

5TH JUDICIAL DISTRICT PROBLEM SOLVING COURT

APPLICATION FORM

*****Please Print and return within 2 weeks of receipt*****

Full legal name and aliases: _____

Date of Birth: _____ M / F _____ Social Security #: _____

Currently Incarcerated: Yes _____ No _____ If Yes, Where? _____

Current permanent residence: _____

Current telephone number: _____

Email Address: _____

Emergency Contact Name: _____ Relationship: _____

Address: _____ Phone #: _____

Legal charge(s): _____

County of Charge(s) _____

Docket number(s): _____

Status of the case(s): _____

Next Court date(s): _____

Defense attorney: (Name): _____

Address: _____

Phone Number: _____

Fax Number: _____

Email: _____

Other legal involvement (e.g. currently on probation, court cases pending, warrants, etc.) _____

Prior enrollments in a drug court or similar problem solving court (list county and state, dates you were enrolled, whether you successfully completed or graduated and if not, why) _____

Referred to Problem Solving Court by:

County Attorney Signature

Date

I am submitting this application to be considered for possible participation in the 5th Judicial District Problem Solving Court program.

Applicant Signature

Date

***It is important all information is completed in **FULL** to be considered for the Problem Solving Court and achieve a timely response.

Please submit application to:

Hamilton/Merrick Court or
Seward/York Court:

Butler/Colfax/Saunders Court or
Platte Court:

Melanie Lueders
Problem Solving Court Coordinator
5th Judicial District Problem Solving Court
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402-540-9358

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Problem Solving Court Coordinator
5th Judicial District Problem Solving Court
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402-910-1550