Date Notes Is Current Medical Insurance Type Medical Insurance Information Note Ever received mental health eval Is Client Competent History Of Mental Illness Ever had any suicidal attempts?	Amount of child support assessed Custody status Address where the child is living PARTIES RELATED TO CASE Member Related to Case First Name of the Member Middle Name of the Member Last Name of the Member Email Id of the Member Email Id of the Member Address of the Member City of the Member City of the Member City of the Member Zip Code of the Address State of the Member Notes, if any SOCIAL MEDIA ACCOUNT Notes to record social media accounts/addresses PARTICIPANT PROFILE NOTES Date of the notes Notes about participant MEDICAL INSURANCE Participant Currently Insured OR Not Types/Status of Insurance Insurance Eligibility of the Participant Notes, if any MENTAL HEALTH Has this participant ever received a mental health evaluation? Client is Competent Yes/No/Unknown History about Mental Illness of Participant Mental Thinking About Participant	Dropdown String Forpdown String Radio Type Dropdown String Radio Type Radio Type Radio Type Radio Type Radio Type	Dropdown String Number String Number Dropdown String String Radio Type Radio Type Radio Type Radio Type Radio Type	Children Children Children Children Children Parties Related To Case Medical Insurances Mental Health Mental Health Mental Health	No
Date Competency Evaluation Ordered Date of the Order Date Date Mental Health No Date Competency Evaluation Received Date of the Receiving competency evaluation Date Date Mental Health No Was there a Psychiatric Diagnosis? Psychiatric Diagnosis of Participant Radio Type Radio Type Mental Health No First Diagnosis of the Participant PRIMARY DIAGNOSIS followed by the ability to enter secondary Dropdown Dropdown Mental Health No Diagnosis Code 2 Second Diagnosis of the Participant Dropdown Dropdown Mental Health No Diagnosis Code 3 Third Diagnosis of the Participant Dropdown Dropdown Mental Health No	Amount of Support Current Custody Status Address Relationship To Case First Name Middle Name Last Name Email Id Phone Number Address2 City Zip Code State Notes Notes Notes Is Current Medical Insurance Information Note Ever received mental health eval Is Client Competent History of Mental Illness Ever head any suicidal thoughts / made any suicidal attempts? Ever bean a victim of violence?	Amount of child support assessed Custody status Address where the child is living PARTIES RELATED TO CASE Member Related to Case First Name of the Member Middle Name of the Member Last Name of the Member Email Id of the Member Email Id of the Member Email Id of the Member City of the Member Address of the Member Address of the Member City of the Member Zip Code of the Address State of the Member Notes, if any SOCIAL MEDIA ACCOUNT Notes to record social media accounts/addresses PARTICIPANT PROFILE NOTES Date of the notes Notes about participant MEDICAL INSURANCE Participant Currently Insured OR Not Types/Status of Insurance Insurance Eligibility of the Participant Notes, if any MENTAL HEALTH Has this participant ever received a mental health evaluation? Client is Competent Yes/No/Unknown History about Mental Illness of Participant Mental Thinking About Participant Victim of violence?	Dropdown String Ratio Type Radio Type	Dropdown String Number Dropdown String Date String Date String Radio Type	Children Children Children Children Children Children Parties Related To Case Marties Related To Case Medical Insurances	No
Was there a Psychiatric Diagnosis? Psychiatric Diagnostic of Participant First Diagnosis of the Participant PRIMARY DIAGNOSIS followed by the ability to enter secondary Dropdown Dro	Amount of Support Current Custody Status Address Relationship To Case First Name Middle Name Last Name Email Id Phone Number Address1 Address2 City Zip Code State Notes Notes Notes State Notes Last Name Email Id Phone Number Address2 City Lip Code State Notes Notes Notes Notes Last Name Email Id Phone Number Address2 City Lip Code State Notes Notes Notes Notes Ever received mental health eval Last Competent History Of Mental Itlness Ever had any suicidal thoughts / made any suicidal attempts? Ever been a victim of Volence or Sexual abuse? Ever been a victim of Physical and / or Sexual abuse? Ever been a victim of Physical and / or Sexual abuse? Notes related to Abuse, Vicience or Suicidal ideations.	Amount of child support assessed Custody status Address where the child is living PARTIES RELATED TO CASE Member Related to Case First Name of the Member Middle Name of the Member Last Name of the Member Email do fit he Member Email do fit he Member Hone Number of the Member Zip Code of the Address State of the Member Notes, if any SOCIAL MEDIA ACCOUNT Notes to record social media accounts/addresses PARTICIPANT PROFILE NOTES Date of the notes Notes about participant MEDICAL INSURANCE Participant Currently Insured OR Not Types/Status of Insurance Insurance Eligibility of the Participant Notes, if any MENTAL HEALTH Has this participant ever received a mental health evaluation? Client is Competent Yes/No/Unknown History about Mental Illiness of Participant Mental Thinking About Participant Victim of physical/sexual abuse Notes About Abuse, Violence or Suicidal ideations	Dropdown String Integer Dropdown String String String String Integer Dropdown String Radio Type	Dropdown String Number String String String String String String String String String Number Dropdown String String Radio Type Dropdown String Radio Type	Children Children Children Children Children Children Parties Related To Case Marties Related To Case Medical Insurances Mental Heatth	No
First Diagnosis of the Participant PRIMARY DIAGNOSIS followed by the ability to enter secondary Primary Diagnosis Second Diagnosis of the Participant Dropdown Dro	Amount of Support Current Custody Status Address Relationship To Case First Name Middle Name Last Name Email Id Phone Number Address2 City Zip Code State Notes Notes Date Notes Lis Current Medical Insurance Type Medical Insurance Information Note Ever received mental health eval Is Client Competent History Of Mental Illiness Ever had any suicidal thoughts / made any suicidal attempts ? Ever been a victim of Physical and / or Sexual abuse ? Notes related to Abuse, Violence or Suicidal ideations. Date Competency Evaluation Ordered	Amount of child support assessed Custody status Address where the child is living PARTIES RELATED TO CASE Member Related to Case First Name of the Member Middle Name of the Member Last Name of the Member Email Id of the Member Email Id of the Member Phone Number of the Member City of the Member Address of the Member City of the Member City of the Member Address of the Member Notes, if any SOCIAL MEDIA ACCOUNT Notes to record social media accounts/addresses PARTICIPANT PROFILE NOTES Date of the notes Notes about participant MEDICAL INSURANCE Participant Currently Insured OR Not Types/Status of Insurance Insurance Eligibility of the Participant Notes, if any MENTAL HEALTH Has this participant ever received a mental health evaluation? Client is Competent Ves/No/Unknown History about Mental Illness of Participant Mental Thinking About Participant Victim of violence? Victim of physical/sexual abuse Notes About Abuse, Violence or Suicidal ideations Date of the Order	Dropdown String Dropdown String Radio Type	Dropdown String Number String String String String String String String String String Radio Type	Children Children Children Children Children Parties Related To Case Medical Insurances	No
Primary Diagnosis secondary Dropdown Dropdown Mental Health No Diagnosis Code 2 Second Diagnosis of the Participant Dropdown Dropdown Mental Health No Diagnosis Code 3 Third Diagnosis of the Participant Dropdown Dropdown Mental Health No	Amount of Support Current Custody Status Address Relationship To Case First Name Middle Name Last Name Emailtd Phone Number Address1 Address2 City Zip Code State Notes Date Notes Date Notes Lis Current Medical Insurance Type Medical Insurance Information Note Ever received mental health eval Is Client Competent History Of Mental Illness Ever had any suicidal thoughts / made any suicidal attempts? Ever been a victim of Physical and / or Sexual abuse? Notes Care Volter of Voltered Notes Reverse Reverse Care Voltered Notes Reverse Rev	Amount of child support assessed Custody status Address where the child is living PARTIES RELATED TO CASE Member Related to Case First Name of the Member Middle Name of the Member Last Name of the Member Email Id of the Member Email Id of the Member Email Id of the Member City of the Member Address of the Member Address of the Member City of the Member Zip Code of the Address State of the Member Notes, if any SOCIAL MEDIA ACCOUNT Notes to record social media accounts/addresses PARTICIPANT PROFILE NOTES Date of the notes Notes about participant MEDICAL INSURANCE Participant Currently Insured OR Not Types/Status of Insurance Insurance Eligibility of the Participant Notes, if any MENTAL HEALTH Has this participant ever received a mental health evaluation? Client is Competent Yes/No/Unknown History about Mental Illness of Participant Wental Thinking About Participant Victim of violence? Victim of physical/sexual abuse Notes About Abuse, Violence or Suicidal ideations Date of the Order Date of the Order Date of the Order Date of the Receiving competency evaluation	Dropdown String Adding String Radio Type String Date	Dropdown String String String String String String String String String Number String String Number String String String String String String String String String Radio Type String	Children Children Children Children Children Children Children Parties Related To Case Medical Insurances Medical	No
Diagnosis Code 2 Second Diagnosis of the Participant Dropdown Dropdown Mental Health No Diagnosis Code 3 Third Diagnosis of the Participant Dropdown Dropdown Mental Health No	Amount of Support Current Custody Status Address Relationship To Case First Name Middle Name Last Name Email Id Phone Number Address1 Address2 City Zip Code State Notes Date Notes Date Notes Lis Current Medical Insurance Type Medical Insurance Information Note Ever received mental health eval Lis Client Competent History Of Mental Illness Ever had any suicidal thoughts / made any suicidal attempts? Ever been a victim of Violence? Ever been a victim of Violence? Ever been a victim of Violence? Notes Competency Evaluation Ordered Date Competency Evaluation Ordered Date Competency Evaluation Ordered Date Competency Evaluation Received	Amount of child support assessed Custody status Address where the child is living PARTIES RELATED TO CASE Member Related to Case First Name of the Member Middle Name of the Member Last Name of the Member Email do fthe Member Email do fthe Member Phone Number of the Member Address of the Member City of the Member Address of the Member Zip Code of the Address State of the Member Zip Code of the Address State of the Member Notes, if any SOCIAL MEDIA ACCOUNT Notes to record social media accounts/addresses PARTICIPANT PROFILE NOTES Date of the notes Notes about participant MEDICAL INSURANCE Participant Currently Insured OR Not Types/Status of Insurance Insurance Eligibility of the Participant Notes, if any MENTAL HEALTH Has this participant ever received a mental health evaluation? Client is Competent Yes/No/Unknown History about Mental Illness of Participant Mental Thinking About Participant Victim of violence? Victim of physical/Sexual abuse Notes of the Receiving competency evaluation Date of the Receiving competency evaluation Date of the Receiving competency evaluation Paychiatric Diagnostic of Participant Date of the Receiving competency evaluation Paychiatric Diagnostic of Participant	Dropdown String Adding String Radio Type String Date Date Date	Dropdown String String String String String String String String String Number String String Number String String String String String String String String String Radio Type String	Children Children Children Children Children Children Children Parties Related To Case Medical Insurances Medical	No
Diagnosis Code 3 Third Diagnosis of the Participant Dropdown Mental Health No	Amount of Support Current Custody Status Address Relationship To Case First Name Middle Name Last Name Email Id Phone Number Address1 Address2 City Zip Code State Notes Notes Date Notes Date Notes Lis Current Medical Insurance Type Medical Insurance Information Note Ever received mental health eval Is Client Competent History of Mental Illness Ever had any suicidal attoughts / made any suicidal attempts? Ever been a victim of violence? Ever been a victim of Physical and / or Sexual abuse? Notes Competency Evaluation Received Was there a Psychiatric Diagnosis?	Amount of child support assessed Custody status Address where the child is living PARTIES RELATED TO CASE Member Related to Case First Name of the Member Middle Name of the Member Last Name of the Member Email Id of the Member Email Id of the Member Email Id of the Member Clipt of the Member Address of the Member Address of the Member Clity of the Member Clity of the Member Address of the Member Address of the Member Notes, if any SOCIAL MEDIA ACCOUNT Notes to record social media accounts/addresses PARTICIPANT PROFILE NOTES Date of the notes Notes about participant MEDICAL INSURANCE Participant Currently Insured OR Not Types/Status of Insurance Insurance Eligibility of the Participant Notes, if any MENTAL HEALTH Has this participant ever received a mental health evaluation? Client is Competent Ves/No/Unknown History about Mental Illness of Participant Victim of violence? Victim of physical/sexual abuse Notes About Abuse, Violence or Suicidal ideations Date of the Noter Participants Current participant Victim of violence? Victim of physical/sexual abuse Notes About Abuse, Violence or Suicidal ideations Date of the Order Date of the Receiving competency evaluation Psychiatric Diagnostic of Participant First Diagnossis of the Participant PRIMARY DIAGNOSIS followed by the ability to enter	Dropdown String Integer Dropdown String Bating Date String Radio Type	Dropdown String Radio Type	Children Children Children Children Children Children Parties Related To Case Medical Insurances Medical Ins	No
	Amount of Support Current Custody Status Address Relationship To Case First Name Middle Name Last Name Email Id Phone Number Address1 Address2 City Zip Code State Notes Date Notes Date Notes Lis Current Medical Insurance Information Note Ever received mental health eval Lis Client Competent History Of Mental Illness Ever had any suicidal thoughts / made any suicidal attempts? Ever been a victim of Physical and / or Sexual abuse? Notes Clae Competency Evaluation Ordered Date Competency Evaluation Received Was there a Psychiatric Diagnosis? Primary Diagnosis	Amount of child support assessed Custody status Address where the child is living PARTIES RELATED TO CASE Member Related to Case First Name of the Member Middle Name of the Member Last Name of the Member Email do fit he Member Email do fit he Member Phone Number of the Member City of the Member Address of the Member Address of the Member Address of the Member Zip Code of the Address State of the Member Zip Code of the Address State of the Member Notes, if any SOCIAL MEDIA ACCOUNT Notes to record social media accounts/addresses PARTICIPANT PROFILE NOTES Date of the notes Notes about participant MEDICAL INSURANCE Participant Currently Insured OR Not Types/Status of Insurance Insurance Eligibility of the Participant Notes, if any MENTAL HEALTH Has this participant ever received a mental health evaluation? Client is Competent Yes/No/Unknown History about Mental Illness of Participant Mental Thinking About Participant Victim of violence? Victim of physical/sexual abuse Notes About Abuse, Violence or Suicidal ideations Date of the Receiving competency evaluation Psychiatric Diagnostic of Participant First Diagnosis of the Participant PRIMARY DIAGNOSIS followed by the ability to enter secondary	Dropdown String Addition String Radio Type Dropdown Dropdown Dropdown Dropdown String Radio Type Radio Type Radio Type Radio Type Radio Type Radio Type String Date Radio Type String Date String Date Dropdown	Dropdown String String String String String String String String String Number String String Number String Number Dropdown String Radio Type Dropdown Dropdown String Radio Type String Date Date Radio Type	Children Children Children Children Children Children Parties Related To Case Medical Insurances Medical Insurances Medical Insurances Medical Insurances Medical Insurances Medical Insurances Medical Health Mental Health	No
Linguists Code 4 Fourth Diagnosis of the Participant Dropdown Wental Health No	Amount of Support Current Custody Status Address Relationship To Case First Name Middle Name Last Name Email Id Phone Number Address2 City Zip Code State Notes Notes Notes Is Current Medical Insurance Type Medical Insurance Information Note Ever received mental health eval Is Client Competent History of Mental Illness Ever had any suicidal thoughts / made any suicidal attempts ? Ever been a victim of Physical and / or Sexual abuse ? Notes Competency Evaluation Ordered Date Competency Evaluation Received Was there a Psychiatric Diagnosis ? Primary Diagnosis Diagnosis Code 2	Amount of child support assessed Custody status Address where the child is living PARTIES RELATED TO CASE Member Related to Case First Name of the Member Middle Name of the Member Last Name of the Member Email Id of the Member Email Id of the Member Email Id of the Member City of the Member Address of the Member Address of the Member Address of the Member City of the Member Zip Code of the Address State of the Member Notes, if any SOCIAL MEDIA ACCOUNT Notes to record social media accounts/addresses PARTICIPANT PROFILE NOTES Date of the notes Notes about participant MEDICAL INSURANCE Participant Currently Insured OR Not Types/Status of Insurance Insurance Eligibility of the Participant Notes, if any MENTAL HEALTH Has this participant ever received a mental health evaluation? Client is Competent Yes/No/Unknown History about Mental Illness of Participant Victim of violence? Victim of violence? Victim of physical/sexual abuse Notes About participant of Participant First Diagnosis of the Participant Second Diagnosis of the Participant First Diagnosis of the Participant Second Diagnosis of the Participant Second Diagnosis of the Participant Second Diagnosis of the Participant	Dropdown String Radio Type Date Date	Dropdown String Number String Date Date Date Radio Type Dropdown Dropdown	Children Children Children Children Children Parties Related To Case Medical Insurances M	No
	Amount of Support Current Custody Status Address Relationship To Case First Name Middle Name Last Name Email Id Phone Number Address1 Address2 City Zip Code State Notes Notes Date Notes Date Notes Lis Current Medical Insurance Type Medical Insurance Information Note Ever received mental health eval Is Client Competent History of Mental Illness Ever had any suicidal attoughts / made any suicidal attempts? Ever been a victim of violence? Ever been a victim of Physical and / or Sexual abuse? Notes of the violence of Suicidal ideations, Date Competency Evaluation Received	Amount of child support assessed Custody status Address where the child is living PARTIES RELATED TO CASE Member Related to Case First Name of the Member Middle Name of the Member Last Name of the Member Email Id of the Member Email Id of the Member Email Id of the Member Clip of the Member Address of the Member Address of the Member Cliy of the Member Zip Code of the Address State of the Member Notes, if any SOCIAL MEDIA ACCOUNT Notes, if any SOCIAL MEDIA ACCOUNT Notes to record social media accounts/addresses PARTICIPANT PROFILE NOTES Date of the notes Notes about participant MEDICAL INSURANCE Participant Currently Insured OR Not Types/Status of Insurance Insurance Eligibility of the Participant Notes, if any MENTAL HEALTH Has this participant ever received a mental health evaluation? Client is Competent Yes/No/Unknown History about Mental Illness of Participant Wental Thinking About Participant Victim of physical/sexual abuse Notes About Abuse, Violence or Suicidal ideations Date of the Receiving competency evaluation Psychiatric Diagnostic of Participant First Diagnosis of the Participant PRIMARY DIAGNOSIS followed by the ability to enter secondary Second Diagnosis of the Participant First Diagnosis of the Participant PRIMARY DIAGNOSIS followed by the ability to enter secondary Second Diagnosis of the Participant First Diagnosis of the Participant PRIMARY DIAGNOSIS followed by the ability to enter secondary Second Diagnosis of the Participant First Diagnosis of the Participant	Dropdown String Integer Dropdown String String String String String String String String Integer Dropdown String Radio Type Date Date Date Date Date Date Dropdown Dropdown	Dropdown String Number String Aumber Dropdown String Radio Type String Date Date Date Date Dropdown Dropdown Dropdown	Children Children Children Children Children Children Children Parties Related To Case Medical Insurances Medical Health Mental Health	No

