

Adult Drug Court Screening Checklist – Washoe County

Defendants will be referred to the Adult Drug Court for review and final referrals to Young Offender Court and Medication-Assisted Treatment Court

(All criteria listed must be met for a Defendant to be eligible to begin participation in Adult Drug Court. The complete screening checklist must be filed and signed by defense counsel for all referrals.)

Defendant Name: _____ DOB: _____

Case Number: _____ Screened by Attorney (signature): _____

Sentencing Date: _____ Sentencing (Judge/Court): _____

I. Legal & Statutory Eligibility (NRS 176A Compliance)

- Defendant is charged with an **eligible non-violent felony or misdemeanor** under program criteria
- Defendant is **not classified** as a habitual criminal/felon under **NRS 207.010, 207.012, or 207.014**
- Defendant's **current charge is not a Category A felony**. NRS 176A.240(4).
- Defendant's **current charge is not a sexual offense** as defined in NRS 179D.097, NRS 176A.240(4).
- Defendant is **not currently required to register as a sex offender** in Nevada or any other jurisdiction, if charge of registration is or would be a **Category A or B sex offense** in Nevada. NRS 179D.097(v)

II. Warrants / Holds / Pending Matters

- No outstanding warrants
- No active holds or detainers (local, state, or federal)
- No pending charges that would interfere with participation

III. Substance Use & Clinical Eligibility

- Defendant has a **substance use disorder** appropriate for Drug Court intervention
- Substance use is a **contributing factor** to current offense and/or criminal history

ASAM Assessment

- Substance abuse evaluation completed
- Mental Health Evaluation – Direct Referral to MHC and approval before sentencing
- Evaluation completed **within six (6) months of sentencing**

Date of Evaluation: _____

Evaluator / Agency: _____

Recommended ASAM Level of Care (check one):

<input type="checkbox"/> Level 1 – Outpatient Services	<input type="checkbox"/> Level 2.1 – Intensive Outpatient
<input type="checkbox"/> Level 2.5 – Partial Hospitalization	<input type="checkbox"/> Level 3 – Residential/Inpatient
<input type="checkbox"/> Level 3.5 – Medically Managed Intensive Inpatient Treatment	<input type="checkbox"/> Other: _____

V. Program Suitability & Capacity

- Defendant is willing to comply with Drug Court requirements including pay all court fines and program fees (\$2300)
- Defendant understands the intensive supervision and treatment expectations
- Defendant has no known medical or cognitive barriers that would prevent participation
- Reasonable accommodations needed (if any: i.e. Language Interpretation): _____

Treatment Court Team Review Only

- Drug Court Team Screened
- Reason for Return to Sentencing Court: _____

Court Assigned: _____