

# Supreme Court of Mississippi

## Administrative Office of Courts

### Adult Intervention Court Program Monthly Reporting Form

Program Jurisdiction: \_\_\_\_\_

Report for the month of: \_\_\_\_\_ Year: \_\_\_\_\_

The intervention court program report must be completed, signed, and emailed to the Administrative Office of Courts by the 20<sup>th</sup> day of each month. An incomplete report will not be accepted. Email report to: [interventioncourts@courts.ms.gov](mailto:interventioncourts@courts.ms.gov)

#### General Program Information

1. Number of active participants enrolled in the program on the first day of the month.
2. Number of active participants enrolled in the program on the last day of the month.
3. Number of new participants that entered the program during the month.
4. Number of people screened for admission but rejected due to not meeting eligibility criteria.
5. Of the new participants, how many entered on a pre-adjudication status?
6. Of the new participants, how many entered on a post-adjudication status?
7. Number of active participants who are veterans of the US Armed Forces as defined by Title 38 USCS.
8. Number of participants who successfully completed the program during the month.
9. Number of active participants who were terminated before successful completion.
10. Number of suspended participants who were terminated before successful completion.
11. Number of suspended participants who were reclassified as active during the month.
12. Number of active participants who were reclassified as suspended during the month.
13. Number of active participants who were transferred to another intervention court for supervision.
14. Number of active participants that committed at least one violation during the month.
15. Number of violations that resulted in an active participant being charged with a new crime.
16. Number of participants convicted, during the month, on a new felony criminal charge.

\*A participant who is classified as suspended in DCCM is not to be considered active for the month. See definitions.

#### Application Reporting For the Month-MS Code 9-23-11(2)(b)(vi)(8)(Rev. 2019)

17. Number of applicants who are Caucasian.
18. Number of applicants who are African American.
19. Number of applicants who are American Indian or Alaska Native.
20. Number of applicants who are Asian.
21. Number of applicants who are Native Hawaiian or Other Pacific Islander.
22. Number of applicants who are Spanish/Hispanic/Latino.
23. Number of applicants who are female.
24. Number of applicants who are male.
25. Number of applicants who are indigent.

**26. List the offenses charged, including statute and subsection, for all applicants for the month.**

**27. If any applicant was rejected for admission into your intervention court, write the reason for non-acceptance. A separate sheet may be needed.**

## **Accountability**

- |                                                                                                        |                      |
|--------------------------------------------------------------------------------------------------------|----------------------|
| 28. Total number of <u>community service hours</u> performed by participants during the month.         | <input type="text"/> |
| 29. Total number of <u>participants</u> who performed community service hours during the month.        | <input type="text"/> |
| 30. Total number of <u>days</u> served in local jails by sanctioned participants during the month.     | <input type="text"/> |
| 31. Total number of <u>sanctioned participants</u> who served time in jail during the month.           | <input type="text"/> |
| 32. Total number of <u>days</u> that electronic monitoring devices were used during the month.         | <input type="text"/> |
| 33. Total number of <u>participants</u> who were supervised by electronic monitoring during the month. | <input type="text"/> |

## Drug Testing

34. Total number of urine, hair, or saliva samples collected and tested during the month.
35. Total number of “drugs of abuse” that were tested on above samples.
36. Total number of positive test results? (Exclude FTAs and diluted results).
- 37. Total number of active participants who tested positive during the month.**
- 38. Total number of confirmation tests ordered during the month.**

## Treatment

39. New participants referred for In-Patient treatment program lasting at least 28 days.
40. New participants referred to an Intensive Out-Patient treatment program lasting at least 28 days.
41. New participants referred for group or individual counseling only.
42. Number of participants referred back to one of the above treatment programs?
43. Total contact hours with A&D counselors for all active participants during the month.
44. Number of Veterans in program actively receiving A&D treatment from VA Hospital.

## Social Improvement

45. Number of “drug-free” babies born to active female participants during the month.
46. Number of participants that regained child custody or visitation rights during the month.
47. Number receiving their General Education Development (GED) certificate during the month.
48. Number of previously unemployed participants who gained employment during the month.
49. Number of participants who enrolled during the month in a vocational training program.
50. Number of participants who enrolled during the month in a post-secondary education program.
51. Number of participants receiving a reinstatement of their driver’s license during the month.
- 52. Number of participants who successfully completed the program and received a copy of their expungement order during the month.**

## Signatures

I attest that all information in this report is accurate and true to the best of my knowledge.

\_\_\_\_\_  
Coordinator’s Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge’s Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date