Diagnosis Code 5	Fifth Diagnosis of the Participant	Dropdown	Dropdown	Mental Health	No
Diagnosis Code 6	Sixth Diagnosis of the Participant	Dropdown	Dropdown	Mental Health	No
Trauma Exposed	Was this person's trauma exposed through mental health evaluation?	Dropdown	Dropdown	Mental Health	No
	SUBSTANCE USE				
Prior Substance Use	Does participant have a history of substance use?	Radio Type	Radio Type	Substance Use	No
Prior Drug Court Participation	Was participant ever in treatment court previously	Radio Type	Radio Type	Substance Use	No
Treament Service prior to admission	Treatment Services before Admission	Radio Type	Radio Type	Substance Use	Yes
Detoxification from alcohol/drug	Did they ever require detoxification	Radio Type	Radio Type	Substance Use	Yes
In-Patient alcohol/drug use treatment	In patient Alcohol treatment	Radio Type	Radio Type	Substance Use	Yes
Intensive outpatient alcohol/substance use treatment	Out patient Alcohol treatment	Radio Type	Radio Type	Substance Use	Yes
Jail-based or Correctional based alcohol/substance use					
treatment	Jail-based alcohol treatment	Radio Type	Radio Type	Substance Use	Yes
Individual alcohol/substance use counseling	Counseling of Participant Related to Alcohol	Radio Type	Radio Type	Substance Use	Yes
0	0	Davida Tama	Dealle Tone	Out the state of t	V
Co-occuring(alcohol/drug abuse/mental health) treatment	Co-occuring(alcohol/drug abuse/mental health) treatment	Radio Type	Radio Type Radio Type	Substance Use	Yes
Inpatient Psychiatric Treatment Outpatient psychiatric treatment	Psychiatric Treatment Of the Participant	Radio Type		Substance Use	Yes Yes
	Psychiatric Treatment Of the Participant	Radio Type Radio Type	Radio Type	Substance Use Substance Use	Yes
History of Overdose Primary Drug Used	Does participant have a history of overdose? Drugs/Alcohol Consumed by Participant	Dropdown	Radio Type Dropdown	Substance Use	Yes
Frequency use in last 30 days	Number of times used in the previous 30 days		Number	Substance Use	No
Age of first use	Drugs/Alcohol Consumption Starting Age of the Participant	integer integer	Number	Substance Use	No
Secondary Drug Used	2nd Drug/Alcohol Consumed by Participant	Dropdown	Dropdown	Substance Use	Yes
Tertiary Drug Used	3rd Drug/Alcohol Consumed by Participant	Dropdown	Dropdown	Substance Use	Yes
IV Drug User	Does participant use drugs via IV method currently?	Dropdown	Dropdown	Substance Use	Yes
History of IV Drug Use	Has participant used IV method in the past to consume drugs?	Dropdown	Dropdown	Substance Use	Yes
Primary Diagnosis Code	1st Diagnostic Code of the Participant	Dropdown	Dropdown	Substance Use	No
Secondary Diagnosis Code	2nd Diagnostic Code of the Participant	Dropdown	Dropdown	Substance Use	No
Global Assesment of Functioning (GAF) Score	GAF Score of the Participant	integer	Number	Substance Use	No
ASAM Placement Criteria	ASAM Placement of the Participant	Dropdown	Dropdown	Substance Use	No
Recommended Treatment Modality/Service	Recomended Treatment for the Participant	Dropdown	Dropdown	Substance Use	No
Currently in substance abuse treatment program?	Is participant currently in a treatment program?	Radio Type	Radio Type	Substance Use	No
y in outstance abase deathfolic program	DRIVER'S LICENSE	aa.o rypo	aa.o rypo	1	1.10
License Status	License Status of the Participant (expired, valid, suspended, etc.)	Dropdown	Dropdown	Driver's License	Yes
Liconico Otatus	MEDICAL	STOPHOWII	Diopuowii	10or a ciocilac	100
Medical Condition At Screening?	Any medical issues that are current during screening?	String	String	Medical	No
Current Medical Condition?	Current Medical Condition of the Participant	String	String	Medical	No
					No
Medical Compliance Pharmalogical Intervention For Substance use	Is participant in compliance with medical recommendations? Has the participant required pharmalogical intervention?	Dropdown Radio Type	Dropdown Radio Type	Medical Medical	No
Pharmalogical Intervention For Substance use	Has the participant required pharmalogical intervention? Allergy Of the Participant	Radio Type	Radio Type	Medical	No
Allergies Have you been Prescribed Medication in last (12 months)	Allergy Of the Participant Medication Prescribed for the Participant	Radio Type Dropdown	Radio Type Dropdown	Medical Medical	Yes
Are you currently taking medication as prescribed?					Yes
Prescribed medication (enter per type)	Is participant taking meds as prescribed? Medication Prescribed	Radio Type	Radio Type	Medical	res
		integras	Nicoshor	Madical	Yes
Psychiatric	Psychiatric Other	integer	Number	Medical	
Other Current Medication		integer	Number	Medical	Yes No
	Current Medicine participant is prescribed	String	String	Medical	No
Medical Insurance Status	Status of the Insurance of the Participant	Dropdown	Dropdown	Medical	
Medical Insurance Information Previous Significant Medical History	Information of the Insurance of the Participant Any serious medical issues in participant's past	String Dadie Tune	String Dadia Tuna	Medical	No No
Last Medical Exam Date	Last Medical Exam of the Participant	Radio Type Date	Radio Type Date	Medical Medical	No
Last Medical Exam Location HIV Testing & Communicative Diseases	Last Medical Exam location HIV Testing & Communicative Diseases	String	String	Medical	No
Has received Communicative Disease Education	Took Education about Communicable Disease by the Participant	Radio Type	Radio Type	Medical	No
HIV Testing Done	Test of HIV for the Paricipant	Radio Type	Radio Type	Medical	No
			naulo Type	rieulcal	INU
Does Client know the result	Recult of HIV taken by the Participant	Radio Type	Radio Type	Medical	No
Does Client know the result Medical Condition At Screening?	Result of HIV taken by the Participant Medical Condition	Radio Type String	Radio Type String	Medical Medical	No No
Does Client know the result Medical Condition At Screening?	Medical Condition	Radio Type String	Radio Type String	Medical Medical	No No
Medical Condition At Screening?	Medical Condition TRANSFER PARTICIPANT	String	String	Medical	No
Medical Condition At Screening? Court	Medical Condition TRANSFER PARTICIPANT Name of the court to be transferred to	String	String	Medical TRANSFER PARTICIPANT	No Yes
Medical Condition At Screening?	Medical Condition TRANSFER PARTICIPANT Name of the court to be transferred to Name of the docket to be transferred to	String	String	Medical	No
Medical Condition At Screening? Court Docket	Medical Condition TRANSFER PARTICIPANT Name of the court to be transferred to Name of the docket to be transferred to FEE	Dropdown Dropdown	String Dropdown Dropdown	Medical TRANSFER PARTICIPANT TRANSFER PARTICIPANT	Yes Yes
Medical Condition At Screening? Court Docket Type	Medical Condition TRANSFER PARTICIPANT Name of the court to be transferred to Name of the docket to be transferred to FEE Type of the Fee (drug court fees, restitution, fines, drug testing, etc.)	Dropdown Dropdown Dropdown	Dropdown Dropdown Dropdown	Medical TRANSFER PARTICIPANT TRANSFER PARTICIPANT Add on Fee	Yes Yes Yes
Medical Condition At Screening? Court Docket Type Amount	Medical Condition TRANSFER PARTICIPANT Name of the court to be transferred to Name of the docket to be transferred to FEE Type of the Fee (drug court fees, restitution, fines, drug testing, etc.) Fee Amount	Dropdown Dropdown Dropdown Integer	Dropdown Dropdown Dropdown Number	Medical TRANSFER PARTICIPANT TRANSFER PARTICIPANT Add on Fee Add on Fee	Yes Yes Yes Yes
Medical Condition At Screening? Court Docket Type Amount Date Fee Assessed	Medical Condition TRANSFER PARTICIPANT Name of the court to be transferred to Name of the docket to be transferred to FEE Type of the Fee (drug court fees, restitution, fines, drug testing, etc.) Fee Amount Date Fee Assessed	Dropdown Dropdown Dropdown Integer Date	Dropdown Dropdown Dropdown Number Date	Medical TRANSFER PARTICIPANT TRANSFER PARTICIPANT Add on Fee Add on Fee Add on Fee	Yes Yes Yes Yes Yes Yes Yes
Medical Condition At Screening? Court Docket Type Amount Date Fe Assessed Due Date	Medical Condition TRANSFER PARTICIPANT Name of the court to be transferred to Name of the docket to be transferred to FEE Type of the Fee (drug court fees, restitution, fines, drug testing, etc.) Fee Amount Date Fee Assessed Due Date of the Fee	Dropdown Dropdown Dropdown Integer Date Date	Dropdown Dropdown Dropdown Number Date Date	Medical TRANSFER PARTICIPANT TRANSFER PARTICIPANT Add on Fee	Yes Yes Yes Yes Yes No
Medical Condition At Screening? Court Docket Type Amount Date Fee Assessed Due Date Description	Medical Condition TRANSFER PARTICIPANT Name of the court to be transferred to Name of the docket to be transferred to FEE Type of the Fee (drug court fees, restitution, fines, drug testing, etc.) Fee Amount Date Fee Assessed Due Date of the Fee Description of the Fee	Dropdown Dropdown Integer Date Date String	Dropdown Dropdown Dropdown Number Date Date String	Medical TRANSFER PARTICIPANT TRANSFER PARTICIPANT Add on Fee	Yes Yes Yes Yes Yes No No
Medical Condition At Screening? Court Docket Type Amount Date Fee Assessed Due Date Description Check if Payment was made	Medical Condition TRANSFER PARTICIPANT Name of the court to be transferred to Name of the docket to be transferred to FEE Type of the Fee (drug court fees, restitution, fines, drug testing, etc.) Fee Amount Date Fee Assessed Due Date of the Fee Description of the Fee Check if Payment was made	String Dropdown Dropdown Dropdown Integer Date Date String Check Box	String Dropdown Dropdown Dropdown Number Date Date String Check Box	Medical TRANSFER PARTICIPANT TRANSFER PARTICIPANT Add on Fee	Yes Yes Yes Yes Yes No No No
Medical Condition At Screening? Court Docket Type Amount Date Fee Assessed Due Date Description	Medical Condition TRANSFER PARTICIPANT Name of the court to be transferred to Name of the docket to be transferred to FEE Type of the Fee (drug court fees, restitution, fines, drug testing, etc.) Fee Amount Date Fee Assessed Due Date of the Fee Description of the Fee	Dropdown Dropdown Integer Date Date String	Dropdown Dropdown Dropdown Number Date Date String	Medical TRANSFER PARTICIPANT TRANSFER PARTICIPANT Add on Fee	Yes Yes Yes Yes Yes No No
Medical Condition At Screening? Court Docket Type Amount Date Fee Assessed Due Date Description Check if Payment was made Transaction Date	Medical Condition TRANSFER PARTICIPANT Name of the court to be transferred to Name of the docket to be transferred to FEE Type of the Fee (drug court fees, restitution, fines, drug testing, etc.) Fee Amount Date Fee Assessed Due Date of the Fee Description of the Fee Check if Payment was made Transaction Date of the fee and/or payment	String Dropdown Dropdown Integer Date Date String Check Box Date	String Dropdown Dropdown Dropdown Number Date Date String Check Box Date	Medical TRANSFER PARTICIPANT TRANSFER PARTICIPANT Add on Fee Make Deposit	Yes Yes Yes Yes Yes No No No Yes
Medical Condition At Screening? Court Docket Type Amount Date Fee Assessed Due Date Description Check if Payment was made Transaction Date Amount to Deposit	Medical Condition TRANSFER PARTICIPANT Name of the court to be transferred to Name of the docket to be transferred to FEE Type of the Fee (drug court fees, restitution, fines, drug testing, etc.) Fee Amount Date Fee Assessed Due Date of the Fee Description of the Fee Check if Payment was made Transaction Date of the fee and/or payment Amount to Deposit in the participant's wallet (or virtual bank account)	Dropdown Dropdown Dropdown Integer Date Date String Check Box Date Integer	String Dropdown Dropdown Dropdown Number Date Date String Check Box Date Number	Medical TRANSFER PARTICIPANT TRANSFER PARTICIPANT Add on Fee Mad on Fee Add on Fee Add on Fee Make Deposit Make Deposit	Yes Yes Yes Yes No No No Yes Yes
Medical Condition At Screening? Court Docket Type Amount Date Fee Assessed Due Date Description Check if Payment was made Transaction Date Amount to Deposit	Medical Condition TRANSFER PARTICIPANT Name of the court to be transferred to Name of the docket to be transferred to FEE Type of the Fee (drug court fees, restitution, fines, drug testing, etc.) Fee Amount Date Fee Assessed Due Date of the Fee Description of the Fee Description of the Fee Type of the Fee (drug court fees, restitution, fines, drug testing, etc.) Fee Amount Date of the Fee Description of the Fee Transaction Date of the fee and/or payment Amount to Deposit in the participant's wallet (or virtual bank account) Notes, if any	Dropdown Dropdown Dropdown Integer Date Date String Check Box Date Integer	String Dropdown Dropdown Dropdown Number Date Date String Check Box Date Number	Medical TRANSFER PARTICIPANT TRANSFER PARTICIPANT Add on Fee Mad on Fee Add on Fee Add on Fee Make Deposit Make Deposit	Yes Yes Yes Yes No No No Yes Yes
Medical Condition At Screening? Court Docket Type Amount Date Fee Assessed Due Date Description Check if Payment was made Transaction Date Amount to Deposit Notes	Medical Condition TRANSFER PARTICIPANT Name of the court to be transferred to Name of the docket to be transferred to FEE Type of the Fee (drug court fees, restitution, fines, drug testing, etc.) Fee Amount Date Fee Assessed Due Date of the Fee Description of the Fee Check if Payment was made Transaction Date of the fee and/or payment Amount to Deposit in the participant's wallet (or virtual bank account) Notes, if any AFFIRMATION	String Dropdown Dropdown Integer Date Date String Check Box Date Integer String Check Integer	String Dropdown Dropdown Dropdown Number Date Date String Check Box Date Number String String	Medical TRANSFER PARTICIPANT TRANSFER PARTICIPANT Add on Fee Mad on Fee Add on Fee Make Deposit Make Deposit Make Deposit	Yes Yes Yes Yes Yes No No No Yes Yes No
Medical Condition At Screening? Court Docket Type Amount Date Fee Assessed Due Date Description Check if Payment was made Transaction Date Amount to Deposit Notes	Medical Condition TRANSFER PARTICIPANT Name of the court to be transferred to Name of the docket to be transferred to FEE Type of the Fee (drug court fees, restitution, fines, drug testing, etc.) Fee Amount Date Fee Assessed Due Date of the Fee Description of the Fee Check if Payment was made Transaction Date of the fee and/or payment Amount to Deposit in the participant's wallet (or virtual bank account) Notes, if any AFFIRMATION Title of the affirmation	String Dropdown Dropdown Dropdown Integer Date Date String Check Box Date Integer String String String	String Dropdown Dropdown Number Date Date String Check Box Date Number String String String	Medical TRANSFER PARTICIPANT TRANSFER PARTICIPANT Add on Fee Mad on Fee Add Add on Fee Add Affirmation	Yes Yes Yes Yes Yes No No No Yes Yes No Yes Yes Yes
Medical Condition At Screening? Court Docket Type Amount Date Fee Assessed Due Date Description Check if Payment was made Transaction Date Amount to Deposit Notes Title Notes	Medical Condition TRANSFER PARTICIPANT Name of the court to be transferred to Name of the docket to be transferred to FEE Type of the Fee (drug court fees, restitution, fines, drug testing, etc.) Fee Amount Date Fee Assessed Due Date of the Fee Description of the Fee Description of the Fee Transaction Date of the fee and/or payment Amount to Deposit in the participant's wallet (or virtual bank account) Notes, if any AFFIRMATION Title of the affirmation Notes to describe the affirmation (Example: We're so proud of the work you're doing!) ALCOHOL MONITORING	String Dropdown Dropdown Dropdown Integer Date Date String Check Box Date Integer String String String	String Dropdown Dropdown Dropdown Number Date String Check Box Date Number String String String String	Medical TRANSFER PARTICIPANT TRANSFER PARTICIPANT Add on Fee Make Deposit Make Deposit Make Deposit Make Deposit Add Affirmation Add Affirmation	Yes Yes Yes Yes Yes No No No Yes Yes No Yes Yes Yes
Medical Condition At Screening? Court Docket Type Amount Date Fee Assessed Due Date Description Check if Payment was made Transaction Date Amount to Deposit Notes	Medical Condition TRANSFER PARTICIPANT Name of the court to be transferred to Name of the docket to be transferred to FEE Type of the Fee (drug court fees, restitution, fines, drug testing, etc.) Fee Amount Date Fee Assessed Due Date of the Fee Description of the Fee Description of the Fee Transaction Date of the fee and/or payment Amount to Deposit in the participant's wallet (or virtual bank account) Notes, if any AFFIRMATION Title of the affirmation Notes to describe the affirmation (Example: We're so proud of the work you're doing!)	Dropdown Dropdown Dropdown Integer Date Date String Check Box Date Integer String String String String	String Dropdown Dropdown Number Date Date String Check Box Date Number String String String	Medical TRANSFER PARTICIPANT TRANSFER PARTICIPANT Add on Fee Mad on Fee Add Add on Fee Add Affirmation	Ves Yes Yes Yes Yes Yes Yes Yes No No No No Ves No
Medical Condition At Screening? Court Docket Type Amount Date Fee Assessed Due Date Description Check if Payment was made Transaction Date Amount to Deposit Notes Monitoring System	Medical Condition TRANSFER PARTICIPANT Name of the court to be transferred to Name of the docket to be transferred to FEE Type of the Fee (drug court fees, restitution, fines, drug testing, etc.) Fee Amount Date Fee Assessed Due Date of the Fee Description of the Fee Check if Payment was made Transaction Date of the fee and/or payment Amount to Deposit in the participant's wallet (or virtual bank account) Notes, if any AFFIRMATION Title of the affirmation Notes to describe the affirmation (Example: We're so proud of the work you're doing!) ALCOHOL MONITORING Monitoring System assigned to participant	Dropdown Dropdown Dropdown Integer Date Date String Check Box Date Integer String String String Dropdown	String Dropdown Dropdown Number Date Date String Check Box Date Number String String String String Dropdown	Medical TRANSFER PARTICIPANT TRANSFER PARTICIPANT Add on Fee Add Affirmation Add Affirmation Add on Alcohol Monitoring	Yes Yes Yes Yes Yes Yes Yes No No No No No Yes Yes No Yes Yes No Yes Yes
Medical Condition At Screening? Court Docket Type Amount Date Fee Assessed Due Date Description Check if Payment was made Transaction Date Amount to Deposit Notes Title Notes Monitoring System Date Monitoring Ordered	Medical Condition TRANSFER PARTICIPANT Name of the court to be transferred to Name of the docket to be transferred to FEE Type of the Fee (drug court fees, restitution, fines, drug testing, etc.) Fee Amount Date Fee Assessed Due Date of the Fee Description of the Fee Description of the Fee Transaction Date of the fee and/or payment Amount to Deposit in the participant's wallet (or virtual bank account) Notes, if any AFFIRMATION Title of the affirmation Notes to describe the affirmation (Example: We're so proud of the work you're doing!) ALCOHOL MONITORING Monitoring System assigned to participant Date Monitoring Ordered	Dropdown Dropdown Dropdown Integer Date Date String Check Box Date Integer String String String String Oropdown Dropdown Dropdown Dropdown Dropdown Date	String Dropdown Dropdown Dropdown Number Date Date String Check Box Date Number String String String String Dropdown Dropdown Dropdown Date	Medical TRANSFER PARTICIPANT TRANSFER PARTICIPANT Add on Fee Make Deposit Make Deposit Make Deposit Make Deforsit Add Affirmation Add Affirmation Add Affirmation Add on Alcohol Monitoring	Ves Ves Ves Ves Ves Ves Ves Ves Ves No No No No Ves Ves No Ves
Medical Condition At Screening? Court Docket Type Amount Date Fee Assessed Due Date Description Check if Payment was made Transaction Date Amount to Deposit Notes Monitoring System Date Monitoring Ordered Date Monitoring Grdered Date Monitoring Ended	Medical Condition TRANSFER PARTICIPANT	Dropdown Dropdown Dropdown Integer Date Date String Check Box Date Integer String String String String Dropdown Dropdown Dropdown Dropdown Date Date	String Dropdown Dropdown Dropdown Date Date String Check Box Date String String String String Dropdown Dropdown Date Date Date	Medical TRANSFER PARTICIPANT TRANSFER PARTICIPANT Add on Fee Make Deposit Make Deposit Make Deposit Make Deposit Add Affirmation Add Affirmation Add Affirmation Add on Alcohol Monitoring Add on Alcohol Monitoring Add on Alcohol Monitoring Add on Alcohol Monitoring	Ves Yes Yes Yes Yes Yes Yes Yes No No No Yes Yes No Ves Yes No
Medical Condition At Screening? Court Docket Type Amount Date Fee Assessed Due Date Description Check if Payment was made Transaction Date Amount to Deposit Notes Title Notes Monitoring System Date Monitoring Ordered Date Monitoring Ended Payment Source	Medical Condition TRANSFER PARTICIPANT Name of the court to be transferred to FEE Type of the Fee (drug court fees, restitution, fines, drug testing, etc.) Fee Amount Date Fee Assessed Due Date of the Fee Description of the Fee Description of the Fee Type of the Fee (drug court fees, restitution, fines, drug testing, etc.) Fee Amount Date of the Fee Description of the Fee Description of the Fee Transaction Date of the fee and/or payment Amount to Deposit in the participant's wallet (or virtual bank account) Notes, if any AFFIRMATION Title of the affirmation Notes to describe the affirmation (Example: We're so proud of the work you're doing!) ALCOHOL MONITORING Monitoring System assigned to participant Date Monitoring Gridered Date Monitoring Gridered Date Monitoring Ended Payment Source for the monitoring (Grant, self-pay, etc.)	Dropdown Dropdown Dropdown Integer Date Date Date String String String String Dropdown Dropdown Date Date Date Date Date Date Date Date	String Dropdown Dropdown Dropdown Number Date Date String Check Box Date String String String String Dropdown Dropdown Dropdown Date Date Date Date Date Date Date Date	Medical TRANSFER PARTICIPANT TRANSFER PARTICIPANT Add on Fee Make Deposit Make Deposit Make Deposit Make Deposit Add Affirmation Add Affirmation Add Affirmation Add on Alcohol Monitoring Make Deposit	No
Medical Condition At Screening? Court Docket Type Amount Date Fee Assessed Due Date Description Check if Payment was made Transaction Date Amount to Deposit Notes Title Notes Monitoring System Date Monitoring Ordered Date Monitoring Ended Payment Source	Medical Condition TRANSFER PARTICIPANT	Dropdown Dropdown Dropdown Integer Date Date Date String String String String Dropdown Dropdown Date Date Date Date Date Date Date Date	String Dropdown Dropdown Dropdown Number Date Date String Check Box Date String String String String Dropdown Dropdown Dropdown Date Date Date Date Date Date Date Date	Medical TRANSFER PARTICIPANT TRANSFER PARTICIPANT Add on Fee Make Deposit Make Deposit Make Deposit Make Deforsit Add Affirmation Add Affirmation Add Affirmation Add on Alcohol Monitoring	No
Medical Condition At Screening? Court Docket Type Amount Date Fee Assessed Due Date Description Check if Payment was made Transaction Date Amount to Deposit Notes Title Notes Monitoring System Date Monitoring Ordered Date Monitoring Ended Payment Source	Medical Condition TRANSFER PARTICIPANT	Dropdown Dropdown Dropdown Integer Date Date Date String String String String Dropdown Dropdown Date Date Date Date Date Date Date Date	String Dropdown Dropdown Dropdown Number Date Date String Check Box Date String String String String Dropdown Dropdown Dropdown Date Date Date Date Date Date Date Date	Medical TRANSFER PARTICIPANT TRANSFER PARTICIPANT Add on Fee Make Deposit Make Deposit Make Deposit Make Deposit Add Affirmation Add Affirmation Add Affirmation Add on Alcohol Monitoring Make Deposit	No
Medical Condition At Screening? Court Docket Type Amount Date Fee Assessed Due Date Description Check if Payment was made Transaction Date Amount to Deposit Notes Monitoring System Date Monitoring Grdered Date Monitoring Ended Payment Source Notes	Medical Condition TRANSFER PARTICIPANT	String Dropdown Dropdown Dropdown Integer Date Date Date String String String String Dropdown Dropdown Date Date String String Dropdown Date Date Date Date Date Date Date Date	String Dropdown Dropdown Dropdown Number Date Date String String String String Dropdown Dropdown Date Date Date Date Date Date Date String String String String Dropdown Date	Medical TRANSFER PARTICIPANT TRANSFER PARTICIPANT Add on Fee Add on Alcohot Monitoring Add Affirmation Add on Alcohot Monitoring Add on Ancohot Monitoring Add on Alcohot Monitoring Add on Ancohot Monitoring Add on Alcohot Monitoring Add on Ancillary Services and Treatment Groups Add on Ancillary Services and	No
Medical Condition At Screening? Court Docket Type Amount Date Fee Assessed Due Date Description Check if Payment was made Transaction Date Amount to Deposit Notes Monitoring System Date Monitoring Grdered Date Monitoring Ended Payment Source Notes	Medical Condition TRANSFER PARTICIPANT	String Dropdown Dropdown Dropdown Integer Date Date Date String String String String Dropdown Dropdown Date Date String String Dropdown Date Date Date Date Date Date Date Date	String Dropdown Dropdown Dropdown Number Date Date String String String String Dropdown Dropdown Date Date Date Date Date Date Date String String String String Dropdown Date	Medical TRANSFER PARTICIPANT TRANSFER PARTICIPANT Add on Fee Make Deposit Make Deposit Make Deposit Make Discount of the Make Deposit Add Affirmation Add Affirmation Add Affirmation Add on Alcohol Monitoring Make Deposit Add on Ancillary Services and Treatment Groups Add on Ancillary Services and Treatment Groups	Ves Yes Yes Yes Yes Yes No No No No No No Yes No
Medical Condition At Screening? Court Docket Type Amount Date Fee Assessed Due Date Description Check if Payment was made Transaction Date Amount to Deposit Notes Monitoring System Date Monitoring Grdered Date Monitoring Grdered Date Monitoring Ended Payment Source Notes Service Type	Medical Condition TRANSFER PARTICIPANT	Dropdown Dropdown Dropdown Dropdown Integer Date Date String Check Box Date Integer String String String Dropdown Dropdown Dropdown Date Dropdown Date Dropdown Date Dropdown Dropdown Dropdown Dropdown Dropdown Dropdown	String Dropdown Dropdown Dropdown Date Date String Check Box Date String String String String Dropdown Dropdown Dropdown Date Dropdown Dropdown Date Dropdown Date Dropdown Dropdown Dropdown Dropdown	Medical TRANSFER PARTICIPANT TRANSFER PARTICIPANT Add on Fee Add on Alcohot Monitoring Add Affirmation Add on Alcohot Monitoring Add on Ancohot Monitoring Add on Alcohot Monitoring Add on Ancohot Monitoring Add on Alcohot Monitoring Add on Ancillary Services and Treatment Groups Add on Ancillary Services and	No
Medical Condition At Screening? Court Docket Type Amount Date Fee Assessed Due Date Description Check if Payment was made Transaction Date Amount to Deposit Notes Monitoring System Date Monitoring Grdered Date Monitoring Grdered Date Monitoring Ended Payment Source Notes Service Type	Medical Condition TRANSFER PARTICIPANT	Dropdown Dropdown Dropdown Dropdown Integer Date Date String Check Box Date Integer String String String Dropdown Dropdown Dropdown Date Dropdown Date Dropdown Date Dropdown Dropdown Dropdown Dropdown Dropdown Dropdown	String Dropdown Dropdown Dropdown Date Date String Check Box Date String String String String Dropdown Dropdown Dropdown Date Dropdown Dropdown Date Dropdown Date Dropdown Dropdown Dropdown Dropdown	Medical TRANSFER PARTICIPANT TRANSFER PARTICIPANT Add on Fee Make Deposit Add Affirmation Add Affirmation Add Affirmation Add on Alcohol Monitoring Make Deposit Add on Ancillary Services and Treatment Groups	No
Medical Condition At Screening? Court Docket Type Amount Date Fee Assessed Due Date Description Check if Payment was made Transaction Date Amount to Deposit Notes Monitoring System Date Monitoring Grdered Date Monitoring Ended Payment Source Notes Service Type Provider	Medical Condition TRANSFER PARTICIPANT Name of the court to be transferred to FEE Type of the Fee (drug court fees, restitution, fines, drug testing, etc.) Fee Amount Date Fee Assessed Due Date of the Fee Description of the Fee Description Date of the fee and/or payment Amount to Deposit in the participant's wallet (or virtual bank account) Notes, if any AFFIRMATION Title of the affirmation Notes to describe the affirmation (Example: We're so proud of the work you're doing!) ALCOHOL MONITORING Monitoring System assigned to participant Date Monitoring Ordered Date Monitoring Gridered Date Monitoring Gridered Date Monitoring Ended Payment Source for the monitoring (Grant, self-pay, etc.) Notes, if any Add Ancillary Services and Treatment Groups\ Service Type of the participant (DBT, 12-step, MRT, etc.) Provider of the service	String Dropdown Dropdown Dropdown Integer Date Date Date String Check Box Date Integer String String String Oropdown Dropdown	String Dropdown Dropdown Dropdown Dropdown Number Date Date String Check Box Date Number String String String String Dropdown Date Date Dropdown Date Dropdown Dropdown Dropdown Dropdown	Medical TRANSFER PARTICIPANT TRANSFER PARTICIPANT Add on Fee Make Deposit Make Deposit Make Deposit Make Deposit Make Deposit Make Deposit Add Affirmation Add Affirmation Add Affirmation Add Affirmation Add on Alcohol Monitoring Add on Ancillary Services and Treatment Groups Add on Ancillary Services and	No
Medical Condition At Screening? Court Docket Type Amount Date Fee Assessed Due Date Description Check if Payment was made Transaction Date Amount to Deposit Notes Monitoring System Date Monitoring Grdered Date Monitoring Ended Payment Source Notes Service Type Provider	Medical Condition TRANSFER PARTICIPANT	String Dropdown Dropdown Dropdown Integer Date Date String Check Box Date Integer String String String String String Dropdown Date Date Date Date Date Date Date Date	String Dropdown Dropdown Dropdown Dropdown Number Date Date String Check Box Date Number String String String String Dropdown Date Date Dropdown Date Dropdown Dropdown Dropdown Dropdown	Medical TRANSFER PARTICIPANT TRANSFER PARTICIPANT Add on Fee Make Deposit Add Affirmation Add Affirmation Add on Alcohol Monitoring Add on Ancillary Services and Treatment Groups	No
Medical Condition At Screening? Court Docket Type Amount Date Fee Assessed Due Date Description Check if Payment was made Transaction Date Amount to Deposit Notes Monitoring System Date Monitoring Grdered Date Monitoring Ended Payment Source Notes Service Type Provider Funding Source Method of Delivery	Medical Condition TRANSFER PARTICIPANT	String Dropdown Dropdown Dropdown Integer Date Date Date String String String String Dropdown	String Dropdown Dropdown Dropdown Number Date Date String String String String String Dropdown	Medical TRANSFER PARTICIPANT TRANSFER PARTICIPANT Add on Fee Make Deposit Add Affirmation Add Affirmation Add Affirmation Add on Alcohol Monitoring Add on Ancillary Services and Treatment Groups	No
Medical Condition At Screening? Court Docket Type Amount Date Fee Assessed Due Date Description Check if Payment was made Transaction Date Amount to Deposit Notes Title Notes Monitoring System Date Monitoring Grdered Date Monitoring Ended Payment Source Notes Service Type Provider Funding Source	Medical Condition TRANSFER PARTICIPANT Name of the court to be transferred to FEE Type of the Fee (drug court fees, restitution, fines, drug testing, etc.) Fee Amount Date Fee Assessed Due Date of the Fee Description of the Fee Description Date of the fee and/or payment Amount to Deposit in the participant's wallet (or virtual bank account) Notes, if any AFFIRMATION Title of the affirmation Notes to describe the affirmation (Example: We're so proud of the work you're doing!) ALCOHOL MONITORING Monitoring System assigned to participant Date Monitoring Ordered Date Monitoring Gridered Date Monitoring Gridered Date Monitoring Ended Payment Source for the monitoring (Grant, self-pay, etc.) Notes, if any Add Ancillary Services and Treatment Groups\ Service Type of the participant (DBT, 12-step, MRT, etc.) Provider of the service	String Dropdown Dropdown Dropdown Integer Date Date Date String Check Box Date Integer String String String Oropdown Dropdown	String Dropdown Dropdown Dropdown Dropdown Number Date Date String String String String Dropdown	Medical TRANSFER PARTICIPANT TRANSFER PARTICIPANT TRANSFER PARTICIPANT Add on Fee Make Deposit Add Affirmation Add Affirmation Add Affirmation Add on Alcohol Monitoring Add on Ancillary Services and Treatment Groups	Ves Yes Yes Yes Yes No No No No No Yes No Ves No Ves No Ves No Ves Ves No Ves No Ves No
Medical Condition At Screening? Court Docket Type Amount Date Fee Assessed Due Date Description Check if Payment was made Transaction Date Amount to Deposit Notes Title Notes Monitoring System Date Monitoring Grdered Date Monitoring Ended Payment Source Notes Service Type Provider Funding Source Method of Delivery Amount Paid	Medical Condition TRANSFER PARTICIPANT	String Dropdown Dropdown Dropdown Dropdown Integer Date Date String Check Box Date Integer String String String Dropdown	String Dropdown Dropdown Dropdown Dropdown Date Date String Check Box Date Number String String String Dropdown Dropdown Date Dropdown Date Date Date Dropdown Dropdown Dropdown Dropdown Dropdown Dropdown Dropdown Dropdown	Medical TRANSFER PARTICIPANT TRANSFER PARTICIPANT Add on Fee Make Deposit Add Affirmation Add on Alcohol Monitoring Add on Ancillary Services and Treatment Groups Add on Ancillary Services and	No
Medical Condition At Screening? Court Docket Type Amount Date Fee Assessed Due Date Description Check if Payment was made Transaction Date Amount to Deposit Notes Monitoring System Date Monitoring Grdered Date Monitoring Ended Payment Source Notes Service Type Provider Funding Source Method of Delivery	Medical Condition TRANSFER PARTICIPANT	String Dropdown Dropdown Dropdown Integer Date Date Date String String String String Dropdown	String Dropdown Dropdown Dropdown Number Date Date String String String String String Dropdown	Medical TRANSFER PARTICIPANT TRANSFER PARTICIPANT TRANSFER PARTICIPANT Add on Fee Make Deposit Add Affirmation Add Affirmation Add on Alcohol Monitoring Make Deposit Add on Ancillary Services and Treatment Groups	No
Medical Condition At Screening? Court Docket Type Amount Date Fee Assessed Due Date Description Check if Payment was made Transaction Date Amount to Deposit Notes Title Notes Monitoring System Date Monitoring Grdered Date Monitoring Ended Payment Source Notes Service Type Provider Funding Source Method of Delivery Amount Paid Ordered	Medical Condition TRANSFER PARTICIPANT	String Dropdown Dropdown Dropdown Integer Date Date String Check Box Date Integer String String String String Oropdown Date Date Date Date Date Date Date Date	String Dropdown Dropdown Dropdown Number Date Date String Check Box Date Number String String String String Oropdown Date Date Date Date Date Date Date Date	Medical TRANSFER PARTICIPANT TRANSFER PARTICIPANT TRANSFER PARTICIPANT Add on Fee Make Deposit Add Affirmation Add Affirmation Add Affirmation Add Affirmation Add on Alcohol Monitoring Add on Ancillary Services and Treatment Groups Add on Ancillary Services and	No
Medical Condition At Screening? Court Docket Type Amount Date Fee Assessed Due Date Description Check if Payment was made Transaction Date Amount to Deposit Notes Title Notes Monitoring System Date Monitoring Grdered Date Monitoring Ended Payment Source Notes Service Type Provider Funding Source Method of Delivery Amount Paid	Medical Condition TRANSFER PARTICIPANT	String Dropdown Dropdown Dropdown Dropdown Integer Date Date String Check Box Date Integer String String String Dropdown	String Dropdown Dropdown Dropdown Dropdown Date Date String Check Box Date Number String String String Dropdown Dropdown Date Dropdown Date Date Date Dropdown Dropdown Dropdown Dropdown Dropdown Dropdown Dropdown Dropdown	Medical TRANSFER PARTICIPANT TRANSFER PARTICIPANT TRANSFER PARTICIPANT Add on Fee Make Deposit Add Affirmation Add on Alcohol Monitoring Add on Alcohol Monitoring Add on Alcohol Monitoring Add on Alcohol Monitoring Make Deposit Add on Ancillary Services and Treatment Groups	No
Medical Condition At Screening? Court Docket Type Amount Date Fee Assessed Due Date Description Check if Payment was made Transaction Date Amount to Deposit Notes Title Notes Monitoring System Date Monitoring Grdered Date Monitoring Ended Payment Source Notes Service Type Provider Funding Source Method of Delivery Amount Paid Ordered Attended	Medical Condition TRANSFER PARTICIPANT	String Dropdown Dropdown Dropdown Integer Date Date Date String String String String String Oropdown Dropdown	String Dropdown Dropdown Dropdown Number Date Date String Check Box Date Number String String String Dropdown Dropdown Dropdown Date Date Number String Dropdown Dropdown Dropdown Dropdown Dropdown Dropdown Dropdown Number Number	Medical TRANSFER PARTICIPANT TRANSFER PARTICIPANT TRANSFER PARTICIPANT Add on Fee Make Deposit Add Affirmation Add Affirmation Add on Alcohol Monitoring Add on Anchol Monitoring Make Deposit Add on Ancillary Services and Treatment Groups Add on Ancillary Services and	No
Medical Condition At Screening? Court Docket Type Amount Date Fee Assessed Due Date Description Check if Payment was made Transaction Date Amount to Deposit Notes Title Notes Monitoring System Date Monitoring Grdered Date Monitoring Ended Payment Source Notes Service Type Provider Funding Source Method of Delivery Amount Paid Ordered	Medical Condition TRANSFER PARTICIPANT	String Dropdown Dropdown Dropdown Integer Date Date String Check Box Date Integer String String String String Oropdown Date Date Date Date Date Date Date Date	String Dropdown Dropdown Dropdown Number Date Date String Check Box Date Number String String String String Oropdown Date Date Date Date Date Date Date Date	Medical TRANSFER PARTICIPANT TRANSFER PARTICIPANT Add on Fee Make Deposit Add Affirmation Add Affirmation Add Affirmation Add And Achold Monitoring Add on Alcohol Monitoring Add on Alcohol Monitoring Add on Alcohol Monitoring Add on Alcohol Monitoring Add on Ancillary Services and Treatment Groups	No
Medical Condition At Screening? Court Docket Type Amount Date Fee Assessed Due Date Description Check if Payment was made Transaction Date Amount to Deposit Notes Tittle Notes Monitoring System Date Monitoring Ordered Date Monitoring Ended Payment Source Notes Service Type Provider Funding Source Method of Delivery Amount Paid Ordered Attended Date Assigned	Medical Condition TRANSFER PARTICIPANT	String Dropdown Dropdown Dropdown Integer Date Date Date String String String String Dropdown	String Dropdown Dropdown Dropdown Number Date Date String String String String String Dropdown	Medical TRANSFER PARTICIPANT TRANSFER PARTICIPANT TRANSFER PARTICIPANT Add on Fee Make Deposit Add Affirmation Add Affirmation Add on Alcohol Monitoring Add on Ancolon Monitoring Make Deposit Add on Ancillary Services and Treatment Groups Add on Ancillary Services and	No
Medical Condition At Screening? Court Docket Type Amount Date Fee Assessed Due Date Description Check if Payment was made Transaction Date Amount to Deposit Notes Title Notes Monitoring System Date Monitoring Grdered Date Monitoring Ended Payment Source Notes Service Type Provider Funding Source Method of Delivery Amount Paid Ordered Attended	Medical Condition TRANSFER PARTICIPANT	String Dropdown Dropdown Dropdown Integer Date Date Date String String String String String Oropdown Dropdown	String Dropdown Dropdown Dropdown Number Date Date String Check Box Date Number String String String Dropdown Dropdown Dropdown Date Date Number String Dropdown Dropdown Dropdown Dropdown Dropdown Dropdown Dropdown Number Number	Medical TRANSFER PARTICIPANT TRANSFER PARTICIPANT TRANSFER PARTICIPANT Add on Fee Make Deposit Make Depo	No
Medical Condition At Screening? Court Docket Type Amount Date Fee Assessed Due Date Description Check if Payment was made Transaction Date Amount to Deposit Notes Monitoring System Date Monitoring Grdered Date Monitoring Ended Payment Source Notes Service Type Provider Funding Source Method of Delivery Amount Paid Ordered Attended Date Assigned Start Date	Medical Condition TRANSFER PARTICIPANT	String Dropdown Dropdown Dropdown Integer Date Date String Check Box Date Integer String String String String Dropdown Dropdown Date Date Date Date Integer Date Date Date Date Date Date Date Date	String Dropdown Dropdown Dropdown Dropdown Number Date Date Date String Check Box Date Number String String String Dropdown Date Date Date Date Date Date Date Dropdown Dropdown Dropdown Dropdown Dropdown Dropdown Number Number Date Date Date Date Date Dropdown	Medical TRANSFER PARTICIPANT TRANSFER PARTICIPANT Add on Fee Make Deposit Make D	No
Medical Condition At Screening? Court Docket Type Amount Date Fee Assessed Due Date Description Check if Payment was made Transaction Date Amount to Deposit Notes Tittle Notes Monitoring System Date Monitoring Ordered Date Monitoring Ended Payment Source Notes Service Type Provider Funding Source Method of Delivery Amount Paid Ordered Attended Date Assigned	Medical Condition TRANSFER PARTICIPANT	String Dropdown Dropdown Dropdown Integer Date Date Date String String String String Dropdown	String Dropdown Dropdown Dropdown Number Date Date String String String String String Dropdown	Medical TRANSFER PARTICIPANT TRANSFER PARTICIPANT TRANSFER PARTICIPANT Add on Fee Make Deposit Add Affirmation Add Affirmation Add on Alcohol Monitoring Add on Alcohol Monitoring Add on Alcohol Monitoring Add on Alcohol Monitoring Make Deposit Add on Ancion Monitoring Make Deposit Add on Ancillary Services and Treatment Groups	No
Medical Condition At Screening? Court Docket Type Amount Date Fee Assessed Due Date Description Check if Payment was made Transaction Date Amount to Deposit Notes Title Notes Monitoring System Date Monitoring Ordered Date Monitoring Ended Payment Source Notes Service Type Provider Funding Source Method of Delivery Amount Paid Ordered Attended Date Assigned Start Date End Date	Medical Condition TRANSFER PARTICIPANT	String Dropdown Dropdown Dropdown Integer Date Date Date String Check Box Date Integer String String String String String Oropdown Dropdown	String Dropdown Dropdown Dropdown Number Date Date Date String String String String String String Oropdown Dropdown	Medical TRANSFER PARTICIPANT TRANSFER PARTICIPANT TRANSFER PARTICIPANT Add on Fee Make Deposit Add on Alcohol Monitoring Add on Alcohol Monitoring Add on Alcohol Monitoring Add on Alcohol Monitoring Make Deposit Add on Ancillary Services and Treatment Groups	No
Medical Condition At Screening? Court Docket Type Amount Date Fee Assessed Due Date Description Check if Payment was made Transaction Date Amount to Deposit Notes Monitoring System Date Monitoring Grdered Date Monitoring Ended Payment Source Notes Service Type Provider Funding Source Method of Delivery Amount Paid Ordered Attended Date Assigned Start Date	Medical Condition TRANSFER PARTICIPANT	String Dropdown Dropdown Dropdown Integer Date Date String Check Box Date Integer String String String String Dropdown Dropdown Date Date Date Date Integer Date Date Date Date Date Date Date Date	String Dropdown Dropdown Dropdown Dropdown Number Date Date Date String Check Box Date Number String String String Dropdown Date Date Date Date Date Date Date Dropdown Dropdown Dropdown Dropdown Dropdown Dropdown Number Number Date Date Date Date Date Dropdown	Medical TRANSFER PARTICIPANT TRANSFER PARTICIPANT TRANSFER PARTICIPANT Add on Fee Make Deposit Make Deposi	No
Medical Condition At Screening? Court Docket Type Amount Date Fee Assessed Due Date Description Check if Payment was made Transaction Date Amount to Deposit Notes Title Notes Monitoring System Date Monitoring Grdered Date Monitoring Ended Payment Source Notes Service Type Provider Funding Source Method of Delivery Amount Paid Ordered Attended Date Assigned Start Date End Date End Date Status	Medical Condition	String Dropdown Dropdown Dropdown Integer Date Date Date String String String String String String Oropdown Dropdown	String Dropdown Dropdown Dropdown Number Date Date String String String String String String Oropdown Dropdown	Medical TRANSFER PARTICIPANT TRANSFER PARTICIPANT TRANSFER PARTICIPANT Add on Fee Make Deposit Add Affirmation Add Affirmation Add on Alcohol Monitoring Add on Anciblary Services and Treatment Groups Add on Ancillary Services and Treatment Groups	No
Medical Condition At Screening? Court Docket Type Amount Date Fee Assessed Due Date Description Check if Payment was made Transaction Date Amount to Deposit Notes Title Notes Monitoring System Date Monitoring Ordered Date Monitoring Ended Payment Source Notes Service Type Provider Funding Source Method of Delivery Amount Paid Ordered Attended Date Assigned Start Date End Date	Medical Condition TRANSFER PARTICIPANT	String Dropdown Dropdown Dropdown Integer Date Date Date String Check Box Date Integer String String String String String Oropdown Dropdown	String Dropdown Dropdown Dropdown Number Date Date Date String String String String String String Oropdown Dropdown	Medical TRANSFER PARTICIPANT TRANSFER PARTICIPANT Add on Fee Make Deposit Make Deposit Make Deposit Make Deposit Make Deposit Add Affirmation Add Affirmation Add Affirmation Add Affirmation Add Affirmation Add on Alcohol Monitoring Add on Ancillary Services and Treatment Groups	No
Medical Condition At Screening? Court Docket Type Amount Date Fee Assessed Due Date Description Check if Payment was made Transaction Date Amount to Deposit Notes Monitoring System Date Monitoring Grdered Date Monitoring Ended Payment Source Notes Service Type Provider Funding Source Method of Delivery Amount Paid Ordered Attended Date Assigned Start Date End Date Status Total Hours Completed	Medical Condition	String Dropdown Dropdown Dropdown Integer Date Date Date String String String String Dropdown	String Dropdown Dropdown Dropdown Number Date Date String String String String String Oropdown Dropdown Number Number Date Date Date Dropdown	Medical TRANSFER PARTICIPANT TRANSFER PARTICIPANT TRANSFER PARTICIPANT Add on Fee Make Deposit Add Affirmation Add Affirmation Add on Alcohol Monitoring Make Deposit Add on Ancillary Services and Treatment Groups Add on Ancillary Services and	No
Medical Condition At Screening? Court Docket Type Amount Date Fee Assessed Due Date Description Check if Payment was made Transaction Date Amount to Deposit Notes Title Notes Monitoring System Date Monitoring Grdered Date Monitoring Ended Payment Source Notes Service Type Provider Funding Source Method of Delivery Amount Paid Ordered Attended Date Assigned Start Date End Date End Date Status	Medical Condition	String Dropdown Dropdown Dropdown Integer Date Date Date String String String String String String Oropdown Dropdown	String Dropdown Dropdown Dropdown Number Date Date String String String String String String Oropdown Dropdown	Medical TRANSFER PARTICIPANT TRANSFER PARTICIPANT Add on Fee Make Deposit Make Deposit Make Deposit Make Deposit Make Deposit Add Affirmation Add Affirmation Add Affirmation Add Affirmation Add Affirmation Add on Alcohol Monitoring Add on Ancillary Services and Treatment Groups	No

