

Supreme Court of Mississippi

Administrative Office of Courts

Misdemeanor 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 people screened for admission but rejected due to not meeting eligibility criteria. | <input type="text"/> |
| 5. Of the <u>new</u> participants, how many entered on a pre-adjudication status? | <input type="text"/> |
| 6. Of the <u>new</u> participants, how many entered on a post-adjudication status? | <input type="text"/> |
| 7. Number of <u>active</u> participants who are veterans of the US Armed Forces as defined by Title 38 USCS. | <input type="text"/> |
| 8. Number of participants who successfully completed the program during the month. | <input type="text"/> |
| 9. Number of <u>active</u> participants who were terminated before successful completion. | <input type="text"/> |
| 10. Number of <u>suspended</u> participants who were terminated before successful completion. | <input type="text"/> |
| 11. Number of <u>suspended</u> participants who were reclassified as <u>active</u> during the month. | <input type="text"/> |
| 12. Number of <u>active</u> participants who were reclassified as <u>suspended</u> during the month. | <input type="text"/> |
| 13. Number of <u>active</u> participants that committed at least one violation during the month. | <input type="text"/> |
| 14. Number of violations that resulted in an <u>active</u> participant being charged with a new crime. | <input type="text"/> |
| 15. Number of participants convicted, during the month, on a new felony criminal charge. | <input type="text"/> |

* 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)

- | | |
|---|----------------------|
| 16. Number of applicants who are Caucasian. | <input type="text"/> |
| 17. Number of applicants who are African American. | <input type="text"/> |
| 18. Number of applicants who are American Indian or Alaska Native. | <input type="text"/> |
| 19. Number of applicants who are Asian. | <input type="text"/> |
| 20. Number of applicants who are Native Hawaiian or Other Pacific Islander. | <input type="text"/> |
| 21. Number of applicants who are Spanish/Hispanic/Latino. | <input type="text"/> |
| 22. Number of applicants who are female. | <input type="text"/> |
| 23. Number of applicants who are male. | <input type="text"/> |
| 24. Number of applicants who are indigent. | <input type="text"/> |

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

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

Accountability

- | | |
|--|----------------------|
| 27. Total number of <u>community service hours</u> performed by participants during the month. | <input type="text"/> |
| 28. Total number of <u>participants</u> who performed community service hours during the month. | <input type="text"/> |
| 29. Total number of <u>days</u> served in local jails by sanctioned participants during the month. | <input type="text"/> |
| 30. Total number of <u>sanctioned participants</u> who served time in jail during the month. | <input type="text"/> |
| 31. Total number of <u>days</u> that electronic monitoring devices were used during the month. | <input type="text"/> |
| 32. Total number of <u>participants</u> who were supervised by electronic monitoring during the month. | <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 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.
43. Number of Veterans in program actively receiving A&D treatment from VA Hospital.

Social Improvement

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