

**IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT,
LAKE COUNTY, ILLINOIS**

PEOPLE OF THE STATE OF ILLINOIS)
)
)
vs.)
)
) Case No. _____
)
_____)

**PETITION FOR ADMISSION TO THE
THERAPEUTIC AND INTENSIVE MONITORING
DRUG (T.I.M.) COURT PROGRAM**

The undersigned petitions the court to be screened for admission to its Drug Court Treatment Program and in support thereof states:

1. I hereby request that the Drug Court Team screen my case and evaluate me for possible admission to the T.I.M. Drug Court Program. I understand that my case, my history, and my prior treatment will be discussed by the Drug Court Team. I authorize the exchange of information, including all evaluations, test results, and treatment information between the Drug Court Team and my prior treatment providers, if any. The information released, however, may not be used by the prosecutor for the filing of further charges against me, nor may any information so released be used against me in the current proceedings.
2. I have discussed my request for admission into the program and the program requirements with my attorney and understand that my admission into the program is subject to the Court's approval.
3. If accepted into the program I will abide by all of the terms and conditions of the program I will sign the required Drug Court Program Contract and Waiver.

VERIFICATION

Under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that he verily believes the same to be true.

Date _____
 Defendant

Prepared by:

Name: Pro Se

Address: _____

City: _____ State: _____

Phone: _____ Zip Code: _____

ARDC #: _____

E-mail address: _____