			•	T	
Add Tags	Add Tags about the Ancillary service or treatment group	Dropdown	Dropdown	Add on Ancillary Services and Treatment Groups	No
	ANALYTICS	ı			
ClientID	ClientID of the participant CASE PLANNING	Dropdown	Dropdown	Add on Analytics	No
Case Number	Case Number of the participant	Dropdown	Dropdown	Add Customs Goals	No
Problem Description	Problem Description What are we trying to solve	String	String	Add Customs Goals	No
Goal Description Status	What goal do we have to address the problem Status of the goal (scheduled, in progress, etc.)	String Dropdown	String Dropdown	Add Customs Goals Add Case Goals	Yes No
Start Date	Start Date of the goal	Date	Date	Add Case Goals	Yes
End Date	Anticipated End Date of the goal	Date	Date	Add Case Goals	Yes
Actual End Date Title	Actual End Date of the goal Title of the TASK we've assigned to complete the goal	Date String	Date String	Add Case Goals Add Task	No Yes
Due Date	Due Date of the task	Date	Date	Add Task	Yes
Completion Date	Completion Date of the task	Date	Date	Add Task Add Assist	Yes
Person responsible Due Date	Person who will assist participant with the task Due Date of the task	Dropdown Date	Dropdown Date	Add Assist	Yes Yes
Details	Details of the task and what the assister is responsible for	String	String	Add Assist	No
Notes	Notes, if any COMMUNITY SERVICE	String	String	Add Case Goals	No
Date Assigned	Date Assigned	Date	Date	Add Community Service	Yes
Site Assigned	Site Assigned	String	String	Add Community Service	Yes
Hours Required Completion Due Date	Hours Required Completion Due Date	Integer Date	Number Date	Add Community Service Add Community Service	Yes
Status	Status (on-going, failed to complete, etc.)	Dropdown	Dropdown	Add Community Service	Yes
Hours Completed	Hours Completed	Integer	Number	Add Community Service	Yes
Community Service Type	Community Service Type (Volunteer, Court Sanction, Court requirement)	Dropdown	Dropdown	Add Community Service	No
Notes Add Tags	Notes Add Tags	String Dropdown	String Dropdown	Add Community Service Add Community Service	No No
	CRIMINAL PROFILE	1			
Type of Offense	Type of Offense (Felony, Misdemeanor, etc) Class of the Offense	Dropdown	Dropdown	Add Criminal Profile	No No
Class Case Filling Date	Class of the Offense Case Filling Date of offense/case	Dropdown Date	Dropdown Date	Add Criminal Profile Add Criminal Profile	No Yes
Code	Code of offense/case	Integer	Number	Add Criminal Profile	No
Offense Category	Offense Category (Manufacturing, possession, property crime, etc.)	Dropdown	Dropdown	Add Criminal Profile	No
Charge Charge Status	Charge (Example: Criminal Possession of Dangerous Drugs) Charge Status (Conditional, pending, etc.)	Integer Dropdown	Number Dropdown	Add Criminal Profile Add Criminal Profile	No Yes
Case Number	Charge Status (Conditional, pending, etc.) Case Number	Integer	Number	Add Criminal Profile	Yes
Judge On Case	Judge On Case	String	String	Add Criminal Profile	No
Prosecutor Location	Prosecutor on the case Location of the crime	String String	String String	Add Criminal Profile Add Criminal Profile	No No
Arrest Date	Arrest Date	Date	Date	Add Criminal Profile	No
Recidivated	Did client recidivate with this crime?	Check Box	Check Box	Add Criminal Profile	No
Is it a case in treatment court Notes	Is this case being addressed in treatment court Notes, if any	Radio Button	Radio Button String	Add Criminal Profile Add Community Service	No Yes
Inutes	DISCHARGE	String	Juling	Add Community Service	1103
Discharge Date	Discharge Date	Date	Date	Click on Discharge	Yes
Discharge Reason	Discharge Reason (Successfully graduated, terminated, etc.)	Dropdown	Dropdown	Click on Discharge	Yes
Offer Related to Court Participation Employment Type at Discharge	Offer Related to Court Participation (Case dismissal, charge reduction, etc.) Employment Type at Discharge (Employed full or part time, unemployed, etc.)	Dropdown Dropdown	Dropdown Dropdown	Click on Discharge Click on Discharge	Yes Yes
Education Level at Discharge	Education Level at Discharge	Dropdown	Dropdown	Click on Discharge	Yes
Probation Status at Discharge	Probation Status at Discharge Do they continue on probation?	Dropdown	Dropdown	Click on Discharge	Yes
Custody Status at Discharge Did client gain/regain driving license or is client ready to	Custody Status at Discharge (Child custody status)	Dropdown	Dropdown	Click on Discharge	Yes
gain/regain driving license:	Did client gain/regain driving license or is client ready to gain/regain driving license:	Radio Button	Radio Button	Click on Discharge	Yes
Were babies born during the program	Were babies born during the program	Radio Button	Radio Button	Click on Discharge	Yes
Pregnant while in court Participant made child support payments as ordered	Pregnant while in court (or partner pregnant)? Participant made child support payments as ordered	Dropdown Dropdown	Dropdown Dropdown	Click on Discharge Click on Discharge	Yes
Notes	Notes	String	String	Click on Discharge	No
Number of community service hours completed	Number of community service hours completed	Integer	Number	Click on Discharge	Yes
Number of community service hours remaining Enrolled in veterans services while in court	Number of community service hours remaining Enrolled in veterans services while in court	Integer Radio Button	Number Radio Button	Click on Discharge Click on Discharge	Yes
Received veterans services while in court	Received veterans services while in court participant	Radio Button	Radio Button	Click on Discharge	Yes
Received Driver license while in court	Received Driver license while in court	Radio Button	Radio Button	Click on Discharge	Yes
Received State Identification Card while in court Number of jail days served during court	Received State Identification Card while in court Number of jail days served during court participation	Radio Button String	Radio Button String	Click on Discharge Click on Discharge	Yes Yes
In-program new arrests (enter statute and literal)	In-program new arrests	String	String	Click on Discharge	Yes
In-program new convictions (enter statute and literal)	In-program new convictions for participant	String	String	Click on Discharge	Yes
Prior criminal charges resolved during court	Were prior criminal charges resolved while they were in the treatment court	Radio Button	Radio Button	Click on Discharge	Yes
Housing/Homeless - What is your current living arrangement	What is your current living arrangement	Dropdown	Dropdown	Click on Discharge	Yes
Psychiatric Diagnosis	Psychiatric Diagnosis?	Dropdown	Dropdown	Click on Discharge	Yes
Number of arrests in your lifetime(Misdemeanor) Number of arrests in your lifetime (Felony)	Number of misdemeanor arrests in your lifetime Number of Felony Arrests in your lifetime	String String	String String	Click on Discharge Click on Discharge	Yes
Number of convictions in your lifetime (Misdemeanor)	Number of Misdemeanor convictions	String	String	Click on Discharge	Yes
Number of convictions in your lifetime (Felony)	Number of Felony Convictions	String	String	Click on Discharge	Yes
Treatment service during the program Treatment service during the program	Did participant have treatment services during program What treatment did they receive during drug court program?	Radio Button Check Box	Radio Button Check Box	Click on Discharge Click on Discharge	Yes Yes
Detoxification from Alcohol/Drug	Detoxification from Alcohol/Drug?	Radio Button	Radio Button	Click on Discharge	Yes
In-Patient alcohol/ Substance use treatment	In-Patient alcohol/ Substance use treatment?	Radio Button	Radio Button	Click on Discharge	Yes
Intensive outpatient Alcohol/Substance use treatment Outpatient alcohol/Substance use treatment	Intensive outpatient Alcohol/Substance use? Outpatient alcohol/Substance use treatment?	Radio Button Radio Button	Radio Button Radio Button	Click on Discharge Click on Discharge	Yes Yes
Jail-based or correctional based alcohol/Substance use	aconoroacoacano aco nonnent:	. IGGIO DULLOII	. IGGIO DULLOII	N ON DICCHIAI 60	1.00
treatment	Jail-based or correctional based alcohol/Substance use treatment?	Radio Button	Radio Button	Click on Discharge	Yes
Individual alcohol/Substance use treatment	Individual alcohol/Substance use treatment?	Radio Button	Radio Button	Click on Discharge	Yes
Co-occuring(alcohol/drug abuse/mental health) treatment	Co-occuring(alcohol/drug abuse/mental health) treatment?	Radio Button	Radio Button	Click on Discharge	Yes
Inpatient psychiatric treatment	Inpatient psychiatric treatment?	Radio Button	Radio Button	Click on Discharge	Yes
Outpatient psychiatric treatment Prescribed medication	Outpatient psychiatric treatment? Was the participant prescribed any medication	Radio Button Radio Button	Radio Button Radio Button	Click on Discharge Click on Discharge	Yes Yes
Are you taking prescribed medication Currently	Are you taking prescribed medication Currently	Radio Button	Radio Button	Click on Discharge	Yes
Participant receiving the following benefits at Discharge	Select benefits participant is receiving at Discharge	Check Box	Check Box	Click on Discharge	Yes
Participant receiving the following other condess with	Salast convices participant received while in court program	Check Box	Chook Pay	Click on Discharge	Von
Participant receiving the following other services while in court Monetary obligation Collected or Terminated and / or	octoot sorvices participant received writte in court program	OHECK DOX	Check Box	Click on Discharge	Yes
graduated Participant	Monetary obligation that were collected from participant	String	String	Click on Discharge	Yes
Fees	Fees	String	String	Click on Discharge	Yes
Restitution Child Support	Restitution Child Support	String String	String String	Click on Discharge Click on Discharge	Yes Yes
Primary drug used	Primary drug used while in program	Dropdown	Dropdown	Click on Discharge	Yes
Frequency use in last 30 days	Frequency use in last 30 days	String	String	Click on Discharge	Yes
Secondary drug used Tertiary drug used	Secondary drug used in program Tertiary drug used while in program	Dropdown Dropdown	Dropdown Dropdown	Click on Discharge Click on Discharge	Yes
					1.00

