

Supreme Court of Mississippi

Administrative Office of Courts

Family 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 20th day of each month. An incomplete report will not be accepted. Email report to: interventioncourts@courts.ms.gov

General Program Information

- | | |
|---|----------------------|
| 1. Number of <u>active</u> participants enrolled in the program on the first day of the month. | <input type="text"/> |
| 2. Number of <u>active</u> participants enrolled in the program on the last day of the month. | <input type="text"/> |
| 3. Number of <u>new</u> participants that entered the program during the month. | <input type="text"/> |
| 4. Number of persons screened for admissions but rejected due to not meeting eligibility criteria. | <input type="text"/> |
| 5. Number of persons accepted for admission but <u>declined to participate</u> in the program. | <input type="text"/> |
| 6. Number of participants who successfully completed the program during the month. | <input type="text"/> |
| 7. Number of <u>active</u> participants who were terminated before successful completion. | <input type="text"/> |
| 8. Number of <u>suspended</u> participants who were terminated before successful completion. | <input type="text"/> |
| 9. Number of <u>suspended</u> participants who were reclassified as <u>active</u> during the month. | <input type="text"/> |
| 10. Number of <u>active</u> participants who were reclassified as <u>suspended</u> during the month. | <input type="text"/> |
| 11. Number of <u>active</u> participants that committed at least one violation during the month. | <input type="text"/> |
| 12. Number of violations that resulted in the <u>active</u> participant being charged with a new crime. | <input type="text"/> |
| 13. Number of participants convicted, during the month, of a new crime. | <input type="text"/> |

*An "active" participant refers to a participant who is under court order to attend intervention court and is receiving services under the intervention court. A participant who has absconded by failing to report to your court for six (6) months or more, or has not received services for six (6) months or more is not to be considered an "active" participant.

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

- | | |
|---|----------------------|
| 14. Number of applicants who are Caucasian. | <input type="text"/> |
| 15. Number of applicants who are African American. | <input type="text"/> |
| 16. Number of applicants who are American Indian or Alaska Native. | <input type="text"/> |
| 17. Number of applicants who are Asian. | <input type="text"/> |
| 18. Number of applicants who are Native Hawaiian or Other Pacific Islander. | <input type="text"/> |
| 19. Number of applicants who are Spanish/Hispanic/Latino. | <input type="text"/> |
| 20. Number of applicants who are female. | <input type="text"/> |
| 21. Number of applicants who are male. | <input type="text"/> |
| 22. Number of applicants who are indigent. | <input type="text"/> |

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

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

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Dependency Information

- | | |
|---|----------------------|
| 25. Number of dependents of all active participants enrolled in the program during the month. | <input type="text"/> |
| 26. Number of dependents currently being cared for by custodial parent(s) enrolled in the program. | <input type="text"/> |
| 27. Number of dependents currently being cared for by family member(s) other than custodial parent. | <input type="text"/> |
| 28. Number of dependents currently being cared for by unrelated families. | <input type="text"/> |
| 29. Number of days that dependents spent in the care of someone other than the custodial parent(s). | <input type="text"/> |

Parental Charge Information

- | | |
|---|----------------------|
| 30. Of the <u>new</u> participants, how many are here on child neglect/abuse charges. | <input type="text"/> |
| 31. Of the new participants, how many are here on alcohol and/or drug related charges. | <input type="text"/> |
| 32. Of the new participants how many are here on charges other than the ones listed in #30 and #31. | <input type="text"/> |

Drug Testing

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

Treatment

38. New participants referred for In-Patient treatment program lasting at least 28 days.
39. New participants referred to an Intensive Out-Patient treatment program lasting at least 28 days.
40. New participants referred for group or individual counseling only.
- 41. Number of active participants referred back to one of the above treatment programs.**
42. Total contact hours with A&D counselors for all active participants during the month.

Social Improvement and Reunification

43. Number of “drug-free” babies born to active female participants during the month.
44. Number receiving their General Education Development (GED) certificate during the month.
45. Number of previously unemployed participants who gained employment during the month.
46. Number of participants who enrolled during the month in a vocational training program.
47. Number of participants who enrolled during the month in a post-secondary education program.
48. Number of participants receiving a reinstatement of their driver’s license during the month.
49. Number of participants gaining supervised visitation rights during the month.
50. Number of participants gaining un-supervised visitation rights during the month.
51. Number of participants regaining custody of child(ren) 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