Sobriety Measures					
Number of negative drug screens while in program for					
terminated client	Number of negative drug screens	Integer	Number	Click on Discharge	Yes
Number of positive drug screens while in program for					
discharged client	Number of positive drug screens while in program for discharged client	Integer	Number	Click on Discharge	Yes
Number of days clean prior to discharge for discharged client	Number of days sober prior to discharge for discharged client	Integer	Number	Click on Discharge	Yes
Attending self-help groups at time of court discharge	Is participant attending self helps at discharge?	Radio Button	Radio Button	Click on Discharge	Yes
	DOCUMENTS				
Document Type	Document Type (address change, SUD assessment, plea agreement, etc.)	Dropdown	Dropdown	Add Send Document	Yes
Document Name	Document Name	String	String	Add Send Document	Yes
Document URL	Document URL (URL associated with document or survey)	String	String	Add Send Document	Yes
Document Name	Document Name	Dropdown	Dropdown	Generate	Yes
Document Type	Document Type (ROI, Contract, etc.)	Dropdown	Dropdown	Upload	Yes
	EMPLOYMENT PROFILE				
Employment Status	Employment Status (employed, unemployed, etc.)	Dropdown	Dropdown	Add Employment Profile	Yes
Start Date	Employment Start Date	Date	Date	Add Employment Profile	No
End Date	Employment End Date	Date	Date	Add Employment Profile	No
Currently Employed	Currently Employed (Click to signify if participant is currently employed	Check Box	Check Box	Click on Discharge	No

Feet Prest (Courterpoir Doug Court Feet, Rendstauton) CLISTOME/ABLE Storing Despotement Add Feet Yes	Name	Description ACCOUNTING	Data Type	Format	Source	Required
Amount of the Amount of the Tark Security assessment of the Country of the Countr	Fees	_	1	1	1	
Date		1				
Description Description of the first and general nates you may want to add about the Birthy Description of the form of general nates you may want to add about the Birthy Description of the first your property Description Description of the first your property Description Descrip						
Description of the few and partners in river you may ware this position and advanced by the property programs of the property property programs of the property programs of the property property programs of the property programs of the property programs of the property programs of the property property programs of the property property programs of the property property property property programs of the property prop		9 /				
Payment Type Payment Date Payment Type Date when the payment is reside Date when the payment is not payment in continued to the first payment is not payment in continued to the first payment is not payment in continued to the first payment payment is not payment payment in continued to the first payment payment is not payment paymen						
Payment 198	·	Description of the fee and general notes you may want to add about the	String	String	Add Fee	No
Page County Cou	Payments					
Temptops	Payment Type	Payment Type (cash, wallet, credit card, waived, etc)	String	Dropdown	Add Fee	Yes
Perpenent Pype Perpenent Pype Perpenent Pype Perpenent Pype Perpenent Might street Perpenen	Payment Date	Date when the paymenet is made	Date	Date	Make Payment	Yes
Notes Notes, Farry Soring Storing Storing Storing Make Pagement Sorin receiptor Notes Pagement receiptor som be printed for participant Notes No	Fee Type	Fee Type (Example: Drug Court Fees, Restitution) CUSTOMIZABLE	String	Dropdown	Make Payment	Yes
Notes Notes, Farry Soring Storing Storing Storing Make Pagement Sorin receiptor Notes Pagement receiptor som be printed for participant Notes No	Payment Type	Payment mode (Cash, wallet, credit card, waived, etc.)	String	String	Make Payment	Yes
Print recept Programmat recept can the printing for participant No. Received Programmat Adjustments No. Section 1992 Child United States Child Uni		Notes , if any	String	String	Make Payment	No
The and Physical Adjustments by the subjectment is done to the property of the subjectment of the subjectmen	Print receipt					
Adjustment Pypes Type of Puper Andrew reduction for a group of the person of the per	Fee and Payment Adjustments			1	1	ı
Adjustment Type The Tey Tey Per Press of Per Michigan Fee you will adjust from 100 Storing. Organization Make Adjustments. Yes Per Tey Per Michigan Fee You will adjust from 100 Storing. Organization Make Adjustments. Yes Notices in Press of Per Michigan Make Adjustments. Yes Notices i		Data when adjustment is done	Data	Data	Maka Adiustmenta	Vac
See Type Type of Fee (White) Fee you will adjust from Issal) Sirring Oppodown Aslac Adjustments Ves Adjustments Amount of Suprised Integer Oppodown Amount of Suprised O		·				
Adjustment Amount Montal adjusted Integer Namber Name Adjustments 9						
Notes Notes, I stay Creamation Date of the deposit into the Wallat Date Date Wallat Ves. Amount to Deposit into the wallat Date Date Wallat Ves. Amount to Deposit into the wallat Date Ves. Wallat Ves. Amount to Deposit into the wallat Date Ves. Wallat Wallat Ves. Wallat Wa						
Transaction Date of the deposit with the Wallet New Year Amount to Deposit with the wallet New Year Amount	Adjustment Amount	Amount adjusted	Integer	Number	Make Adjustments	Yes
Amount to Deposit Amount to Deposit not he wallet Service Sorting String String String Wallet Notes Notes Into the affirmation Service	Notes	Notes , if any	String	Dropdown	Make Adjustments	No
Notes Notes Internation AFFRMATION AFFRMATION The different probability of the probability of the participant of the partici	Transaction Date (Wallet)	Transaction Date of the deposit into the Wallet	Date	Date	Wallet	Yes
Notes Notes Internation AFFRMATION AFFRMATION The different probability of the probability of the participant of the partici	Amount to Deposit	Amount to Deposit into the wallet	Integer	Number	Wallet	Yes
AFFIRMATION Title for the affirmation isself is positive note for the participant of String The affirmation isself is positive note for the participant of String The affirmation isself is positive note for the participant of String Monitoring System used (SCRAM, REACT, etc.) Dospositive December of String Monitoring System of String Date Monitoring System of String Date Monitoring System of December of String Date Monitoring System of December of String Date Monitoring System of December of Date Date Date of Date Add Acchold Monitoring Year Date Date of Da	Notes		_			
Title Title for the affirmation The effert and affirmation and the property of					<u></u>	•
Notice in the affirmation isself of positive need for the participant (Notice) ACOHOL MONITORING **Notice in System** **Notice in	Title		String	String		Yes
ALCOHOL MONITORING Monitoring System used (SCRAM, REACT, etc.) Propisions Diopdown Add Alcohol Monitoring (yes Date Monitoring System Ordered Date Monitoring System Celered Date Date Date Add Alcohol Monitoring (yes Date Monitoring Group Celered Date Date Date Date Date Date Date Date						
Menitoring System Menitoring System used (SCRAM, REACT, etc.) Droptown Add Achol Menitoring Yes Date Monitoring Ordered Date Menitoring System Orderd Date Date Add Achol Menitoring No Pagment Source Droptown Droptown Date Date Add Achol Menitoring No Pagment Source Pagment Source for the monitoring system (Crant, Self pay, Court) Dropdown Droptown Add Achol Menitoring No Notes Notes Notes Amount Pagment Source for the monitoring system (Crant, Self pay, Court) String Add Achol Menitoring No Notes ANCILLARY SERVICES AND TREATMENT GROUPS Service Type Service Type (12 stop, DRI, Group Therapy, etc.) CUSTOMLABLE Dropdown Dropdown Add Achol Menitoring No Service Type Service Type (12 stop, DRI, Group Therapy, etc.) CUSTOMLABLE Dropdown Dropdown Add Achol Menitoring No Service Type Service Type (12 stop, DRI, Group Therapy, etc.) CUSTOMLABLE Dropdown Dropdown Add Achol Menitoring No Service Type Service Type (12 stop, DRI, Group Therapy, etc.) CUSTOMLABLE Dropdown Dropdown Add Achol Menitoring No Service Type Service Type (12 stop, DRI, Group Therapy, etc.) CUSTOMLABLE Dropdown Dropdown Add Achol Menitoring No Service Type Service Type (12 stop, DRI, Group Therapy, etc.) CUSTOMLABLE Dropdown Dropdown Add Achol Menitoring No Service Type Service Type (12 stop, DRI, Group Therapy, etc.) CUSTOMLABLE Dropdown Dropdown Add Achol Menitory Service No Service Type Service Type (12 stop) Service Type (12 stop) Service No Service Type (12 stop) Service Service Service Dropdown Dropdown Add Achol Menitory Service No Service Type (12 stop) Service Service Dropdown Dropdown Add Achol Menitory Service No Service Type (12 stop) Service Type (12 stop) Service Dropdown Dropdown Add Achol Menitory Service No Service Type (12 stop) Service Type Service Type Service Type Service Type Service Dropdown Dropdown Add Achol Menitory Service No	INUIDO		Junig	Journa	<u> </u>	LINO
Date Montoring Ordered Date Montoring System Ended Date Montoring Green Ended Date Montoring System Ended Payment Source or the monitoring system Ended Payment Source or the monitoring system Ended Notes, If any Notes, If any Service Type Servic	M 2: 1: 20 1		ls .	In .	Tallar Line 5 1	lv.
Date Monitoring Ended Payment Source Payment Source Payment Source Notes, It any ANCILLARY SERVICES AND TREATHENT GROUPS Service Type	0 ,					
Payment Source Notes Not	Date Monitoring Ordered	Date Monitoring System Ordered	Date			
Notes, if any in the participant about the Sarube Status of the Sarube o	Date Monitoring Ended	Date Monitoring System Ended	Date	Date	Add Alcohol Monitoring	No
Service Type 12 step. DR.T. Group Entrapy, etc. LCSTOMUZABLE Dropdown Provider Service Service Services Se	Payment Source	Payment Source for the monitoring system (Grant, Self pay, Court)	Dropdown	Dropdown	Add Alcohol Monitoring	Yes
Service Type 12 step. DR.T. Group Entrapy, etc. LCSTOMUZABLE Dropdown Provider Service Service Services Se	Notes	Notes, if any	String	String	Add Alcohol Monitoring	No
Service Type (2 step, DBT, Group Therapy, vtc.) CUSFONTZBLE Oropdown Add Ancillary Service Ves Funding Source Method of Delivery or services (Freetron, telesonvices) Method of Delivery Met				<u> </u>		•
Provider Service Provider Ves Enruding Source in Services rendered (Grant, Drug Court Budget, etc.) Oropdown Add Ancillary Service No Method of Delivery of services (In-person, teleservices) Oropdown Add Ancillary Service No Annount Paid of the services (In-person, teleservices) Oropdown Add Ancillary Service No Ordered Number of groups/services ordered Integer Number Add Ancillary Service No Ordered Number of groups/services standard Integer Number Add Ancillary Service No Ordered Number of groups/services standard Integer Number Add Ancillary Service No Ordered Number of groups/services standard Integer Number Add Ancillary Service No Ordered Sart Date Sart Order of groups services standard Integer Number Add Ancillary Service No Order Sart Order Sart Order Sart Order Order Sart Order	Service Type			Drondown	Add Ancillany Service	Vac
Funding Source Method of Delivery or services rendered (Grant, Drug Court Budget, etc.) Dropdown Add Ancillary Service No Method of Delivery or services (1) Proposed No Dropdown Add Ancillary Service No Annount Paid for the services or the services of the service of group Obtained Start Date of the service or group Obtained Obtained Start Date of the service or group Obtained O						
Method of Delivery Method of Delivery of services (In-person, teleservices) Amount Paid of the services Amount Paid of the services or developed integer Amount Paid of the services or developed integer Amount Paid of the services or developed integer Number of groups/services attended Date Participant was assigned to services Oate Date Date Date Add Ancillary Service No Start Date of the service or group Date Date Add Ancillary Service No Start Date of the service or group Date Date Add Ancillary Service No Start Date of the service or group Date Date Add Ancillary Service No Start Date of the service or group Date Date Add Ancillary Service No Start Date of the service or group Date Date Add Ancillary Service No Start Date of the service or group Notes Notes Start Date of the service or group Start Date of the service or group Notes Notes Notes, if any Start Date of the service or group Start Date of the service or group Notes Notes Notes, if any Start Date of the service or group Start Date of the service or group Notes Notes Notes, if any Start Date of the service or group Case Number of the participant about the Services Notes Notes, if any Case Number of the participant about the Services Notes Notes, if any Case Number of the participant about the Services Notes Notes Notes, if any Case Number of the participant of the good you are setting for this problem. Case Planking Case Planking Case Number of the participant of the good you are setting for this problem. Case Planking Case Planking Case Planking Case Number of the participant of the good you are setting for this problem. Case Planking Case Planking Case Number of the participant was set String. String Add Customs Gools No No Start Date Care of the problem you're trying to address. String String Add Customs Gools No No Start Date Case Oats No No Start Date Case Oats No No Start Date Case Oats No No S				· ·	· ·	
Amount Paid to the services of control of the services of the services of control of the services						
Ordered Number of groupe/services ordered Number of Add Ancillary Service No No Natranded Number of groupe/services attended Integer Number Add Ancillary Service No Date Assigned Date Participant was assigned to services Option of the goal of the service or group Date Saturation of Computer of Start Date of the service or group Date Date Add Ancillary Service No Start Date End Date of the service or group Date Date Add Ancillary Service No Start Date End Date of the service or group Date Date Add Ancillary Service No Start Date End Date of the service or group Date Date Add Ancillary Service No Start Date Start Date Start Date Office of Start Date Star	Method of Delivery	Method of Delivery of services (In-person, teleservices)	Dropdown	Dropdown	Add Ancillary Service	
Attended Number of groups/services attended Integer Number Add Ancillary Service No Date Assigned Date Participant was assigned to services Date Date Date Add Ancillary Service Yes Start Date of the service or group Date Date Add Ancillary Service Yes Candidate Start Date of the service or group Date Date Add Ancillary Service Yes Start Date of the service or group Date Date Add Ancillary Service Yes Candidate Start Date of the service or group Date Date Add Ancillary Service Yes Start Date Office Service Office O	Amount Paid	Amount Paid for the services	Integer	Number	Add Ancillary Service	No
Date Assigned Date Participant was assigned to services Start Date Start Date Start Date of the service or group Date Date Date Add Ancillary Service Yes End Date End Date of the service or group Date Date Add Ancillary Service No Startus Startus of the assignment (Example: Completed, Never attended, in Dropdown Dropdown Add Ancillary Service No Startus Startus of the assignment (Example: Completed, Never attended, in Dropdown Add Ancillary Service No Notes, If any Startus String String Add Ancillary Service No Notes, If any Add Tags to the Participant about the Services Dropdown Dropdown Add Ancillary Service No Notes Notes, If any Add Tags to the Participant about the Services Dropdown Dropdown Add Ancillary Service No Notes Add Tags to the Participant about the Services Dropdown Dropdown Add Ancillary Service No Notes Add Tags to the Participant Dropdown Dropdown Add Ancillary Service No Notes Add Tags to the Participant Dropdown Dropdown Add Ancillary Service No Notes Add Tags to the Participant Dropdown Dropdown Add Ancillary Service No Notes Add Tags to the Participant Dropdown Dropdown Add Ancillary Service No Notes Add Tags to the Participant Dropdown Dropdown Add Cass (Date Dropdown Dro	Ordered	Number of groups/services ordered	Integer	Number	Add Ancillary Service	No
Date And Ancillary Service No Start Date Start Date of the service or group Date And Ancillary Service No Start Date Start Date of the service or group Date Date Add Ancillary Service No Start Date Start Date of the service or group Date Date Add Ancillary Service No Startus Startus of the sesignment (Example: Completed, Never attended, In Dropdown Dropdown Add Ancillary Service No Notes I and Startus of the sesignment (Example: Completed, Never attended, In Dropdown Dropdown Add Ancillary Service No Notes (I any Notes, I any Notes, I any Add Tags to the Participant about the Services Dropdown Dropdown Add Ancillary Service No Notes Mores, I any Add Tags to the Participant about the Services Dropdown Dropdown Add Ancillary Service No Notes Notes Notes, I any Add Tags to the Participant Dropdown Dropdown Dropdown Add Ancillary Service No Notes Notes Notes, I any Notes, I and No	Attended	Number of groups/services attended	Integer	Number	Add Ancillary Service	No
Start Date Start Date Start Date of the service or group Date Date Add Ancillary Service No Status Status Status of the assignment (Example: Completed, Never attended, In Dropdown Dropdown Add Ancillary Service No No Notes Notes Notes, if any String String Add Ancillary Service No Add Tags to the Participant about the Services Status Status of the assignment (Example: Completed, Never attended, In Dropdown Dropdown Add Ancillary Service No Add Tags Add Ancillary Service No Add Tags Add Tags to the Participant about the Services Dropdown Dropdown Add Ancillary Service No Add Tags to the Participant about the Services Dropdown Dropdown Add Ancillary Service No Add Tags to the Participant String String Add Customs Goals No No Add Customs Goals No Add Customs Goals No Status Status of the Goal (Completed, In progress, Scheduled, etc.) Dropdown Add Customs Goals No Status Status of the Goal (Completed, In progress, Scheduled, etc.) Dropdown Add Customs Goals No Status Status of the Goal (Completed, In progress, Scheduled, etc.) Dropdown Add Case Goals No Status Status of the Goal (Completed, In progress, Scheduled, etc.) Dropdown Add Case Goals No Status S					· ·	No
End Date					·	
Status of the assignment (Example: Completed, Never attended, in Dropdown Add Ancillary Service No Total Hours Completed Total Hours Completed String String String String String Add Ancillary Service No Notes Notes, if any Add Tags to the Participant about the Services Dropdown Dropdown Add Ancillary Service No Notes Add Tags to the Participant about the Services Dropdown Dropdown Add Ancillary Service No No Add Tags to the Participant about the Services String String Add Ancillary Service No No Research Case Number of the participant Dropdown Dropdown Add Customs Goals No Problem Description of the post pollen you are setting for this problem String String Add Customs Goals No Goal Description Description of the goal you are setting for this problem String String Add Customs Goals No Status of the Goal (Completed, in progress, Scheduled, etc.) Dropdown Add Case Goals No Status of the Goal (Completed, in progress, Scheduled, etc.) Dropdown Add Case Goals No Status of the Goal (Completed, in progress, Scheduled, etc.) Dropdown Add Case Goals No Status of the Goal (Completed in Date Date Date Add Case Goals No Status of the Goal (Completed in Date Oate Date Add Case Goals No Status of the Goal (Completed in Date Oate Date Add Case Goals No Status of the Tags Required to reach the goal that was set String String Add Tags (Completed in Date Oate Date Add Case Goals No String String Add Tags (Completion Date Oate Date Date Date Add Case Goals No No Status of the Tags Required to reach the goal that was set String String Add Tags (Ves Completion Date Oate Date Date Add Case Goals No No String String Add Tags (Ves Completion Date Oate Date Date Date Date Add Tags (Ves Completion Date Oate Date Date Date Date Add Tags (Ves Completed Date Date Date Date Date Date Date Date				1	·	
Total Hours Completed Total Hours Completed Notes (I any Notes) Notes (I any Notes) Add Tags Add Ancillary Service (No Notes) Add Tags Add Ancillary Service (No Notes) Add Tags Add Ancillary Service (No Notes) CASE PLANNING Case Number (Case Number of the participant about the Services (Case Number of the participant of the participant (Case Number of the participant (Case Ocals (Case Description of the page) variety (Case Ocals (Case Ocal						
Notes, If any Add Tags to the Participant about the Services Dropdown Dropdown Add Ancillary Service No CASE PLANNING Case Number Case Number Case Number Case Number Case Number Case Number of the participant Dropdown Add Customs Goats No Problem Description Description of the problem you're trying to address String String Add Customs Goats No Rocal Description Description of the problem you're trying to address String String Add Customs Goats No Rocal Description Description of the problem you're trying to address String String Add Customs Goats No Rocal Description of the ponly ou are setting for this problem String String Add Customs Goats No Rocal Description of the ponly ou are setting for this problem String String Add Customs Goats No Rocal Description of the ponly ou are setting for this problem String String Add Customs Goats No Rocal Description of the ponly ou are setting for this problem String String Add Customs Goats No Rocal Description of the ponly ou are setting for this problem String String Add Customs Goats No Rocal Description of the ponly ou are setting for this problem String String Add Case Goats No Rocal Date Add Task No Rocal Date Add Assist No Rocal Date Add Case Goals Rocal Date Add Assist No Rocal Date Add Case Goals Rocal Date Add Assist No Rocal Date Add Cas					·	
Add Tags to the Participant about the Services CASE PLANNING Case Number Case Number of the participant Dropdown Dropdown Add Customs Goals No Problem Description Description Description of the problem you're trying to address String String Add Customs Goals No Goal Description Descr	Total Hours Completed	Total Hours Completed	Integer	Number	Add Ancillary Service	Yes
CASE PLANNING Case Number of the participant Description Description Obescription Obescription of the problem you're trying to address String String Add Customs Goals No Goal Description of the goal you are setting for this problem Status Status of the Goal (Completed, In progress, Scheduled, etc.) Dropdown Dropdown Add Case Goals No Start Date of the Goal (Completed, In progress, Scheduled, etc.) Dropdown Dropdown Add Case Goals No Start Date of the Goal (Completed, In progress, Scheduled, etc.) Date Date Add Case Goals No Start Date of the goal Date Date Add Case Goals No Actual End Date of the goal Date Date Add Case Goals No Start Date of the Goal Date Date Add Case Goals No Start Date of the Goal Date Date Add Case Goals No Start Date of the Goal Date Date Add Case Goals No Start Date of the Task required to reach the goal that was set String String Add Task Yes Due Date Task Due Date Date Add Task Yes Due Date Date Date Date Add Task Yes Due Date Date Date Date Date Add Task Yes Due Date Date Date Date Date Date Date Dat	Notes	Notes, if any	String	String	Add Ancillary Service	No
Case Number Case Number of the participant Dropdown Dropdown Add Customs Goals No Problem Description Description of the problem you're trying to address String String Add Customs Goals No String String Add Customs Goals No Description of the goal you are setting for this problem String String Add Customs Goals No Status Status of the Goal (Completed, In progress, Scheduled, etc.) Dropdown Dropdown Add Case Goals No Start Date for the goal Use of the goal (Completed, In Date Date Date Date Add Case Goals No Start Date for the goal Date Date Date Add Case Goals No Start Date Date Add Case Goals No Start Date for the goal Date Date Date Add Case Goals No Start Date Date Date Date Date Date Date Dat	Add Tags	Add Tags to the Participant about the Services	Dropdown	Dropdown	Add Ancillary Service	No
Problem Description Description of the problem you're trying to address String String Add Customs Goals No Goal Description Description of the goal you are setting for this problem String Add Customs Goals Yes Status Status of the Goal (Completed, in progress, Scheduled, etc.) Dropdown Dropdown Add Gase Goals No Start Date Start Date for the goal Date Date Add Case Goals Yes Start Date Add Ligated End Date for the goal Date Date Add Case Goals Yes Start Date Add Ligated End Date for the goal Date Date Add Case Goals Yes Start Date Date Add Case Goals Yes Start Date Date Date Add Case Goals Yes Start Date Date Date Date Add Case Goals Yes Date Da		CASE PLANNING				
Problem Description Description of the problem you're trying to address String String Add Customs Goals No Goal Description Description of the goal you are setting for this problem String Add Customs Goals Yes Status Status of the Goal (Completed, in progress, Scheduled, etc.) Dropdown Dropdown Add Gase Goals No Start Date Start Date for the goal Date Date Add Case Goals Yes Start Date Add Ligated End Date for the goal Date Date Add Case Goals Yes Start Date Add Ligated End Date for the goal Date Date Add Case Goals Yes Start Date Date Add Case Goals Yes Start Date Date Date Add Case Goals Yes Start Date Date Date Date Add Case Goals Yes Date Da	Case Number	Case Number of the participant	Dropdown	Dropdown	Add Customs Goals	No
Start Description of the goal you are setting for this problem	Problem Description	Description of the problem you're trying to address	String	String	Add Customs Goals	No
Status of the Goal (Completed, in progress, Scheduled, etc.) Dropdown Dropdown Add Case Goals No Start Date Start Date of the goal Anticipated End Date for the goal Date Date Add Case Goals Yes Actual End Date Anticipated End Date for the goal Date Date Add Case Goals Yes Actual End Date Actual End Date of the goal Date Date Add Case Goals No Title Title of the Task required to reach the goal that was set String Due Date Date Date Date Date Add Task Yes Completion Date Completion Date Completion Date Decompletion Date Decompletion Date Due Date for the assistance Due Date of the task Date Date Date Date Date Add Assist Yes Due Date Details of the Task that the assister will be helping with String String String Add Case Goals No Notes, if any Upload Documents Attach Document, if any COMMUNITY SERVICE Date Date Date Date Date Date Add Case Goals No No No COMMUNITY SERVICE Date Date Date Date Add Case Goals No No No COMMUNITY SERVICE Date Date Date Date Add Community Service Yes String Add Case Goals No No No COMMUNITY SERVICE Date Date Date Date Date Add Community Service Yes Status Status of the assigned for the Community Service Completion Due Date Date that assignment is due Date Date Date Date Date Date Add Community Service Yes Status Status of the assignment (Example: Completed, in progress, etc) Dropdown Dropdown Add Community Service Yes Status Status of the assignment (Example: Sanction, Program requirement, Volunteer Community Service (Yes Type of Service) Notes, if any String String Add Community Service Yes Add Community Service Yes Type of Offense Type of Offense (Felony, Misdemeanor, etc.) Dropdown Dropdown Dropdown Add Criminal Profile No Case Filling Date Date had Criminal Profile No Dropdown Dropdown Add Criminal Profile No Dropdown Dropdown Add Criminal Profile No Dropdown Dropdown Dropdown Dropdown Add Criminal Profile No Dropdown Dropdown Dropdown Dropdown D						
Start Date Start Date on the goal Start Date for the goal Anticipated End Date on the goal Date Date Add Case Goals Yes Actual End Date of the goal Date Date Add Case Goals Yes Actual End Date of the goal Date Date Add Case Goals No Title Office of the goal Date Date Add Case Goals No Title Office of the goal Date Date Add Case Goals No Title Office of the Start Date Office of the Start Date Office of						
End Date Anticipated End Date for the goal Date Actual End Date (Ind Date End Date Actual End Date Actual End Date End Date Actual End Date Actual End Date End Date Add Case Goals No Title of the Task required to reach the goal that was set String String Add Task Yes Due Date Task Due Date Task Due Date Date Date Add Task Yes Completion Date Completion Date of the task Date Date Date Add Task Yes Due Date Completion Date of the task Date Date Date Add Task Yes Due Date Date Date Date Date Add Sasist Yes Due Date Due Date for the assistance Date Date Date Date Add Assist Yes Due Date Due Date for the assistance Date Date Date Date Add Sasist Yes Date Date Date Date Date Date Sasist the participant with the assigned Task Dropdown Dropdown Add Assist Yes Date Sasistance Date Date Date Date Add Sasist Yes Date Sasistance Date Date Date Date Add Sasist No Notes Sasistance Date Date Date Date Date Sasistance Date Date Date Date Date Date Add Sasist No Notes, if any String Add Case Goals No Dupload Documents Attach Document, if any String String Add Case Goals No Dupload Documents Date Assigned to the participant Date Sasigned Sasigned to the participant Date Sasigned Sasigned Sasigned to the participant Date Sasigned Sasig						
Actual End Date of the goal Title of the Task required to reach the goal that was set String String Add Task Yes Due Date Task Due Date Date Add Task Yes Due Date Date Date Add Task Yes Due Date Date Add Task Yes Deate Completion Date of the task Person responsible Date Date Date Date Add Task Yes Due Date Date Date Add Task Yes Deate Date Date Date Date Date Date Add Task Yes Due Date Due Date Due Date Due Date Or the assistance Due Date Date Date Date Date Date Date Dat						
Title Title of the Task required to reach the goal that was set		<u> </u>				
Due Date	Actual End Date					
Completion Date Completion Date of the task Person responsible Person responsible to assist the participant with the assigned Task Dropdown Dropdown Add Assist Yes Due Date Due Date for the assistance Due Date for the Task that the assister will be helping with String String Add Assist Yes Details Details of the Task that the assister will be helping with String String Add Assist No Notes, if any String String Add Case Goals No Notes, if any No Notes, if any No Notes Add Assigned Date Date Date Add Case Goals No Notes Date Assigned to the participant Date Date Date Add Community Service Yes Stite Assigned Site/Location Assigned for the Community Service String String Add Community Service Yes Stite Assigned Date Date that assignment is due Date Date Date Date Add Community Service Yes Status Date Date that assignment (Example: Completed, in progress, etc) Dropdown Dropdown Add Community Service Yes Type of Service (Example: Sanction, Program requirement, Volunteer Dropdown Dropdown Add Community Service Yes Type of Service (Example: Sanction, Program requirement, Volunteer Dropdown Dropdown Add Community Service No Notes, if any Add Tags to the participant regarding community service Dropdown Dropdown Add Community Service No Notes, if any Add Tags to the participant regarding community service Dropdown Dropdown Add Community Service No Notes, if any Add Tags to the participant regarding community service Dropdown Dropdown Add Community Service No No Add Tags to the participant regarding community service Dropdown Dropdown Add Criminal Profile No Dropdown Dropdown Dropdown Add Criminal Profile No Dropdown Dropdown Dropdown Add Criminal Profile No Dropd	Title					
Person responsible Person responsible to assist the participant with the assigned Task Dropdown Dropdown Add Assist Yes Due Date Due Date or the assistance Details of the Task that the assistance Date Date Add Assist Yes Details Of the Task that the assistance String String Add Assist No Notes Notes, if any String Add Case Goals No Notes Attach Document, if any String String Add Case Goals No Notes String String Add Case Goals No Notes String String Add Community Service String String Add Community Service Yes Type of Service (Example: Sanction, Program requirement, Volunteer Service) Dropdown Dropdown Add Community Service No Notes Notes, if any Add Tags to the participant regarding community service Dropdown Dropdown Add Community Service No Add Tags to the participant regarding community service Dropdown Dropdown Add Community Service No Case Filling Date Date Add Criminal Profile No Case Filling Date Date Add Criminal Profile No Offense Code Offense Code Integer Number Add Criminal Profile No Offense Code	Due Date	Task Due Date	Date	Date		Yes
Due Date Detein Detein Detein Detein Detein Detein String Details of the Task that the assister will be helping with String String Add Assist No Notes Notes, if any String String Add Case Goals No Notes Attach Document, if any String String Add Case Goals No Notes Attach Document, if any No Notes Attach Document, if any No Notes Attach Document, if any No Notes Assigned Date Assigned to the participant Date Date Date Add Community Service Yes Stee Assigned Site/Location Assigned for the Community Service String String Add Community Service Yes The number of hours required to complete the community service Integer Number Add Community Service Yes Status Of the assignment is due Date Date Date Add Community Service Yes Status Status of the assignment (Example: Completed, in progress, etc) Dropdown Dropdown Add Community Service Yes Type of Service (Example: Sanction, Program requirement, Volunteer Add Community Service Yes Type of Service (Example: Sanction, Program requirement, Volunteer Service Type Service) Notes, if any String String Add Community Service No Add Tags to the participant regarding community service Dropdown Dropdown Add Community Service No Add Tags to the participant regarding community service Dropdown Dropdown Add Community Service No Notes, if any String String Add Community Service No Notes Notes, if any Add Tags to the participant regarding community service Dropdown Dropdown Add Community Service No Notes Felony Class (1, 2, 3, 4, etc) Dropdown Dropdown Add Criminal Profile No Case Filling Date Date Madd Criminal Profile No Offense Code Offense Off	Completion Date	Completion Date of the task	Date	Date	Add Task	Yes
Due Date Detein Detein Detein Detein Detein Detein String Details of the Task that the assister will be helping with String String Add Assist No Notes Notes, if any String String Add Case Goals No Notes Attach Document, if any String String Add Case Goals No Notes Attach Document, if any No Notes Attach Document, if any No Notes Attach Document, if any No Notes Assigned Date Assigned to the participant Date Date Date Add Community Service Yes Stee Assigned Site/Location Assigned for the Community Service String String Add Community Service Yes The number of hours required to complete the community service Integer Number Add Community Service Yes Status Of the assignment is due Date Date Date Add Community Service Yes Status Status of the assignment (Example: Completed, in progress, etc) Dropdown Dropdown Add Community Service Yes Type of Service (Example: Sanction, Program requirement, Volunteer Add Community Service Yes Type of Service (Example: Sanction, Program requirement, Volunteer Service Type Service) Notes, if any String String Add Community Service No Add Tags to the participant regarding community service Dropdown Dropdown Add Community Service No Add Tags to the participant regarding community service Dropdown Dropdown Add Community Service No Notes, if any String String Add Community Service No Notes Notes, if any Add Tags to the participant regarding community service Dropdown Dropdown Add Community Service No Notes Felony Class (1, 2, 3, 4, etc) Dropdown Dropdown Add Criminal Profile No Case Filling Date Date Madd Criminal Profile No Offense Code Offense Off	Person responsible	Person responsible to assist the participant with the assigned Task	Dropdown	Dropdown	Add Assist	Yes
Details of the Task that the assister will be helping with String String Add Assist No Notes Notes, if any Attach Document, if any String String String Add Case Goals No Notes, if any Attach Document, if any String String Add Case Goals No Notes Attach Document, if any String String Add Case Goals No Notes Tomunity Service **COMMUNITY SERVICE** Date Assigned Date Assigned to the participant Date Date Add Community Service Yes Site Assigned Site/location Assigned for the Community Service String String Add Community Service Yes Hours Required The number of hours required to complete the community service Integer Number Add Community Service Yes Date that assignment (Example: Completed, in progress, etc) Dropdown Dropdown Add Community Service Yes Status Status of the assignment (Example: Completed, in progress, etc) Dropdown Dropdown Add Community Service Yes Type of Service (Example: Sanction, Program requirement, Volunteer Service Type Service) **Community Service Type Service (Example: Sanction, Program requirement, Volunteer Service Dropdown Dropdown Add Community Service No Notes, if any Add Tags to the participant regarding community service Dropdown Dropdown Add Community Service No Add Tags Type of Offense (Felony, Misdemeanor, etc.) **Type of Offense (Felony, Misdemeanor, etc.) **Dropdown Dropdown Add Criminal Profile No Case Filling Date Date Add Criminal Profile Yes Offense Code **Date Hours Code Integer Number Add Criminal Profile Yes Code		1				
Notes Notes, if any Attach Document, if any Attach Documents Attach Document, if any COMMUNITY SERVICE Date Assigned Date Assigned to the participant Date Date Add Community Service Yes						
Upload Documents Attach Document, if any COMMUNITY SERVICE Date Assigned Date Assigned to the participant Date Date Date Add Community Service Yes Site Assigned Site Assigned Site Assigned for the Community Service String String Add Community Service Yes Hours Required The number of hours required to complete the community service Integer Number Add Community Service Yes Date that assignment is due Date Date Date Add Community Service Yes Status Status of the assignment (Example: Completed, in progress, etc) Type of Service (Example: Sanction, Program requirement, Volunteer Type Service (Example: Sanction, Program requirement, Volunteer Service) Notes Notes, if any Add Tags to the participant regarding community service Dropdown Dropdown Add Community Service No Add Tags to the participant regarding community service Dropdown Dropdown Add Community Service No CRIMINAL PROFILE Type of Offense (Fetony, Misdemeanor, etc.) Dropdown Dropdown Add Criminal Profile No Case Filling Date Date Add Criminal Profile No Offense Code Offense Offense Date the case was filed No Offense Code Offense Offense Offense Offense Integer Number Add Criminal Profile No Offense Code		, ,		_		
COMMUNITY SERVICE Date Assigned Date Assigned to the participant Date String String Add Community Service Yes Strong Add Community Service Yes Hours Required The number of hours required to complete the community service Integer Number Add Community Service Yes Completion Due Date Date hat assignment is due Date Date Add Community Service Yes Status Status of the assignment (Example: Completed, in progress, etc) Hours Completed Hours Completed by the participant Type of Service (Example: Sanction, Program requirement, Volunteer Type of Service (Example: Sanction, Program requirement, Volunteer Service) Notes Notes, if any Add Tags to the participant regarding community service Type of Offense Type of Offense (Felony, Misdemeanor, etc.) Type of Offense Felony Class Felony Class Felony Class Date Date Add Community Profile No Case Fitting Date Date Date Add Criminal Profile No Add Criminal Profile No Add Criminal Profile No			oung	Othing	Aud Case Guals	
Date Assigned Date Assigned to the participant Date Date Date Add Community Service Yes Site Assigned Site/Location Assigned for the Community Service String String Add Community Service Yes Hours Required The number of hours required to complete the community service Integer Number Add Community Service Yes Completion Due Date Date that assignment is due Date Date Date Add Community Service Yes Status Status of the assignment (Example: Completed, in progress, etc) Dropdown Dropdown Add Community Service Yes Hours Completed by the participant Integer Number Add Community Service Yes Type of Service (Example: Sanction, Program requirement, Volunteer Service Type Service) Service) Dropdown Dropdown Add Community Service No Notes Notes, if any String String String Add Community Service No Add Tags to the participant regarding community service Dropdown Dropdown Add Community Service No CRIMINAL PROFILE Type of Offense (Felony, Misdemeanor, etc.) Dropdown Dropdown Add Criminal Profile No Case Filting Date Date He case was filed Date Date Add Criminal Profile Yes Code	орюва Documents	. ,	l	<u> </u>	<u> </u>	INO
Site Assigned Site/Location Assigned for the Community Service String String Add Community Service Yes Hours Required The number of hours required to complete the community service Integer Number Add Community Service Yes Completion Due Date Date Date Date Hat assignment is due Date Date Add Community Service Yes Status Status of the assignment (Example: Completed, in progress, etc) Dropdown Dropdown Add Community Service Yes Hours Completed Hours Completed by the participant Integer Number Add Community Service Yes Type of Service (Example: Sanction, Program requirement, Volunteer Service) Dropdown Dropdown Add Community Service No Notes Notes, if any String String String Add Community Service No Add Tags to the participant regarding community service Dropdown Dropdown Add Community Service No CRIMINAL PROFILE Type of Offense (Felony, Misdemeanor, etc.) Dropdown Dropdown Add Criminal Profile No Case Filling Date Date He case was filed Date Date Add Criminal Profile Yes Code Offense code			1_	T_	1	I
Hours Required The number of hours required to complete the community service Integer Number Add Community Service Yes Completion Due Date Date Date Hat assignment is due Date Date Add Community Service Yes Status Status of the assignment (Example: Completed, in progress, etc) Dropdown Dropdown Add Community Service Yes Hours Completed Hours Completed by the participant Integer Number Add Community Service Yes Type of Service (Example: Sanction, Program requirement, Volunteer Service) Dropdown Dropdown Add Community Service No Notes Notes, if any String String Add Community Service No Add Tags to the participant regarding community service Dropdown Dropdown Add Community Service No CRIMINAL PROFILE Type of Offense (Felony, Misdemeanor, etc.) Dropdown Dropdown Add Criminal Profile No Class Felony Class (1, 2, 3, 4, etc) Dropdown Dropdown Add Criminal Profile No Case Filting Date Date the case was filed Date Date Add Criminal Profile No	Date Assigned					
Completion Due Date Date that assignment is due Date Date Date Add Community Service Yes Status Status of the assignment (Example: Completed, in progress, etc) Dropdown Dropdown Add Community Service Yes Hours Completed by the participant Integer Number Add Community Service Yes Type of Service (Example: Sanction, Program requirement, Volunteer Service) Dropdown Dropdown Add Community Service No Notes Notes, if any String String String Add Community Service No Add Tags to the participant regarding community service Dropdown Dropdown Add Community Service No Notes Add Tags to the participant regarding community service Dropdown Dropdown Add Community Service No Notes CRIMINAL PROFILE Type of Offense (Felony, Misdemeanor, etc.) Dropdown Dropdown Add Criminal Profile No Case Filling Date Date that assignment is due Date Date Add Criminal Profile Yes Code Offense code	Site Assigned	Site/location Assigned for the Community Service	String	String	Add Community Service	Yes
Completion Due Date Date that assignment is due Date Date Date Add Community Service Yes Status Status of the assignment (Example: Completed, in progress, etc) Dropdown Dropdown Add Community Service Yes Hours Completed by the participant Integer Number Add Community Service Yes Type of Service (Example: Sanction, Program requirement, Volunteer Service) Dropdown Dropdown Add Community Service No Notes Notes, if any String String String Add Community Service No Add Tags to the participant regarding community service Dropdown Dropdown Add Community Service No Notes Add Tags to the participant regarding community service Dropdown Dropdown Add Community Service No Notes CRIMINAL PROFILE Type of Offense (Felony, Misdemeanor, etc.) Dropdown Dropdown Add Criminal Profile No Case Filling Date Date that assignment is due Date Date Add Criminal Profile Yes Code Offense code	Hours Required	The number of hours required to complete the community service	Integer	Number	Add Community Service	Yes
Status Status of the assignment (Example: Completed, in progress, etc) Dropdown Dropdown Add Community Service Yes Hours Completed Hours Completed by the participant Integer Number Add Community Service Yes Type of Service (Example: Sanction, Program requirement, Volunteer Service) Dropdown Dropdown Add Community Service No Notes Notes, if any String String Add Community Service No Add Tags to the participant regarding community service Dropdown Dropdown Add Community Service No CRIMINAL PROFILE Type of Offense (Felony, Misdemeanor, etc.) Dropdown Dropdown Add Criminal Profile No Class Felling Date Date the case was filed Date Date Add Criminal Profile Yes Code Offense Offens		1			·	Yes
Hours Completed by the participant Integer Number Add Community Service Yes Type of Service (Example: Sanction, Program requirement, Volunteer Service) Dropdown Dropdown Add Community Service No Notes Notes, if any String String Add Community Service No Add Tags to the participant regarding community service Dropdown Dropdown Add Community Service No Add Tags to the participant regarding community service Dropdown Dropdown Add Community Service No CRIMINAL PROFILE Type of Offense (Felony, Misdemeanor, etc.) Dropdown Dropdown Add Criminal Profile No Class Felony Class (1, 2, 3, 4, etc) Dropdown Dropdown Add Criminal Profile No Case Filling Date Date Add Criminal Profile Yes Code Offense code Integer Number Add Criminal Profile No					·	
Type of Service (Example: Sanction, Program requirement, Volunteer Service) Notes Notes, if any Add Tags to the participant regarding community service CRIMINAL PROFILE Type of Offense Type of Offense (Felony, Misdemeanor, etc.) Felony Class (1, 2, 3, 4, etc) Date the case was filed Offense code Type of Offense (Polony Misdemeanor) Dropdown Dropdown Dropdown Add Community Service No Add Community Service No Dropdown Dropdown Add Criminal Profile No Dropdown Dropdown Add Criminal Profile No Case Filling Date Date Add Criminal Profile Yes Code Offense code No Date Date Add Criminal Profile No					· ·	
Community Service Type Service) Service) Dropdown Dropdown Add Community Service No Notes Notes, if any String String Add Community Service No Add Tags to the participant regarding community service Dropdown Dropdown Add Community Service No CRIMINAL PROFILE Type of Offense (Felony, Misdemeanor, etc.) Dropdown Dropdown Add Criminal Profile No Class Felony Class (1, 2, 3, 4, etc) Dropdown Dropdown Add Criminal Profile No Case Filling Date Date the case was filed Date Date Add Criminal Profile Yes Code Offense code Integer Number Add Criminal Profile No	Tours Completed		regei	MULLIDEL	Aud Community Service	169
Notes Notes, if any Notes, if any String String Add Community Service No Add Tags to the participant regarding community service Dropdown Dropdown Add Community Service No CRIMINAL PROFILE Type of Offense (Felony, Misdemeanor, etc.) Dropdown Dropdown Add Criminal Profile No Class Felony Class (1, 2, 3, 4, etc) Dropdown Dropdown Add Criminal Profile No Case Filling Date Date the case was filed Date Date Add Criminal Profile Yes Code Offense code Integer Number Add Criminal Profile No	Community Consider Type		Drand	Drand	Add Community Comin	No
Add Tags to the participant regarding community service Dropdown Dropdown Add Community Service No CRIMINAL PROFILE Type of Offense (Felony, Misdemeanor, etc.) Dropdown Dropdown Add Criminal Profile No Class Felony Class (1, 2, 3, 4, etc) Dropdown Dropdown Add Criminal Profile No Case Filling Date Date Add Criminal Profile Yes Code Offense code Integer Number Add Criminal Profile No		,			·	
CRIMINAL PROFILE Type of Offense Type of Offense (Felony, Misdemeanor, etc.) Dropdown Dropdown Add Criminal Profile No Class Felony Class (1, 2, 3, 4, etc) Dropdown Dropdown Add Criminal Profile No Case Filling Date Date the case was filed Date Date Add Criminal Profile Yes Code Offense code Integer Number Add Criminal Profile No						
Type of Offense (Felony, Misdemeanor, etc.) Dropdown Dropdown Add Criminal Profile No Class Felony Class (1, 2, 3, 4, etc) Date the case was filed Date Date Add Criminal Profile Yes Code Offense code Dropdown Dropdown Add Criminal Profile Yes Number Add Criminal Profile No	Add Tags		Dropdown	Dropdown	Add Community Service	No
Class Felony Class (1, 2, 3, 4, etc) Dropdown Dropdown Add Criminal Profile No Case Filling Date Date Date Add Criminal Profile Yes Code Offense code Integer Number Add Criminal Profile No		CRIMINAL PROFILE				
Class Felony Class (1, 2, 3, 4, etc) Dropdown Dropdown Add Criminal Profile No Case Filling Date Date Date Add Criminal Profile Yes Code Offense code Integer Number Add Criminal Profile No	Type of Offense	Type of Offense (Felony, Misdemeanor, etc.)	Dropdown	Dropdown	Add Criminal Profile	No
Case Fitting Date Date the case was filed Date Date Add Criminal Profile Yes Code Offense code Integer Number Add Criminal Profile No						
Code Offense code Integer Number Add Criminal Profile No						
Offense Category Offense Category (Example: DUI, Property Offense, Use,			_			
	Onense Category	Опепse category (Example: DUI, Property Offense, Use,	propaown	Dropaown	Add Criminal Profile	N0

Charge	Name of Charge (Example: CPDD)	Integer	Number	Add Criminal Profile	No
Charge Status	Charge Status (Conditional, Dismissed, Guilty, Pending)	Dropdown	Dropdown	Add Criminal Profile	Yes
Case Number	Case Number for charge	Integer	Number	Add Criminal Profile	Yes
Judge On Case	Judge On Case	String	String	Add Criminal Profile	No
Prosecutor	Prosecutor on Case	String	String	Add Criminal Profile	No
Location	Location of Offense	String	String	Add Criminal Profile	No
Arrest Date	Arrest Date for offense	Date	Date	Add Criminal Profile	No
Recidivated	Has client recidivated due to this crime	Check Box	Check Box	Add Criminal Profile	No
Is it a case in treatment court	Treatment Court Case?	Radio Button	Radio Button	Add Criminal Profile	No
Notes	Notes, if any	String	String	Add Community Service	Yes
	DISCHARGE		-		
Discharge Date	Date Discharged from Treatment Court	Date	Date	Click on Discharge	Yes
Discharge Reason	Discharge Reason (Graduation, Terminated, etc.)	Dropdown	Dropdown	Click on Discharge	Yes
	Offer Related to Court Participation (Expungement, Case dismissal,				
Offer Related to Court Participation	etc.)	Dropdown	Dropdown	Click on Discharge	Yes
Employment Type at Discharge	Employment Type (Full-time, Part-time, Not in Labor Force, etc.)	Dropdown	Dropdown	Click on Discharge	Yes
Education Level at Discharge	Education Level (Highest level of education attained)	Dropdown	Dropdown	Click on Discharge	Yes
Probation Status at Discharge	Probation Status at Discharge (Continued on Probation, Discharge,	Dropdown	Dropdown	Click on Discharge	Yes
Custody Status at Discharge	Child Custody Status at Discharge	Dropdown	Dropdown	Click on Discharge	Yes
Did client gain/regain driving license or is client					
ready to gain/regain driving license:	Did client gain/regain driving license while in program?	Radio Button	Radio Button	Click on Discharge	Yes
Were babies born during the program	Babies born during the program (Yes No)	Radio Button	Radio Button	Click on Discharge	Yes
Pregnant while in court	Pregnant while in court program?	Dropdown	Dropdown	Click on Discharge	Yes
Participant made child support payments as	Participant made child support payments (Current, Paying but not				1
ordered	current, etc.)	Dropdown	Dropdown	Click on Discharge	Yes
Notes	Notes, if any	String	String	Click on Discharge	No
L			l		L
Number of community service hours completed	Number of community service hours completed	Integer	Number	Click on Discharge	Yes
Number of community service hours remaining	Number of community service hours remaining at discharge	Integer	Number	Click on Discharge	Yes
Enrolled in veterans services while in court	Enrolled in veterans services while in court program	Radio Button	Radio Button	Click on Discharge	Yes
Received veterans services while in court	Received veterans services while in court program	Radio Button	Radio Button	Click on Discharge	Yes
Received Driver license while in court	Received Driver license while in court program	Radio Button	Radio Button	Click on Discharge	Yes
			D !! D !!	ou . B	.,
Received State Identification Card while in court	Received State Identification Card while in court program	Radio Button	Radio Button	Click on Discharge	Yes
Number of jail days served during court	Number of jail days served during court participation	String	String	Click on Discharge	Yes
In program now arrests (enter statute and literal)	Number of In program new arrests	Ctring	Ctring	Click on Discharge	Voo
In-program new arrests (enter statute and literal) In-program new convictions (enter statute and	Number of In-program new arrests	String	String	Click on Discharge	Yes
	Number of In program new convictions portionant	Ctring	Ctring	Click on Discharge	Voo
literal)	Number of In-program new convictions participant	String	String Bodio Button	Click on Discharge	Yes
Prior criminal charges resolved during court Housing/Homeless - What is your current living	Were prior criminal charges resolved during court participation? Yes	Radio Button	Radio Button	Click on Discharge	Yes
arrangement	What is your current living arrangement (Homeless, Independent, etc.)	Dropdown	Dropdown	Click on Discharge	Yes
Psychiatric Diagnosis	Psychiatric Diagnosis (Choices to include None and Other)	Dropdown	Dropdown	Click on Discharge	Yes
1 Sychiatric Diagnosis	1 Systillative Biagnosis (Griolosis to instalae Horic and Strict)	Бторасчи	Бторцочи	Cuck on Discharge	100
Number of arrests in your lifetime(Misdemeanor)	Number of Misdemeanor arrests in your lifetime	String	String	Click on Discharge	Yes
Number of arrests in your lifetime (Felony)	Number of Felony arrests in your lifetime	String	String	Click on Discharge	Yes
Number of convictions in your lifetime			Ü	<u> </u>	
(Misdemeanor)	Number of misdemeanor convictions in your lifetime	String	String	Click on Discharge	Yes
Number of convictions in your lifetime (Felony)	Number of Felony convictions in your lifetime	String	String	Click on Discharge	Yes
Treatment service during the program	Did participant haveTreatment service during the program	Radio Button	Radio Button	Click on Discharge	Yes
Treatment service during the program	Did the participant haveTreatment service during the program	Check Box	Check Box	Click on Discharge	Yes
Detoxification from Alcohol/Drug	Detoxification from Alcohol/Drug?	Radio Button	Radio Button	Click on Discharge	Yes
In-Patient alcohol/ Substance use treatment	In-Patient alcohol/ Substance use treatment?	Radio Button	Radio Button	Click on Discharge	Yes
Intensive outpatient Alcohol/Substance use					
treatment	Intensive outpatient Alcohol/Substance use treatment?	Radio Button	Radio Button	Click on Discharge	Yes
Outpatient alcohol/Substance use treatment	Outpatient alcohol/Substance use treatment?	Radio Button	Radio Button	Click on Discharge	Yes
Jail-based or correctional based					
		Dodio Button	Radio Button	Click on Discharge	Yes
alcohol/Substance use treatment	Jail-based or correctional based alcohol/Substance use treatment?	Radio Button			
Individual alcohol/Substance use treatment		Radio Button	Radio Button	Click on Discharge	Yes
Individual alcohol/Substance use treatment Co-occuring(alcohol/drug abuse/mental health)	Individual alcohol/Substance use treatment?	Radio Button	Radio Button	Click on Discharge	Yes
Individual alcohol/Substance use treatment Co-occuring(alcohol/drug abuse/mental health) treatment	Individual alcohol/Substance use treatment? Co-occuring(alcohol/drug abuse/mental health) treatment?	Radio Button Radio Button	Radio Button Radio Button	Click on Discharge Click on Discharge	Yes Yes
Individual alcohol/Substance use treatment Co-occuring(alcohol/drug abuse/mental health) treatment Inpatient psychiatric treatment	Individual alcohol/Substance use treatment? Co-occuring(alcohol/drug abuse/mental health) treatment? Inpatient psychiatric treatment?	Radio Button Radio Button Radio Button	Radio Button Radio Button Radio Button	Click on Discharge Click on Discharge Click on Discharge	Yes Yes Yes
Individual alcohol/Substance use treatment Co-occuring(alcohol/drug abuse/mental health) treatment Inpatient psychiatric treatment Outpatient psychiatric treatment	Individual alcohol/Substance use treatment? Co-occuring(alcohol/drug abuse/mental health) treatment? Inpatient psychiatric treatment? Outpatient psychiatric treatment?	Radio Button Radio Button Radio Button Radio Button	Radio Button Radio Button Radio Button Radio Button	Click on Discharge Click on Discharge Click on Discharge Click on Discharge	Yes Yes Yes Yes
Individual alcohol/Substance use treatment Co-occuring(alcohol/drug abuse/mental health) treatment Inpatient psychiatric treatment Outpatient psychiatric treatment Prescribed medication	Individual alcohol/Substance use treatment? Co-occuring(alcohol/drug abuse/mental health) treatment? Inpatient psychiatric treatment? Outpatient psychiatric treatment? Was medication Prescribed for participant	Radio Button Radio Button Radio Button Radio Button Radio Button	Radio Button Radio Button Radio Button Radio Button Radio Button	Click on Discharge	Yes Yes Yes Yes Yes Yes
Individual alcohol/Substance use treatment Co-occuring(alcohol/drug abuse/mental health) treatment Inpatient psychiatric treatment Outpatient psychiatric treatment Prescribed medication Are you taking prescribed medication Currently	Individual alcohol/Substance use treatment? Co-occuring(alcohol/drug abuse/mental health) treatment? Inpatient psychiatric treatment? Outpatient psychiatric treatment? Was medication Prescribed for participant Is Participant taking prescribed medication at discharge?	Radio Button Radio Button Radio Button Radio Button Radio Button Radio Button	Radio Button Radio Button Radio Button Radio Button Radio Button Radio Button	Click on Discharge	Yes Yes Yes Yes Yes Yes Yes
Individual alcohol/Substance use treatment Co-occuring(alcohol/drug abuse/mental health) treatment Inpatient psychiatric treatment Outpatient psychiatric treatment Prescribed medication Are you taking prescribed medication Currently Participant receiving the following benefits at	Individual alcohol/Substance use treatment? Co-occuring(alcohol/drug abuse/mental health) treatment? Inpatient psychiatric treatment? Outpatient psychiatric treatment? Was medication Prescribed for participant	Radio Button Radio Button Radio Button Radio Button Radio Button	Radio Button Radio Button Radio Button Radio Button Radio Button	Click on Discharge	Yes Yes Yes Yes Yes Yes
Individual alcohol/Substance use treatment Co-occuring(alcohol/drug abuse/mental health) treatment Inpatient psychiatric treatment Outpatient psychiatric treatment Prescribed medication Are you taking prescribed medication Currently Participant receiving the following benefits at Participant receiving the following other services	Individual alcohol/Substance use treatment? Co-occuring(alcohol/drug abuse/mental health) treatment? Inpatient psychiatric treatment? Outpatient psychiatric treatment? Was medication Prescribed for participant Is Participant taking prescribed medication at discharge? Select Benefits participant is receiving at discharge	Radio Button Radio Button Radio Button Radio Button Radio Button Radio Button Check Box	Radio Button Radio Button Radio Button Radio Button Radio Button Radio Button Check Box	Click on Discharge	Yes Yes Yes Yes Yes Yes Yes Yes
Individual alcohol/Substance use treatment Co-occuring(alcohol/drug abuse/mental health) treatment Inpatient psychiatric treatment Outpatient psychiatric treatment Prescribed medication Are you taking prescribed medication Currently Participant receiving the following benefits at Participant receiving the following other services while in court	Individual alcohol/Substance use treatment? Co-occuring(alcohol/drug abuse/mental health) treatment? Inpatient psychiatric treatment? Outpatient psychiatric treatment? Was medication Prescribed for participant Is Participant taking prescribed medication at discharge? Select Benefits participant is receiving at discharge Select services participant received while in court program	Radio Button Radio Button Radio Button Radio Button Radio Button Radio Button	Radio Button Radio Button Radio Button Radio Button Radio Button Radio Button	Click on Discharge	Yes Yes Yes Yes Yes Yes Yes
Individual alcohol/Substance use treatment Co-occuring(alcohol/drug abuse/mental health) treatment Inpatient psychiatric treatment Outpatient psychiatric treatment Prescribed medication Are you taking prescribed medication Currently Participant receiving the following benefits at Participant receiving the following other services while in court Monetary obligation Collected or Terminated and /	Individual alcohol/Substance use treatment? Co-occuring(alcohol/drug abuse/mental health) treatment? Inpatient psychiatric treatment? Outpatient psychiatric treatment? Was medication Prescribed for participant Is Participant taking prescribed medication at discharge? Select Benefits participant is receiving at discharge Select services participant received while in court program Monetary obligation Collected while in court (Fines, Fees, Restitution,	Radio Button Check Box Check Box	Radio Button Radio Button Radio Button Radio Button Radio Button Radio Button Check Box Check Box	Click on Discharge	Yes
Individual alcohol/Substance use treatment Co-occuring(alcohol/drug abuse/mental health) treatment Inpatient psychiatric treatment Outpatient psychiatric treatment Prescribed medication Are you taking prescribed medication Currently Participant receiving the following benefits at Participant receiving the following other services while in court Monetary obligation Collected or Terminated and / or graduated Participant	Individual alcohol/Substance use treatment? Co-occuring(alcohol/drug abuse/mental health) treatment? Inpatient psychiatric treatment? Outpatient psychiatric treatment? Was medication Prescribed for participant Is Participant taking prescribed medication at discharge? Select Benefits participant is receiving at discharge Select services participant received while in court program Monetary obligation Collected while in court (Fines, Fees, Restitution, etc.)	Radio Button Radio Button Radio Button Radio Button Radio Button Radio Button Check Box Check Box String	Radio Button Radio Button Radio Button Radio Button Radio Button Radio Button Check Box Check Box String	Click on Discharge	Yes
Individual alcohol/Substance use treatment Co-occuring(alcohol/drug abuse/mental health) treatment Inpatient psychiatric treatment Outpatient psychiatric treatment Prescribed medication Are you taking prescribed medication Currently Participant receiving the following benefits at Participant receiving the following other services while in court Monetary obligation Collected or Terminated and / or graduated Participant Fees	Individual alcohol/Substance use treatment? Co-occuring(alcohol/drug abuse/mental health) treatment? Inpatient psychiatric treatment? Outpatient psychiatric treatment? Was medication Prescribed for participant Is Participant taking prescribed medication at discharge? Select Benefits participant is receiving at discharge Select services participant received while in court program Monetary obligation Collected while in court (Fines, Fees, Restitution, etc.) Fees paid by participant	Radio Button Radio Button Radio Button Radio Button Radio Button Radio Button Check Box Check Box String String	Radio Button Radio Button Radio Button Radio Button Radio Button Radio Button Check Box Check Box String String	Click on Discharge	Yes
Individual alcohol/Substance use treatment Co-occuring(alcohol/drug abuse/mental health) treatment Inpatient psychiatric treatment Outpatient psychiatric treatment Prescribed medication Are you taking prescribed medication Currently Participant receiving the following benefits at Participant receiving the following other services while in court Monetary obligation Collected or Terminated and / or graduated Participant Fees Restitution	Individual alcohol/Substance use treatment? Co-occuring(alcohol/drug abuse/mental health) treatment? Inpatient psychiatric treatment? Outpatient psychiatric treatment? Was medication Prescribed for participant Is Participant taking prescribed medication at discharge? Select Benefits participant is receiving at discharge Select services participant received while in court program Monetary obligation Collected while in court (Fines, Fees, Restitution, etc.) Fees paid by participant Restitution paid by participant while in program	Radio Button Radio Button Radio Button Radio Button Radio Button Radio Button Check Box Check Box String String String	Radio Button Radio Button Radio Button Radio Button Radio Button Radio Button Check Box Check Box String String String	Click on Discharge	Yes
Individual alcohol/Substance use treatment Co-occuring(alcohol/drug abuse/mental health) treatment Inpatient psychiatric treatment Outpatient psychiatric treatment Prescribed medication Are you taking prescribed medication Currently Participant receiving the following benefits at Participant receiving the following other services while in court Monetary obligation Collected or Terminated and / or graduated Participant Fees Restitution Child Support	Individual alcohol/Substance use treatment? Co-occuring(alcohol/drug abuse/mental health) treatment? Inpatient psychiatric treatment? Outpatient psychiatric treatment? Was medication Prescribed for participant Is Participant taking prescribed medication at discharge? Select Benefits participant is receiving at discharge Select services participant received while in court program Monetary obligation Collected while in court (Fines, Fees, Restitution, etc.) Fees paid by participant Restitution paid by participant while in program Child Support paid by participant	Radio Button Radio Button Radio Button Radio Button Radio Button Radio Button Check Box Check Box String String String String	Radio Button Radio Button Radio Button Radio Button Radio Button Radio Button Check Box Check Box String String String String	Click on Discharge	Yes
Individual alcohol/Substance use treatment Co-occuring(alcohol/drug abuse/mental health) treatment Inpatient psychiatric treatment Outpatient psychiatric treatment Prescribed medication Are you taking prescribed medication Currently Participant receiving the following benefits at Participant receiving the following other services while in court Monetary obligation Collected or Terminated and / or graduated Participant Fees Restitution Child Support Primary drug used	Individual alcohol/Substance use treatment? Co-occuring(alcohol/drug abuse/mental health) treatment? Inpatient psychiatric treatment? Outpatient psychiatric treatment? Was medication Prescribed for participant Is Participant taking prescribed medication at discharge? Select Benefits participant is receiving at discharge Select services participant received while in court program Monetary obligation Collected while in court (Fines, Fees, Restitution, etc.) Fees paid by participant Restitution paid by participant while in program Child Support paid by participant Primary drug used by participant while in court program	Radio Button Radio Button Radio Button Radio Button Radio Button Radio Button Check Box Check Box String String String String Dropdown	Radio Button Radio Button Radio Button Radio Button Radio Button Radio Button Check Box Check Box String String String Dropdown	Click on Discharge	Yes
Individual alcohol/Substance use treatment Co-occuring(alcohol/drug abuse/mental health) treatment Inpatient psychiatric treatment Outpatient psychiatric treatment Prescribed medication Are you taking prescribed medication Currently Participant receiving the following benefits at Participant receiving the following other services while in court Monetary obligation Collected or Terminated and / or graduated Participant Fees Restitution Child Support Primary drug used Frequency use in last 30 days	Individual alcohol/Substance use treatment? Co-occuring(alcohol/drug abuse/mental health) treatment? Inpatient psychiatric treatment? Outpatient psychiatric treatment? Was medication Prescribed for participant Is Participant taking prescribed medication at discharge? Select Benefits participant is receiving at discharge Select services participant received while in court program Monetary obligation Collected while in court (Fines, Fees, Restitution, etc.) Fees paid by participant Restitution paid by participant while in program Child Support paid by participant Primary drug used by participant while in court program Frequency that primary drug was used over previous 30 days	Radio Button Radio Button Radio Button Radio Button Radio Button Radio Button Check Box Check Box String String String Dropdown String	Radio Button Radio Button Radio Button Radio Button Radio Button Radio Button Check Box Check Box String String String Dropdown String	Click on Discharge	Yes
Individual alcohol/Substance use treatment Co-occuring(alcohol/drug abuse/mental health) treatment Inpatient psychiatric treatment Outpatient psychiatric treatment Prescribed medication Are you taking prescribed medication Currently Participant receiving the following benefits at Participant receiving the following other services while in court Monetary obligation Collected or Terminated and / or graduated Participant Fees Restitution Child Support Primary drug used Frequency use in last 30 days Secondary drug used	Individual alcohol/Substance use treatment? Co-occuring(alcohol/drug abuse/mental health) treatment? Inpatient psychiatric treatment? Outpatient psychiatric treatment? Was medication Prescribed for participant Is Participant taking prescribed medication at discharge? Select Benefits participant is receiving at discharge Select services participant received while in court program Monetary obligation Collected while in court (Fines, Fees, Restitution, etc.) Fees paid by participant Restitution paid by participant while in program Child Support paid by participant Primary drug used by participant while in court program Frequency that primary drug was used over previous 30 days Secondary drug used by participant	Radio Button Radio Button Radio Button Radio Button Radio Button Radio Button Check Box Check Box String String String Dropdown String Dropdown	Radio Button Radio Button Radio Button Radio Button Radio Button Radio Button Check Box Check Box String String String Dropdown String Dropdown	Click on Discharge	Yes
Individual alcohol/Substance use treatment Co-occuring(alcohol/drug abuse/mental health) treatment Inpatient psychiatric treatment Outpatient psychiatric treatment Prescribed medication Are you taking prescribed medication Currently Participant receiving the following benefits at Participant receiving the following other services while in court Monetary obligation Collected or Terminated and / or graduated Participant Fees Restitution Child Support Primary drug used Frequency use in last 30 days Secondary drug used Tertiary drug used Tertiary drug used	Individual alcohol/Substance use treatment? Co-occuring(alcohol/drug abuse/mental health) treatment? Inpatient psychiatric treatment? Outpatient psychiatric treatment? Was medication Prescribed for participant Is Participant taking prescribed medication at discharge? Select Benefits participant is receiving at discharge Select services participant received while in court program Monetary obligation Collected while in court (Fines, Fees, Restitution, etc.) Fees paid by participant Restitution paid by participant while in program Child Support paid by participant Primary drug used by participant while in court program Frequency that primary drug was used over previous 30 days Secondary drug used by participant Tertiary drug used by participant	Radio Button Radio Button Radio Button Radio Button Radio Button Radio Button Check Box Check Box String String String String Dropdown Dropdown Dropdown	Radio Button Check Box Check Box String String String String Dropdown Dropdown	Click on Discharge Click on Discharge	Yes
Individual alcohol/Substance use treatment Co-occuring(alcohol/drug abuse/mental health) treatment Inpatient psychiatric treatment Outpatient psychiatric treatment Prescribed medication Are you taking prescribed medication Currently Participant receiving the following benefits at Participant receiving the following other services while in court Monetary obligation Collected or Terminated and / or graduated Participant Fees Restitution Child Support Primary drug used Frequency use in last 30 days Secondary drug used Tertiary drug used Sobriety Measures	Individual alcohol/Substance use treatment? Co-occuring(alcohol/drug abuse/mental health) treatment? Inpatient psychiatric treatment? Outpatient psychiatric treatment? Was medication Prescribed for participant Is Participant taking prescribed medication at discharge? Select Benefits participant is receiving at discharge Select services participant received while in court program Monetary obligation Collected while in court (Fines, Fees, Restitution, etc.) Fees paid by participant Restitution paid by participant while in program Child Support paid by participant Primary drug used by participant while in court program Frequency that primary drug was used over previous 30 days Secondary drug used by participant	Radio Button Radio Button Radio Button Radio Button Radio Button Radio Button Check Box Check Box String String String Dropdown String Dropdown	Radio Button Radio Button Radio Button Radio Button Radio Button Radio Button Check Box Check Box String String String Dropdown String Dropdown	Click on Discharge	Yes
Individual alcohol/Substance use treatment Co-occuring(alcohol/drug abuse/mental health) treatment Inpatient psychiatric treatment Outpatient psychiatric treatment Prescribed medication Are you taking prescribed medication Currently Participant receiving the following benefits at Participant receiving the following other services while in court Monetary obligation Collected or Terminated and / or graduated Participant Fees Restitution Child Support Primary drug used Frequency use in last 30 days Secondary drug used Tertiary drug used Sobriety Measures Number of positive drug screens while in program	Individual alcohol/Substance use treatment? Co-occuring(alcohol/drug abuse/mental health) treatment? Inpatient psychiatric treatment? Outpatient psychiatric treatment? Was medication Prescribed for participant Is Participant taking prescribed medication at discharge? Select Benefits participant is receiving at discharge Select services participant received while in court program Monetary obligation Collected while in court (Fines, Fees, Restitution, etc.) Fees paid by participant Restitution paid by participant while in program Child Support paid by participant thile in court program Frequency that primary drug was used over previous 30 days Secondary drug used by participant Tertiary drug used by participant Tertiary drug used by participant Number of total negative drug screens while in program	Radio Button Radio Button Radio Button Radio Button Radio Button Radio Button Check Box Check Box String String String Dropdown Dropdown Integer	Radio Button Radio Button Radio Button Radio Button Radio Button Radio Button Check Box Check Box String String String String Dropdown String Dropdown Number	Click on Discharge Click on Discharge	Yes
Individual alcohol/Substance use treatment Co-occuring(alcohol/drug abuse/mental health) treatment Inpatient psychiatric treatment Outpatient psychiatric treatment Prescribed medication Are you taking prescribed medication Currently Participant receiving the following benefits at Participant receiving the following other services while in court Monetary obligation Collected or Terminated and / or graduated Participant Fees Restitution Child Support Primary drug used Frequency use in last 30 days Secondary drug used Tertiary drug used Tertiary drug used Sobriety Measures Number of positive drug screens while in program for terminated client	Individual alcohol/Substance use treatment? Co-occuring(alcohol/drug abuse/mental health) treatment? Inpatient psychiatric treatment? Outpatient psychiatric treatment? Was medication Prescribed for participant Is Participant taking prescribed medication at discharge? Select Benefits participant is receiving at discharge Select services participant received while in court program Monetary obligation Collected while in court (Fines, Fees, Restitution, etc.) Fees paid by participant Restitution paid by participant while in program Child Support paid by participant Primary drug used by participant while in court program Frequency that primary drug was used over previous 30 days Secondary drug used by participant Tertiary drug used by participant	Radio Button Radio Button Radio Button Radio Button Radio Button Radio Button Check Box Check Box String String String Dropdown Dropdown Integer	Radio Button Check Box Check Box String String String String Dropdown Dropdown	Click on Discharge Click on Discharge	Yes
Individual alcohol/Substance use treatment Co-occuring(alcohol/drug abuse/mental health) treatment Inpatient psychiatric treatment Outpatient psychiatric treatment Prescribed medication Are you taking prescribed medication Currently Participant receiving the following benefits at Participant receiving the following other services while in court Monetary obligation Collected or Terminated and / or graduated Participant Fees Restitution Child Support Primary drug used Frequency use in last 30 days Secondary drug used Tertiary drug used Sobriety Measures Number of positive drug screens while in program	Individual alcohol/Substance use treatment? Co-occuring(alcohol/drug abuse/mental health) treatment? Inpatient psychiatric treatment? Outpatient psychiatric treatment? Was medication Prescribed for participant Is Participant taking prescribed medication at discharge? Select Benefits participant is receiving at discharge Select services participant received while in court program Monetary obligation Collected while in court (Fines, Fees, Restitution, etc.) Fees paid by participant Restitution paid by participant while in program Child Support paid by participant thile in court program Frequency that primary drug was used over previous 30 days Secondary drug used by participant Tertiary drug used by participant Tertiary drug used by participant Number of total negative drug screens while in program	Radio Button Radio Button Radio Button Radio Button Radio Button Radio Button Check Box Check Box String String String Dropdown Dropdown Integer	Radio Button Radio Button Radio Button Radio Button Radio Button Radio Button Check Box Check Box String String String String Dropdown String Dropdown Number	Click on Discharge Click on Discharge	Yes

Attending self-help groups at time of court		Deally Deal	D-40 D	Olista and District	V
discharge	Is client attending self-help groups at time of court discharge? DOCUMENTS	Radio Button	Radio Button	Click on Discharge	Yes
Document Type	Document Type (Medical Record, ROI, Contract, etc.) CUSTOMIZABLE	Dropdown	Dropdown	Add Send Document	Yes
Document Name	Name of document to be uploaded	String	String	Add Send Document	Yes
Document URL	Document URL if applicable	String	String	Add Send Document	Yes
Document Name	Name of Document to be generated	Dropdown	Dropdown	Generate	Yes
Document Type	Type of document to be generated	Dropdown	Dropdown	Upload	Yes
	EMPLOYMENT PROFILE				
Employment Status	Employment Status of participant (Employed, Unemployed, etc.)	Dropdown	Dropdown	Add Employment Profile	Yes
Start Date	Employment start date	Date	Date	Add Employment Profile	No
End Date	Employment end date	Date	Date	Add Employment Profile	No
Currently Employed	Select Yes if currently employed	Check Box	Check Box	Click on Discharge	No
	INCENTIVE		T_	1.	I
Date Awarded	Date incentive awarded to participant	Date	Date	Incentive	Yes
Incentive Type	Type of the Incentive for the Participant	Dropdown	Dropdown	Incentive	Yes
Reason for Incentive	Reason that the incentive is being awarded	String	String	Incentive	Yes
Milestone	Milestone marks a special achievement and reason for award Notes About Incentive if applicable	Radio Type	Radio Type	Incentive Incentive	No No
Notes Add Tags	Tags about Participant Incentive	Dropdown Dropdown	String Dropdown	Incentive	No
Add Tags	JOURNAL	Diopaowii	Diopuowii	Inicentive	INO
Journal Type	Type of Journal entry (Example: Treatment note, staff note, etc.)	Dropdown	Dropdown	Journal	Yes
Event Date	Date that coincides with Journal Entry/Type	Date	Date	Journal	Yes
Event Time	Time of Journal Event/type	Number	Number	Journal	No
Notes	Notes About Journal Entry	Dropdown	String	Journal	No
Add Tags	Tags about Participant activity noted in Journal	Dropdown	Dropdown	Journal	No
Select Staff	Staff making Journal Entry	Dropdown	Dropdown	Journal	No
	LEVEL OF CARE IN TREATMENT				
Provider	Treatment Provider/Agency	Dropdown	Dropdown	Level of Care in Treatment	Yes
Level of Care/Placement	Level of Care participant in placed in for treatment ASAM	Dropdown	Dropdown	Level of Care in Treatment	Yes
Admit Date	Date of Admission to Level of Care	Dropdown	Dropdown	Level of Care in Treatment	Yes
Expected Discharge Date	Date of Expected Discharge of Level of Care	Dropdown	Dropdown	Level of Care in Treatment	Yes
Discharge Date	Level of Care discharge date	Date	Date	Level of Care in Treatment	No
Discharge Reason	Reason for Discharge (Successful Completion, did not complete, etc.)	Dropdown	Dropdown	Level of Care in Treatment	No
Number Of Hours Per Week	Number of hours per week in Level of Care	Number	Number	Level of Care in Treatment	No
Goals	Goals of the Participant while in Level of Care	Dropdown	String	Level of Care in Treatment	No
Objectives	Objectives of the goals in Level of Care	Dropdown	String	Level of Care in Treatment	No
Methods	Methods to obtain goals in Level of Care	Dropdown	String	Level of Care in Treatment	No
	MEDICAL PROFILE				
Date of Service	Date that Medical Service is rendered	Date	Date	Medical Profile	Yes
Location of Service	Date where medical service is provided	String	String	Medical Profile	Yes
Physician Name	Physician Assigned to the Participant	String	String	Medical Profile	Yes
Diagnosis	Diagnosis Given to the Participant	String	String	Medical Profile	Yes
Did Client have a history of drug overdose?	Any history of drug overdose?	Radio Type	Radio Type	Medical Profile	No
Was Medical Sheet turned in by client	Medical Sheet given to participant turned in to Court?	Radio Type	Radio Type	Medical Profile	No
Was Medication Prescribed	Was medication prescribed at this visit?	Radio Type	Radio Type	Medical Profile	No
Was Medical Cannabis Card Issued?	Does participant have medical cannibas card?	Radio Type	Radio Type	Medical Profile	No
Qualifying Medical Conditions	Medical Conditions that qualify participant for cannibas card? State that issued the card?	Dropdown Dropdown	Dropdown Dropdown	Medical Profile Medical Profile	No No
Issuing State Medical Insurance Status	Status of Medical Insurance of the Participant	Dropdown	Dropdown	Medical Profile	Yes
Medical Insurance Information	Medical Insurance number or other description	String	String	Medical Profile	No
HIV Testing & Communicative Diseases	Has client received communicative disease education?	oung	Jung	i iouicat i itilite	140
Has received Communicative Disease Education	The stant received communicative disease Education:	Radio Type	Radio Type	Medical Profile	No
HIV Testing Done	Has participant been tested for HIV?	Radio Type	Radio Type	Medical Profile	No
Does Client know the result	Does participant know the results of HIV test?	Radio Type	Radio Type	Medical Profile	No
Summary of Referral Information	Notes, if any	String	String	Medical Profile	No
,	PHASE REVIEW		10		
	Date promoted to Phase	Date	Date	Phase Review	Yes
Date Promoted				Phase Review	
Date Promoted Notes	Notes regarding the phase promotion, if any	String	String		Yes
	Notes regarding the phase promotion, if any The ability to Pause the Phase days with a button	String	String		res
Notes		String Date	Date	Phase Review	Yes
Notes Pause	The ability to Pause the Phase days with a button				
Notes Pause	The ability to Pause the Phase days with a button Date that phase was paused Reason for pause (Example: Absconded, Residential treatment, etc.)				
Notes Pause Date Of Pause:	The ability to Pause the Phase days with a button Date that phase was paused	Date	Date	Phase Review	Yes
Notes Pause Date Of Pause: Reason	The ability to Pause the Phase days with a button Date that phase was paused Reason for pause (Example: Absconded, Residential treatment, etc.) PROGRAM ASSESSMENT Name of assessment document that you are uploading	Date	Date	Phase Review	Yes
Notes Pause Date Of Pause: Reason Document Name Add	The ability to Pause the Phase days with a button Date that phase was paused Reason for pause (Example: Absconded, Residential treatment, etc.) PROGRAM ASSESSMENT Name of assessment document that you are uploading Add Document	Date Dropdown	Date Dropdown	Phase Review Phase Review	Yes Yes
Notes Pause Date Of Pause: Reason Document Name	The ability to Pause the Phase days with a button Date that phase was paused Reason for pause (Example: Absconded, Residential treatment, etc.) PROGRAM ASSESSMENT Name of assessment document that you are uploading Add Document Date of the Assessment	Date Dropdown	Date Dropdown	Phase Review Phase Review	Yes Yes
Notes Pause Date Of Pause: Reason Document Name Add Assessment Date	The ability to Pause the Phase days with a button Date that phase was paused Reason for pause (Example: Absconded, Residential treatment, etc.) PROGRAM ASSESSMENT Name of assessment document that you are uploading Add Document Date of the Assessment Time that assessment was administered (In program, before	Date Dropdown Dropdown Date	Date Dropdown Dropdown Date	Phase Review Phase Review Program Assessments Program Assessments	Yes Yes Yes
Notes Pause Date Of Pause: Reason Document Name Add Assessment Date Timing of Assessment	The ability to Pause the Phase days with a button Date that phase was paused Reason for pause (Example: Absconded, Residential treatment, etc.) PROGRAM ASSESSMENT Name of assessment document that you are uploading Add Document Date of the Assessment Time that assessment was administered (In program, before admission, etc.)	Date Dropdown Dropdown Date Dropdown	Date Dropdown Dropdown Date Dropdown	Phase Review Phase Review Program Assessments Program Assessments Program Assessments	Yes Yes Yes Yes Yes
Notes Pause Date Of Pause: Reason Document Name Add Assessment Date Timing of Assessment Assessment Tool	The ability to Pause the Phase days with a button Date that phase was paused Reason for pause (Example: Absconded, Residential treatment, etc.) PROGRAM ASSESSMENT Name of assessment document that you are uploading Add Document Date of the Assessment Time that assessment was administered (In program, before admission, etc.) Name of assessment (Example: Iorns, Oras, Ace, etc.)	Date Dropdown Dropdown Date Dropdown Dropdown Dropdown	Date Dropdown Dropdown Date Dropdown Dropdown Dropdown	Phase Review Phase Review Program Assessments Program Assessments Program Assessments Program Assessments	Yes Yes Yes Yes Yes Yes
Notes Pause Date Of Pause: Reason Document Name Add Assessment Date Timing of Assessment Assessment Tool Risk Level	The ability to Pause the Phase days with a button Date that phase was paused Reason for pause (Example: Absconded, Residential treatment, etc.) PROGRAM ASSESSMENT Name of assessment document that you are uploading Add Document Date of the Assessment Time that assessment was administered (In program, before admission, etc.) Name of assessment (Example: Iorns, Oras, Ace, etc.) Participant's Risk Level according to assessment results	Date Dropdown Dropdown Date Dropdown Dropdown Dropdown Dropdown Radio Type	Date Dropdown Dropdown Date Dropdown Dropdown Dropdown Addio Type	Phase Review Phase Review Program Assessments Program Assessments Program Assessments Program Assessments Program Assessments Program Assessments	Yes Yes Yes Yes Yes Yes Yes Yes Yes
Notes Pause Date Of Pause: Reason Document Name Add Assessment Date Timing of Assessment Assessment Tool Risk Level Need	The ability to Pause the Phase days with a button Date that phase was paused Reason for pause (Example: Absconded, Residential treatment, etc.) PROGRAM ASSESSMENT Name of assessment document that you are uploading Add Document Date of the Assessment Time that assessment was administered (In program, before admission, etc.) Name of assessment (Example: Iorns, Oras, Ace, etc.) Participant's Risk Level according to assessment results Participant's Need Level according to assessment results	Date Dropdown Dropdown Date Dropdown Dropdown Radio Type Radio Type	Date Dropdown Dropdown Date Dropdown Dropdown Dropdown Radio Type Radio Type	Phase Review Phase Review Program Assessments	Yes
Notes Pause Date Of Pause: Reason Document Name Add Assessment Date Timing of Assessment Assessment Tool Risk Level Need Score	The ability to Pause the Phase days with a button Date that phase was paused Reason for pause (Example: Absconded, Residential treatment, etc.) PROGRAM ASSESSMENT Name of assessment document that you are uploading Add Document Date of the Assessment Time that assessment was administered (In program, before admission, etc.) Name of assessment (Example: Iorns, Oras, Ace, etc.) Participant's Risk Level according to assessment results Participant's Need Level according to assessment results Assessment score, if applicable	Date Dropdown Date Dropdown Date Dropdown Radio Type Radio Type String	Date Dropdown Date Dropdown Date Dropdown Dropdown Radio Type Radio Type String	Phase Review Phase Review Program Assessments	Yes
Notes Pause Date Of Pause: Reason Document Name Add Assessment Date Timing of Assessment Assessment Tool Risk Level Need Score	The ability to Pause the Phase days with a button Date that phase was paused Reason for pause (Example: Absconded, Residential treatment, etc.) PROGRAM ASSESSMENT Name of assessment document that you are uploading Add Document Date of the Assessment Time that assessment was administered (In program, before admission, etc.) Name of assessment (Example: Iorns, Oras, Ace, etc.) Participant's Risk Level according to assessment results Participant's Need Level according to assessment results Assessment score, if applicable Notes, if any	Date Dropdown Dropdown Date Dropdown Dropdown Radio Type Radio Type	Date Dropdown Dropdown Date Dropdown Dropdown Dropdown Radio Type Radio Type	Phase Review Phase Review Program Assessments	Yes
Notes Pause Date Of Pause: Reason Document Name Add Assessment Date Timing of Assessment Assessment Tool Risk Level Need Score Notes	The ability to Pause the Phase days with a button Date that phase was paused Reason for pause (Example: Absconded, Residential treatment, etc.) PROGRAM ASSESSMENT Name of assessment document that you are uploading Add Document Date of the Assessment Time that assessment was administered (In program, before admission, etc.) Name of assessment (Example: Iorns, Oras, Ace, etc.) Participant's Risk Level according to assessment results Participant's Need Level according to assessment results Assessment score, if applicable Notes, if any SANCTIONS	Date Dropdown Date Dropdown Dropdown Dropdown Radio Type Radio Type String String	Date Dropdown Date Dropdown Dropdown Dropdown Bropdown Radio Type Radio Type String String	Phase Review Phase Review Program Assessments	Yes Yes Yes Yes Yes Yes Yes Yes Yes You Yes Yes Yes You Yes
Notes Pause Date Of Pause: Reason Document Name Add Assessment Date Timing of Assessment Assessment Tool Risk Level Need Score Notes Date Sanctioned	The ability to Pause the Phase days with a button Date that phase was paused Reason for pause (Example: Absconded, Residential treatment, etc.) PROGRAM ASSESSMENT Name of assessment document that you are uploading Add Document Date of the Assessment Time that assessment was administered (In program, before admission, etc.) Name of assessment (Example: Iorns, Oras, Ace, etc.) Participant's Risk Level according to assessment results Participant's Need Level according to assessment results Assessment score, if applicable Notes, if any SANCTIONS Date of the Sanction	Date Dropdown Dropdown Date Dropdown Dropdown Radio Type Radio Type String String Date	Date Dropdown Date Dropdown Dropdown Dropdown Dropdown Radio Type Radio Type String String Date	Phase Review Phase Review Program Assessments Sanctions	Yes
Notes Pause Date Of Pause: Reason Document Name Add Assessment Date Timing of Assessment Assessment Tool Risk Level Need Score Notes Date Sanctioned Sanction Type	The ability to Pause the Phase days with a button Date that phase was paused Reason for pause (Example: Absconded, Residential treatment, etc.) PROGRAM ASSESSMENT Name of assessment document that you are uploading Add Document Date of the Assessment Time that assessment was administered (In program, before admission, etc.) Name of assessment (Example: Iorns, Oras, Ace, etc.) Participant's Risk Level according to assessment results Participant's Need Level according to assessment results Assessment score, if applicable Notes, if any SANCTIONS Date of the Sanction Type of the Sanction	Date Dropdown Dropdown Date Dropdown Dropdown Dropdown Radio Type Radio Type String String Date Dropdown	Date Dropdown Date Dropdown Date Dropdown Dropdown Radio Type Radio Type String String Date Dropdown	Phase Review Phase Review Program Assessments Sanctions Sanctions	Yes
Notes Pause Date Of Pause: Reason Document Name Add Assessment Date Timing of Assessment Assessment Tool Risk Level Need Score Notes Date Sanctioned	The ability to Pause the Phase days with a button Date that phase was paused Reason for pause (Example: Absconded, Residential treatment, etc.) PROGRAM ASSESSMENT Name of assessment document that you are uploading Add Document Date of the Assessment Time that assessment was administered (In program, before admission, etc.) Name of assessment (Example: Iorns, Oras, Ace, etc.) Participant's Risk Level according to assessment results Participant's Need Level according to assessment results Assessment score, if applicable Notes, if any SANCTIONS Date of the Sanction Type of the Sanction Reason that the sanction was given to participant	Date Dropdown Dropdown Date Dropdown Dropdown Radio Type Radio Type String String Date	Date Dropdown Date Dropdown Dropdown Dropdown Dropdown Radio Type Radio Type String String Date	Phase Review Phase Review Program Assessments Sanctions	Yes
Notes Pause Date Of Pause: Reason Document Name Add Assessment Date Timing of Assessment Assessment Tool Risk Level Need Score Notes Date Sanctioned Sanction Type	The ability to Pause the Phase days with a button Date that phase was paused Reason for pause (Example: Absconded, Residential treatment, etc.) PROGRAM ASSESSMENT Name of assessment document that you are uploading Add Document Date of the Assessment Time that assessment was administered (In program, before admission, etc.) Name of assessment (Example: Iorns, Oras, Ace, etc.) Participant's Risk Level according to assessment results Participant's Need Level according to assessment results Assessment score, if applicable Notes, if any SANCTIONS Date of the Sanction Type of the Sanction	Date Dropdown Dropdown Date Dropdown Dropdown Dropdown Radio Type Radio Type String String Date Dropdown	Date Dropdown Date Dropdown Date Dropdown Dropdown Radio Type Radio Type String String Date Dropdown	Phase Review Phase Review Program Assessments Sanctions Sanctions	Yes

Notes	Notes about sanction, if any	Dropdown	String	Sanctions	No
Add Tethering Sanctions	Tethering several sanctions together if you want them to count as one	String	String	Sanctions	No
Add Tags	Tags about the sanction	String	String	Sanctions	No
	SUBSTANCE USE TESTING	<u> </u>	, ,		
Test Name	Test administered (UA, BA, Blood, etc.)	String	String	Substance Use Testing	Yes
Test Date	Date of the Test	Date	Date	Substance Use Testing	Yes
Test Type	Type of test administered (UA, BA, Sweat Patch, etc.)	Dropdown	Dropdown	Substance Use Testing	Yes
Test Time	Time of the Test	String	String	Substance Use Testing	No
Continuous Test	Ability to mark continuous test so same assays are tested each time	Radio Type	Radio Type	Substance Use Testing	No
10 Panel Alcohol	Signifies the number of assays tested for Alcohol Assay	Dropdown Dropdown	String String	Substance Use Testing Substance Use Testing	No No
Amphetamine	Amphetamine Assay	Dropdown	String	Substance Use Testing	No
Antidepressants	Antidepressants Assay	Dropdown	String	Substance Use Testing	No
Barbiturate	Barbiturate Assay	Dropdown	String	Substance Use Testing	No
Benzodiazepine	Benzodiazepine Assay	Dropdown	String	Substance Use Testing	No
Breathalyzer	Breathalyzer assay	Dropdown	String	Substance Use Testing	No
Buprenorphine	Buprenorphine Assay	Dropdown	String	Substance Use Testing	No
Clonazapam	Clonazapam Assay	Dropdown	String	Substance Use Testing	No
Cocaine	Cocaine Assay	Dropdown	String	Substance Use Testing	No
Creatinine	Creatinine Assay	Dropdown	String	Substance Use Testing	No
EtG EtS	EtG Assay EtS Assay	Dropdown	String	Substance Use Testing	No No
Fentanyl	Fentanyl	Dropdown Dropdown	String String	Substance Use Testing Substance Use Testing	No
Heroin	Heroin	Dropdown	String	Substance Use Testing	No
НУН	НҮН	Dropdown	String	Substance Use Testing	No
Inhalants	Inhalants	Dropdown	String	Substance Use Testing	No
Kratom	Kratom	Dropdown	String	Substance Use Testing	No
Marijuana	Marijuana	Dropdown	String	Substance Use Testing	No
MDMA	MDMA	Dropdown	String	Substance Use Testing	No
Methadone	Methadone	Dropdown	String	Substance Use Testing	No
Methamphetamine	Methamphetamine	Dropdown	String	Substance Use Testing	No
MORPHINE N/A	MORPHINE N/A	Dropdown	String	Substance Use Testing	No No
Negative	Negative	Dropdown Dropdown	String String	Substance Use Testing Substance Use Testing	No
Norbuprenorphine	Norbuprenorphine	Dropdown	String	Substance Use Testing	No
Opiates	Opiates	Dropdown	String	Substance Use Testing	No
Opioids	Opioids	Dropdown	String	Substance Use Testing	No
Other	Other	Dropdown	String	Substance Use Testing	No
оху	оху	Dropdown	String	Substance Use Testing	No
Oxycodone	Oxycodone	Dropdown	String	Substance Use Testing	No
PCP (Phencyclidine)	PCP (Phencyclidine)	Dropdown	String	Substance Use Testing	No
PH	PH	Dropdown	String	Substance Use Testing	No
PPX	PPX	Dropdown	String	Substance Use Testing	No
Prescription Sedatives Rx	Prescription Sedatives Rx	Dropdown	String	Substance Use Testing	No No
Sedatives	Sedatives	Dropdown Dropdown	String String	Substance Use Testing Substance Use Testing	No
Specific Gravity®	Specific Gravity	Dropdown	String	Substance Use Testing	No
Suboxone	Suboxone	Dropdown	String	Substance Use Testing	No
Test Assay 12	Test Assay 1	Dropdown	String	Substance Use Testing	No
Test Assay 22	Test Assay 2	Dropdown	String	Substance Use Testing	No
THC	THC	Dropdown	String	Substance Use Testing	No
Overall Test Results:	This is the overall result (Negative, Positive, Pos for RX, etc.)	Dropdown	Dropdown	Substance Use Testing	Yes
Notes	Notes about the test, if any	String	String	Substance Use Testing	No
_	TAG MANAGER			I=	
Tag	Tag you'd like to assign to a participant CUSTOMIZABLE	Dropdown	Dropdown	Tag Manager	Yes
Start Date End Date	Start Date of the Tag End Date of the Tag	Date Date	Date Date	Tag Manager Tag Manager	Yes No
Category	User can use colors to determine what type of tag (Important,	Radio Type	Radio Type	Tag Manager	Yes
Oddogory	TASK SHEET	riddio Type	riddio Type	rag i lanagor	100
Title	Title of Task you are assigning	String	String	Task-Sheet	Yes
Due Date	Due Date for task	Date	Date	Task-Sheet	Yes
Due Time	When Task is due	Number	Number	Task-Sheet	No
Current Timezone: Mountain Time Want to					
schedule future delivery ?	Delivery Time to the Participant	Radio Type	Radio Type	Task-Sheet	No
Notification to Participant	Type of notification and check-in you'd like to receive	Radio Type	Radio Type	Task-Sheet	No
Note Add Torre	Notes about the Task you are assigning	Dropdown	String String	Task-Sheet	No No
Add Tags	THERAPEUTIC RESPONSE	String	String	Task-Sheet	NO
	Therapeutic Response Type (Example: Residential treatment, Peer	I	1		
Service Type	support, etc.)	Dropdown	Dropdown	Therapeutic Response	Yes
Provider	Therapeutic service provider	Dropdown	Dropdown	Therapeutic Response	Yes
Funding Source	Funding Source for the services (Grant, drug court budget, etc.)	Dropdown	Dropdown	Therapeutic Response	No
Amount Paid	Amount paid for services rendered	String	String	Therapeutic Response	No
Date Assigned	Date participant was referred for services	Date	Date	Therapeutic Response	No
Date Began	Beginning Date for the services	Date	Date	Therapeutic Response	Yes
Date Ended	Ending Date for the services	Date	Date	Therapeutic Response	No
Status	Status of the participation in services (Completed, Failed to complete,	Dranda	Drands	Therepoutie D	No
Status	Notes about the services if any	Dropdown String	Dropdown String	Therapeutic Response	No No
Notes	Notes about the services, if any	String	String	Therapeutic Response	INO

ANCILLARY SERVICES
12 Step Program
Acupuncture
Anger Management Classes
Art Therapy
Case Management
Cognitive Development
Domestic Violence Classes
Education Services
Employment Services
Financial Assistance
Housing Assistance
Life Skills
Life Coaching
Medical/Health Services
Mentorship/Sponsorship
Parenting Classes
Pet Therapy
Physical Conditioning
Smoking Cessation/Reduction
Spiritual Program/Development
Transportation Services
Vision
Vocational Training
Volunteer Programs
Yoga
Other Service
Other Support Group
MAT Support groups
Group Therapy
Individual Counselling
MRT
Matrix
Relapse Prevention
Recovery Skills
Boundaries
White Bison
Cultural/Traditional practices
Fitness Class
Talking Circle
OSAT
Recovery Support Groups
Beading class
Language class

Carving class
Storytelling Hour
Circle Justice
Drum Making
Drum Circle
Aunties/ Uncles House
Fatherhood / Motherhood is Sacred
Blanket Exercise
Dental
Batterer's Intervention Group
Case Management/Support Coordination
Doctor/Medication Review
DBT
Recovery Empowerment Group
IMTE
EMDR
IOT three hour session
IOT Commitment group
Circle of Security
Equestrian Therapy
Self Help Program
Mental Health Services
Therapy Services
CBISA
Community Based Services
Assertive Community Treatment (ACT)
Co-occurring Treatment Services
Financial Education Class
Mandatory check in's
Group Counceling
PIMU
Individual IOP
Substance Use Group
Seeking Safety
Santa Fe Recovery
A: CD Assessment
B: CBISA
C: IOP Group Counseling
D: MRT
E: Outpatient Individual Counseling
F: Group Outpatient Counseling
G: Mental Health Group
H: Mental Health Assessment
I: Mental Health Outpatient Individual Counseling
-

K: CNP/PA Psychiatric Assessment/Med Management
L: Low Intensity Residential Treatment
Criminal Thinking
SUD Treatment Needs Assessment
Detox
Crisis Care
MADD Victim Impact Panel
Daycare/Childcare
IOT Continued Therapy (Sponsor)
SOlution Seekers
DART
Mental Health/Case Management
Alumni
Power
Thinking for Good
MST Courage
Grief
Women's
Alumni lead Self Help Meeting
Quitting Cannabis Group
Ready For Change Group
Harm Reduction Group
DV Batterer's Intervention
Peer Support
PATH
IOT (Self-Help)
IOT (Self Help)
Mindfulness
Support Group
Attend Additional Support Services
Sanction Paper
Family Time
Residential Treatment
IOP Santa Fe Recovery Sober Living
SMART Recovery APP
DUI Group
Responsible Choices
CBI/MRT
VIrginia Marathon
Recovery Management Group
Medicine Wheel 12 Step Groups
New Direction: Criminal & Addictive Thinking Groups
Anger & Irritability Group
Therapy Notes

Modication Management
Medication Management
Mental Health Therapy
Sunflower Mobile & Medical Clinic LLC
Safety at Home
IOP
OP
Recovery Navigator Program
1x1
Mental Health Treatment
OP - 12 Step Program
OP - Relapse Prevention
1x1 Counseling
WRAP
Learning Healthy Boundaries
ASSAYS
Alcohol
Marijuana
Methamphetamine
Cocaine
Barbiturate
Hallucinogenes
Heroin
PCP (Phencyclidine)
Benzodiazepine
Prescription Sedatives
Amphetamine
Opioids
Synthetic
Inhalants
Other
Breathalyzer
Specific Gravity
Methadone
Creatinine
Negative
EtG
Guc
Fentanyl
Oxycodone
N/A
Buprenorphine
Rx
HYH
Sedatives

Gabapentin
PPX
MDMA
Antidepressants
оху
THC
Suboxone
OxyContin
Clonazapam
MORPHINE
Kratom
Test Assay 1
Test Assay 2
Norbuprenorphine
TCA
PH
EtS .
Tramadol
Codeine
Opiates
10 Panel
Xylazine
cannaboids
16 Panel UA Cup
6 Panel Oral Swab
Positive
MDMA/Ecstasy
THC/Marijuana
K2/Spice
Meth
Neurontin
Adderall
Over the Counter
Vivitrol
Assay 1
ASS
Hydrocodone
ASSESSMENTS
ADAD
ASAM
ASI
ASI-Lite
BSAP
COMPAS

GAINS
JASAE
NEEDS
Other
RANT
SALCE
SASSI
SISAR
South Oaks Gambling Screen
PHQ-9, GAD-7, C-SSRS, Lie/Bet, DAST-20, Audit, PCL5
Patient Health Questionnaire -9 PHQ-9
Quick Inventory of Depressive Symptomatology (QIDS-SR 16)
ACE Questionnaire
BTQ (Brief Trauma Questionnaire)
IORNs
CHAT
CANS
TNRAS-ORAS
MHST
FAMHA
ADDENDUM
SAFE-T
Chemical Dependency Evaluation
Strong-R
CARS
TRAS
VRAG
LSI-R
TCU 5 Drug Screen
LSCMI
Public Safety Assessments
IDA
ODARA
DVI
CAGE-Aid
SSI-SA
TAD
ORAS
MAST
Cage
A.D.E.
Clinical Assessment
PCL5
CDE

LSCMI-Gears
Spars
Pre-Sentence Investigation
YASI
Assessments
Texas Christian University
Texas Christian University - Trauma Form
Texas Christian University - Criminal Thinking Scale
ASUS
USE Biopsychosocial Assessment Summary
Re-assessment SUD
Criminal History
CCAT
URICA
Protective Factors
Substance Use Disorder Evaluation
GAD - 7
DAST
PHQ - 9
AUDIT
DSM - 5
RNR - GMU
PATTERN - DOJ
VTC Eligibility Assessment - Charges
Criminal Charges Screen
CSB Tool
ASW
PHQ-9 + GAD-7 + DSM-5
BARC-10
DOCUMENTS FILE TYPE
Address Change
Assessment
Criminal Report
Contract
Community Service
Compliance Report
Demographics
Education Progress
ID STATE OF THE PROPERTY OF TH
Insurance
MAT File
Medical Sheets
Medical Records
Other

Participation Agreement
Prohibited Substance Contract
Psychiatric Records
Sanction
Sentencing
soc
SUD Assessment
To-do
Client Contact Form
Treatment Report
UA Results
Lab Results
Legal
Behavioral Contract
Phase Contract
Insurance Card
Referral
Suitability
WHODAS Assesment
Drivers Licence
ROI
Intake interview
Transfer Documents
Booking
Warrant
Travel Permit
Request
Phase Application
Certificate
Mental Health Records
Work Permit
Self Help Program
Recovery Management PLANNING TOOL
Compliance Paperwork
DWI Monthly Fees
Court Ordered Fines / Fees
Drug Court Fees
SUD Records
Assignment
Outside Support Groups
General
Letter
Medical Info
Court Ordered Payment Receipt

DWI Monthly Fee Receipt
Document
Treatment Court Fees
Lab Results and UA Results
Pay Stub
Staffing Sheet Point Sheet
Military Records
Drug Court Application
ABC Assessment
Judicial Reviews
Behavior Contracts
Triggers Worksheet
Drug Refusal Skills Worksheet
Self-Management Planning Worksheet
Monthly Reports
Mesa Vista Intake Assessment
Discharge Memo
Survey
Medications
Court Order
Application
GCLC-Release of Information
Acknowledgment Form-Participant Handbook
Task Sheet
ROI-Contract-Confidentiality
Jail Order
GPS Agreement
Scram Agreement
Relapse Prevention Plan
Community Service Project
Essay
Incentive
Screening
Phase Completion Certificate
Client Signature Pages / Contracts
Medical Request Release
Exit Interview
VIP Certificate
Treatment
TC Intake Documentation
Phase Schedule
Phase advancement application
Journal Type
pournat Typo

Inpatient Treatment Acceptance Letter
Missed Remote Breath Test
HC Screening Paperwork Mental Health Assessment
SUDE Assessment
Consent for Release of Confidential Information
Treatment Plan
Compliance Letter SUD
Compliance Letter MH
Medication Management
Sunflower Mobile & Medical Clinic LLC
Screening Agreement
Information Sheet
Screening Report
Violation
Report of Allegations Supporting Termination
Testing Results-Jackson County Jail
Testing Results- BRMH Lab
Financial Assistance Agreement
Acknowledgement of Receipt
Incentives and Sanctions
Participant Handbook Acknowledgement
Provider Update
Phase Advancement Packet
Judgement and Sentence
Interlock Paperwork
Notice of Recommendation to Terminate
Policy Update Acknowledgement
Lab Reports
Lab Result
Police Report
Non-Compliance Report
Financial Aid Application
IID Compliance
IID Non-Compliance
Food and Water Log
VRAG
VA cyclist health report
INCENTIVES
Applause
Books
Challenge Coin/Medallion
Court Appearances Decreased
Court Appearances Ended
Court Appearances Ended

Drug Testing Decreased
Entry Into Gift Drawing
Gift Card or Certificate
Graduate Early
Individualized Rewards
Judicial Praise/Accolades
Permission To Travel Granted
Phase Advancement
Probation Reporting Decreased
Probation Reporting Ended
Reduced Alcohol Testing
Reduction in Fees
Other
Testing
Fishbowl Draw
Curfew Extension
Cake/candybar
Court Fast Track
Freedom Bucks
Fishbowl
Positive Affirmation
Kudos Card
Behavior Chain
Successful program week
Bonus week
Gold Star
Verbal Praise
Alcohol Testing Decreased
Incentive Wheel Raffle
Strong Performer
Big Deal Board
Above and Beyond Medallion
Above and Beyond Prize
Transportation Assistance
100% the past 2 Weeks
Reduction in Substance Testing (New Color)
Inspirational stone
Planner
Coin
DWI Monthly Fee Completed
Points
Behavior Contract Lifted
Bonus Points
Small Prize
OTHER TIPE

Medium Prize
Large Prize
Abeyance Lifted
Conditions Lifted
Rocket Docket
Taken off GPS
Curfew Decreased
wheel of fortune
Bravo Bucks
Alumni Coins
Arts activity for child
Coloring book
Collateral Contact
family engagement
Recordable Bear
Judgment Modification
2 volunteer service hours credit
Miss a day of court pass
Pizza Inn Certificate
Athletic Edge Day Pass
Movie Theater Ticket
Candy Bowl
Gift Bag
Rocked it Docket
Toy for child
Gift for child
Community Service Credit
Gift Card
Handshake
Incentive Closet
Dog Tags
Certificate
bike lock
Phase certificate and bracelet
phone
phone minutes
Rocked It Box Pick
Fishbowl Drawing Tickets
Fishbowl Drawing
Phase Certificate
Removal of CAM Bracelet
Financial Assistance
Curfew imposed
Detention
Dotontion

fr
Increase priviledges
Drawing
Privileges Revoked
Wristband
Recovery Warrior Award Nominee - Wristband and certificate
Recovery Warrior Award Winner - Wristband, Certificate, and Gift Card
testttttt
Gas Card
1 Volunteer hour of service credit
1 volunteer service hour credit
Candybar
ATTA Girl Certificate
ATTA Boy Certificate
JOURNAL
Court Report
Curfew
Custody Activity
Discharge Tracking
Schedule Court Review/Status Hearing
General Recommendations
Letter
Monitoring
Notes
Phone Call
Police Contact
Reassign Track
Schedule Other Court Date
Staffing Notes
Suspension
Treatment Progress/Recommendation
CPS Monitoring
Social Worker Progress Notes
Violation
Collateral Contact
Email
Email4
Judicial Staffing
Medical provider appointment.
Treatment Court Officer
Drug Court Officer
Bench Warrant
Zoom Text
Home Visit
Positive Substance Test

BUTD Current Week Progress
Weekly Report
Check In
Warrant
Graduation
In Person Office check in
Video Check in
Alumni Support Meeting
Schedule Change
Bonus week
Field Visit
Deceased
Visitation Notes
DWI Coordinator Note
In Person Check In
ADULTT
cooc
CSS
DNCASES
NON DNCASES
DUI COURT
FTC
GC
JMHCP
JUVI CR
MHC
HTWC
VC
Mental Health Counselor Notes
Family Engagement
Other
Other Service
DF
TRU
Mental Health Progress/Recommendation
Peer Support Contact
6 Month Information Review
Medicine Wheel 12 Steps Group
New Direction: Criminal & Addictive Thinking Group
LAC Appointment
Meeting with Coordinator
Case Management
HC Biweekly Check-in Group
Sunflower Mobile & Medical Clinic LLC
Caritte Wor Frobite & Frodrout Carrie ELO

T4
Test
committee/drugcourt
Seeking Safety group
Re-Entry Specialist Notes
Correspondence
Jail visit
LEVEL OF CARE
OTP - Opioid Treatment Program
2.5 Partial Hospitalization Services
3.5 Clinically Managed High-intensity Residential Services
2.1 Intensive Outpatient Services
1.0 Outpatient Services
0.5 Early Intervention
4.0 Medically Managed intensive inpatient services
3.7 Medically Monitored High-intensity Inpatient Services
3.3 Clinically Managed Population-specific Highintensity Residential Services
3.1 Clinically Managed low-intensity residential services
SANCTIONS
Any
¾ Housing
Alcohol Testing Increased
Community Service
Court Appearances Increased
Curfew Imposed
Drug Testing Increased
Jail
Job Club Until Employed
Letter Of Apology
Madd Impact Panel
Phase Demotion
Phase Time Extended
Probation Reporting Increased
Residential Facility
School Program
Self-Help Sessions Increased
Tether - All Types
Verbal Warning
Weekend Program
Work Program
Writing Assignment/Essay
Other
Behavior Chain
GPS
Termination Termination

[i.e
House Arrest
Behavior Contract
Job Contacts Until Employed
Electronic Monitoring
Recovery Support Meetings Increased
Suspension
Increased Check In
Unspecified Sanction (No reason listed)
Warrant
TO BE DETERMINED
Daily Check-ins at CSI
Phase Rent
Judicial Review
Abeyance
Loss of Points
CAM Bracelet
Court Observation
Privileges Revoked
Attended Youth Residential Facility
Calendar
Lose credit
Jurybox
Program Expulsion
Missed Treatment Court
Missed Apt. w/ PO
Missed Apt. w/ Court Coordinator
Missed 1:1 Tx
Missed Group Tx
Positive UA
Judgment Modification
Sanction Paper
In-Patient Treatment
Workbook
Jurybox Observation
Petition to Revoke
8PM Curfew
Termination Notice (30 Days)
Wear the Patch
Attend Phoenix Programs
Contact Mental Health Therapist
Reprimand
Juvenile Detention
Daily Check-ins
Verbal Reprimand

Motion for Expulsion Loss of Sober Time Arrested on warrant Attendance Contract Phase Rent Agreement Correspondence Increase Supervision Loss of Driver Operators License Loss of Privilege Court Fine Withdrew plea agreement Submit Daily Itinerary SCRAM Monitor **Behavior Sanctions Matrix** Travel Restrictions Imposed **Thinking Report** Carey Guide Meeting with DTC Team Restriction imposed Missed Healing Court Increased Drug Testing **SCRAM Bracelet Drug Patch** Remote Breath THERAPEUTICE RESPONSE Team and client round-table discussion Referral to other community treatment programs including physicians for medical evaluations Peer-to-peer mentoring activities Increased treatment sessions Residential treatment Partial hospitalization programming Relapse prevention classes Increased Supervision (Yes) IT with Treatment Provider Peer Review (Yes) 1-1 meeting with Judge Adjunctive medication referral (Yes) (Medication/Therapy) Self-imposed therapeutic response Smartlink daily check-ins (Increased Alcohol Drug testing) (Yes) **Journaling** Request treatment team review ASAM LOC designation (Reassess for Level of care) (Yes) Increased number of treatment groups per week (Yes) Attending 1 treatment group per day

Increased amount of individual sessions per week w/ CDC to discuss root cause for relapse or compliance

Other
Behavior Chain
Self Obituary
Self Time line
Self Help Programs
Spend time at Turning Point Check in with Treatment
Therapeutic Adjustment
Writing Response
Restart days of sobriety
MAT Review
MADD Impact Panel
Case Review
Thinking for Good
Restart MRT Book
Reduce MRT Step
Individual Therapy with Counselor
Reassessment
Sunflower Mobile & Medical Clinic LLC
Increased Prosocial Requirements
Increased number of group sessions
Increased Self-help/Support Meetings
Increased Drug Testing
SCRAM Bracelet
Drug Patch
ANCILLARY SERVICE
Anger Management Classes
Case Management
Dental
Education Services
Mental health
Medical/Health Services
Occupational Therapy
Other Service
Other Support Group
Pet Therapy
Physical Conditioning
Play Therapy
Smoking Cessation/Reduction
Speech Therapy
Spiritual Program/Development
Supervised Parental Visits
Transportation Services
Vision

Vocational Training
Volunteer Programs
DBT
Pro-Social Activity
PATH
Family Time Coaching
IOP
OP
MRT
Demo
White Eagle Talking Circle
TAGS
Absconding
Absconded
In Jail
Residential Treatment
Local Residential Treatment
Epilepsy
Bench Warrant Magistrate Court
Bench Warrant District Court
Bench Warrant for Adult Drug Court
Transportation a challenge
No drivers license
Child moved
Child in crisis
Temporary Restraining Order
GPS
Zero Tolerance
GPS - Zero tolerance
MAT
Missing appointments
Termination Pending
Therapeutic Contract
Relapse
Not showing up
Pregnant
FTA
MDA
PDA
FMX
ІМЈ
IVC
POI
VNN

Positive Substance Test
NEWT
Restraining order with Wife and Daughter 7/15
Drug Test NO SHOWS
No contact
Electronic Monitoring
Diabetic
Graduation
Phase Advancement
Late to appointment
in in-patient treatment
Bench Warrant issued
Medical cannabis card holder
Schedule Change
7:30 pm CURFEW
7:00 PM CURFEW
Gang Affiliation
Bonus Week
Medications
Therapeutic Adjustment
Deceased
On GPS
struggling
No Show
No Contact order with girlfriend, Lacey Peterson
restraining order
No Show for Testing
Release of Information
Judge's nephew
DUI Offender
Blue Thunder Lodge
DOC Treatment
Suspension
New Charges
Police Contact
Warrant
Arrested
Competency Pending
Remote Breath
SCRAM
Violation
Mental Health
Sanction Paper
Travel Allowed

DV
Return To Use
Must serve time before starting
Lions Gate
Hope Rising
Horizon House
Schedule
Court Fee
Missed Drop
Daily Drops
Desert Haven
Sponsor: Diane Welhaven 406-671-6372
On REACT beathalyzer
Incarcerated
Medical Cannabis Card On File
Petition to Revoke
House Arrest
8 pm Curfew
Has Ignition Interlock
Work Travel Allowed
Out of Contact
Test
Behavior Contract
Drug Patch
missed case manager appointment
missed treatment appointment
missed court
positive for THC
positive for Methamphetamine
Positive for Alcohol
Positive for Opiates
Positive for Amphetamine
Positive for Buprenorpine no script
HOMELESS
no diploma/ged
Daily probation check-in
Court
Sober Living
Oral Swab Testing
Detox
Inpatient Treatment
Medicaid Medicaid
Ordered on SCRAM
Non-compliant
Mon compacific

Probation
Probation Suspended
INCENTIVE
Sunflower Mobile & Medical Clinic LLC
probation case
Overdose
Graduation Ceremony Date
Trauma Exposed/Victim
Judicial Review
Community Service Due
Sanctioned Community Service
Taropm
In Jail for Non-Treatment Court Matters
TRIBAL AFFILIATION
Acoma
Cochiti
Isleta
Jemez
Laguna
Nambe
Picuris
Pojoaque
San Felipe
San Ildefons
Sandia
Santa Ana
Santa Clara
Taos
Tesuque
Zia
Zuni
Apache
Mescalero Apache
Jicarilla Apache
Navajo
Alaskan Native/Inuit
Ramti
Rohit
sanui
InnoVa
Kucki
Tapni
Creta
Ertiga

Fintur
manti
Lakota
Cheyenne River Sioux Tribe
Rosebud Sioux Tribe
Crow Creek Sioux Tribe
Sisseton-Wahpeton Oyate
Lower Brule Sioux Tribe
Yankton Sioux Tribe
Pine Ridge Oglala Sioux
Flandreau Santee Sioux Tribe
Standing Rock Sioux
aprac
giop
рору
maruta
piupp
Cvcc
mnop
nnbn
Yankton Sioux
Lakota Sioux
Ponca
Cheyenne
Arikara
Dakota Sioux
Nakota Sioux
Assiniboine
Hidatsa
Mandan loway
Illini
Otoe
Missouria
Arapaho
Pawnee
Omaha
Kansa
Sioux
Gros Ventre
Crow
Blackfoot
Kootenai
Flathead Salish
Kallispel

Shoshone Crow
Ute
Ojibwe
Oglala Sioux Tribe
Standing Rock Sioux Tribe
Chippewa
Santo Domingo
Cherokee
Норі
Kewa
None
Tlingit
N/A
Ottawa
Potowatami
Ft. Belknap Assiniboine Sioux
Confederated Salish & Kootenai Tribes
Northern Cheyenne
Blackfeet Nation
Yurok
Saginaw Chippewa Indian Tribe
Grand Traverse Band of Ottawa and Chippewa Indians
Little Traverse Bay Bands of Odawa Indians
Bay Mills Chippewa Indian Community
Hannahville Potawatomi Indian Community
Huron Potawatomi-Nottawaseppi Huran Band Potawatomi
Keweenaw Bay Indian Community
Little River Band of Ottawa Indians
Match-e-be-nash-she-wish Band of Potawatomi Indians
Pokagon Band of Potawatomi Indians
Lac Vieux Desert Band of Lake Superior Chippewa Indians
Bay Mills Indian Community
Hannahville Indian Community Band of Potawatomi
Nottawaseppi Huron Band of the Potawatomi
Other
Little Shell
Native Hawaiian
Part Hawaiian
Turtle Mountain
Yakama
3 Affiliated
Comanche Nation
Моара
Ohkay Owingeh

Oneida Nation Poarch Creek Indians Fort Peck Ft. Peck Assiniboine Sioux Gros Venture Assiniboine Menominee Ho-Chunk Nation **Bad River Band** Lac du Flambeau Band Caddo Nation Oklahoma **MARITAL STATUS** Single Married Separated Divorced Widowed Co-Habitating Unknown **GENDER** Male Female Trans Male Non Binary Prefer to Self Describe Prefer not to answer Trans Woman **RACE** Black or African American (African American, Haitian, Nigerian, Afro-Caribbean, etc.) Middle Eastern or North African (Lebanese, Egyptian, Libyan, Moroccan, Kurds, Chaldeans, Armenian, etc.) Native Hawaiian or Other Pacific Islander (Guamanian, Chamorro, Samoan, Fijian, Tongan, etc.) White (German, Irish, English, etc.) Hispanic, Latino, or Spanish Origin (Mexican, Mexican American, Puerto Rican, Cuban, Argentinean, Multi-racial American Indian or Alaska Native (Navajo, Maya, Tlingit, Cherokee, Quechua, Pueblo, Apache etc.) Some other race or origin Asian Indian Chinese **Filipino** Japanese Korean Vietnamese Prefer not to answer Unknown EYE

Black
Blue
Brown
Green
Hazel
Other
Gray
Maroon
Multi Colored
Pink
HAIR
Bald
Black
Blonde
Brown
Gray
Red
White
Other
Blue
Green
Orange
Purple
Pink
Sandy
ETHNICITY
Hispanic
Non-Hispanic
Unknown/Unreported
Prefer not to answer
SEXUAL ORIENTATION
Heterosexual
Homosexual
Bisexual
Asexual
Prefer not to answer
PRONOUNS
She/Her/Hers
He/Him/His
They/Them/Theirs
Ze/Hir/Hirs
PRIMARY SOURCE OF SUPPORT
Salary/wages
Disability

Help from Family
Adoption Subsidy
Foster Care Subsidy
Retirement Plan
Social Security
Social Security Disability
Unemployment
Veteran's Benefits
Welfare
Workers Compensation
Other
None
REFERRAL SOURCE
CYFD
Defense Attorney
Prosecutor
Judge
Probation
Self
Other
ADMISSION TYPE
Abuse-Neglect
Prior-participant
Post-Plea Deferred
Pre- Plea
Post-Plea
Probation
Re entry
Pre-Adjudication
Post-Adjudication
Data Not Currently Available
VTC Program Acceptance
VTC Program Denied
Probation Violation
Other
Post-Sentence
OFFER RELATED TO COURT PARTICIPATION
Charge Reduction
Sentence Reduction
Both charge and Sentence Reduction
Case Dismissal
Pending
Data Not Currently Available
None

Lieu efferencementier	
Lieu of Incarceration	
Deferred Adjudication	
Expunction	
Supervised to unsupervised probation	
Supervised probation	
RISK AND NEED LEVEL	
High Risk High Need	
High Risk Low Need	
Low Risk High Need	
Low Risk Low Need	
Currently unavailable	
Unknown	
CURRENT LIVING ARRANGEMENT	
Homeless(Including residence at homeless shelter)	
With friends relative/significant other (not my own home)	
Hotel/Motel	
Transitional Housing Dependent -RENTING	
Independent/Permanent Housing -RENTING	
Independent/Permanent Housing -OWN	
JAIL	
Unknown	
Residential Treatment	
PREGNANT AT TIME OF ADMISSION	
Yes - Participant	
No	
Yes - Significant Other	
Unknown	
PARTICIPANT CHILD SUPPORT PAYMENT	
Current	
Not Current but paying	
Not paying at all	
Not Applicable	
Unknown	
ADDRESS TYPE	
physical	
mailing	
home	
other	
EDUCATION LEVEL	
High School (Did not Complete)	
High School, Alternative School or GED Completed	
Some College or Trade or Technical School or Vocational Training(Completed)	
College Grad - 2 Yr Program Completed	
College Grad - 4 Yr Program Completed	
2-11-02-1-11-1-120-1-11-1-120-1-1-1-1-1-	

Advanced Degree (Masters/Phd.) Cor	nnleted
Unknown	
Data not entered	
RELATIONSHIP	
spouse	
relative	
friend	
concerned person	
sponsor	
parent	
other	
CHILD'S LIVING STATUS	
Parent/Client	
Parent not in Drug Court	
Homeless	
Relative	
FosterCare	
Deceased	
Other	
DEPENDENT	
Dependent	
Independent	
CURRENT CHILD SUPPORT	
N/A	
Paying Current	
Paying - Not Current	
Not Paying	
CURRENT CUSTODY STATUS	
Temporarily Lost Custody	
Regained Custody	
Parental Rights Terminated	
Never Lost Custody N/A	
Other	
MEDICAL INSURANCE STATUS	
Medicaid	
Medicare	
Uninsured	
Private Insurance	
VA Medical	
State Insurance	
Data not entered	
Federal Insurance	
MEDICAL INSURANCE INFORMA	TION

Not insured but eligible for medicaid insurance
Not insured but eligible for insurance other than medicaid
To be determined
LICENSE
Expired/NotValid
None
Revoked
Suspended
Valid
Ignition Interlock
ALCOHOL MONITORING
24/7 Program
CheckBAK
Ignition Interlock
REACT
SCRAM
Other
MONITORING PAYMENT SOURCE
Self
Court
Grant
Other
COMMUNITY SERVICE TYPE
Sanction
Program Requirement
Volunteer
COMMUNITY STATUS
Completed
Failed To Complete
In Progress
Never Attended
Ongoing
TYPE OF OFFENSE
Felony
Misdemeanor
Gross Misdemeanor
Municipal
Petty
Status Offense
Traffic
CRIMINAL HISTORY
Class1
Class2
Class3

Class4
Class5
CRIMINAL HISTORY/OFFENSE CATEGORY
City/County Ordinance
B&E/Home Invasion
C.S. Manufacturing/Distribution
C.S. Use/Possession
DUI of Alcohol/C.S. 1st
DUI of Alcohol/C.S. 2nd
DUI of Alcohol/C.S. 3rd
DUI of Alcohol/C.S. 4th or subsequent offense
Neglect And Abuse Civil Neglect And Abuse Criminal
Non-violent Sex Offense
Other Alcohol Offense
Other Drug Offense
Other Traffic Offense(Criminal)
Property Offense Domestic Offense
Other
CHARGE STATUS Dismissal
Guilty
Pending status Conditional Discharge
Conditional Discharge DISCHARGE REASON
Successful Graduation
Unsuccessful/new offense
Unsuccessful Termination (Expelled, Noncompliant)
Unsuccessful for another reason
Unsuccessful for another reason Neutral – Voluntarily withdrew
Unsuccessful for another reason Neutral – Voluntarily withdrew Neutral – Medical necessity
Unsuccessful for another reason Neutral – Voluntarily withdrew Neutral – Medical necessity Neutral – Transferred to another jurisdiction or program
Unsuccessful for another reason Neutral – Voluntarily withdrew Neutral – Medical necessity Neutral – Transferred to another jurisdiction or program Neutral – Death
Unsuccessful for another reason Neutral – Voluntarily withdrew Neutral – Medical necessity Neutral – Transferred to another jurisdiction or program Neutral – Death Neutral – Mistaken Case (not eligible, etc.)
Unsuccessful for another reason Neutral – Voluntarily withdrew Neutral – Medical necessity Neutral – Transferred to another jurisdiction or program Neutral – Death Neutral – Mistaken Case (not eligible, etc.) Neutral – Rejected
Unsuccessful for another reason Neutral – Voluntarily withdrew Neutral – Medical necessity Neutral – Transferred to another jurisdiction or program Neutral – Death Neutral – Mistaken Case (not eligible, etc.) Neutral – Rejected Neutral – Probation expired
Unsuccessful for another reason Neutral – Voluntarily withdrew Neutral – Medical necessity Neutral – Transferred to another jurisdiction or program Neutral – Death Neutral – Mistaken Case (not eligible, etc.) Neutral – Rejected Neutral – Probation expired Successful – did not graduate but maximized benefit
Unsuccessful for another reason Neutral – Voluntarily withdrew Neutral – Medical necessity Neutral – Transferred to another jurisdiction or program Neutral – Death Neutral – Mistaken Case (not eligible, etc.) Neutral – Rejected Neutral – Probation expired Successful – did not graduate but maximized benefit Unsuccessful Termination (Absconded)
Unsuccessful for another reason Neutral – Voluntarily withdrew Neutral – Medical necessity Neutral – Transferred to another jurisdiction or program Neutral – Death Neutral – Mistaken Case (not eligible, etc.) Neutral – Rejected Neutral – Probation expired Successful – did not graduate but maximized benefit Unsuccessful Termination (Absconded) Other
Unsuccessful for another reason Neutral – Voluntarily withdrew Neutral – Medical necessity Neutral – Transferred to another jurisdiction or program Neutral – Death Neutral – Mistaken Case (not eligible, etc.) Neutral – Rejected Neutral – Probation expired Successful – did not graduate but maximized benefit Unsuccessful Termination (Absconded) Other OFFER RELATED TO COURT PARTICPATION
Unsuccessful for another reason Neutral – Voluntarily withdrew Neutral – Medical necessity Neutral – Transferred to another jurisdiction or program Neutral – Death Neutral – Mistaken Case (not eligible, etc.) Neutral – Rejected Neutral – Probation expired Successful – did not graduate but maximized benefit Unsuccessful Termination (Absconded) Other OFFER RELATED TO COURT PARTICPATION Charge Reduction
Unsuccessful for another reason Neutral – Voluntarily withdrew Neutral – Medical necessity Neutral – Transferred to another jurisdiction or program Neutral – Death Neutral – Mistaken Case (not eligible, etc.) Neutral – Rejected Neutral – Probation expired Successful – did not graduate but maximized benefit Unsuccessful Termination (Absconded) Other OFFER RELATED TO COURT PARTICPATION

Case Dismissal
Pending
Data Not Currently Available
None
Lieu of Incarceration
Deferred Adjudication
Expunction
Supervised to unsupervised probation
Supervised probation
PREGNANT
Yes - Participant
No
Yes - Significant Other
Unknown
PRIMARY & SECONDARY DRUG CHOICE
Alcohol
Amphetamine
Barbiturate
Benzodiazepine
Club Drugs
Cocaine
Crack Cocaine
Hallucinogens
Heroin
Inhalants
Marijuana
Methamphetamine
Opiate (Other)
Poly Drug
Sedative/Hypnotics
Burprenorphine
Methadone
Fentanyl
Powder Cocaine Powder Cocaine
Over-the-counter Drugs
PCP
Ecstasy
Rohypnol
LSD
Steroids
Ketamine
OxyContin
None
Data not entered

Kratom
EMPLOYMENT STATUS
Unemployed
Employed Part Time < 35 Hours/Week
Employed Full Time > Or = 35 Hours/Week
Not In Labor Force (Retired, Disabled, Other)
Student Full Time
Volunteer
Self-Employed
Unknown
Other
Disabled
Retired
QUALIFICATION MEDICAL CONDITION
Alzheimer Disease
Amyotrophic Lateral Sclerosis (ALS)
Anxiety Disorder
Autism Spectrum Disorder
Cancer
Crohn's Disease
Damage to the Nervous Tissue of the Spinal Cord (with objective neurological indication of intractable
Epilepsy/Seizure Disorder
Friedreich's Ataxia
Glaucoma
Hepatitis C Infection currently receiving antiviral therapy
HIV/AIDS
Hospice Care
Huntington's disease
Inclusion Body Myositis
Inflammatory Autoimmune-mediated Arthritis
Insomnia
Intractable Nausea/Vomiting
Lewy Body Disease
Multiple Sclerosis
Obstructive Sleep Apnea
Opioid Use Disorder
Painful Peripheral Neuropathy
Parkinson,s Disease
Post-Traumatic Stress Disorder
Severe Anorexia/Cachexia
Severe Chronic Pain
Spasmodic Torticollis (Cervical Dystonia)
Spinal Muscular Atrophy
Ulcerative Colitis

IEDICAL INSURANCE STATUS
ata not entered
ederal Insurance
ledicaid
ledicare
rivate Insurance
tate Insurance
ninsured
A Medical
IMING OF ASSESSMENT
t Admission
n Program
ost Program
rior to Admission
ANCTION STATUS
ompleted
ailed To Complete
n Progress
ever Attended
ngoing
UBSTANCE USE
dmitted Use
lcohol Enzyme
A - Breath Alcohol
air Follicle
ral Swab
ther
weat Patch
ether
A
A-Confirmation
VERALL TEST RESULT
ilute
xcused
nsufficient Donation
lissed Call-Positive
egative
egative - Rx
o Show - Negative
o Show - Positive
ending
ositive
ositive for Rx
ampered

Unable To Provide