

Name	Description	Data Type	Format	Source	Required
SCREENING					
Date of Screening	Date when participant was screened	Date	Date	Add Screening Popup	Yes
Most Recent Arrest Date	Recent arrest date	Date	Date	Add Screening Popup	No
Court	Name of the court	Dropdown	Dropdown	Add Screening Popup	Yes
Docket	Name of the docket	Dropdown	Dropdown	Add Screening Popup	Yes
Judge	Judge name	Dropdown	Dropdown	Add Screening Popup	Yes
Select County	Selecting the name of the county	Dropdown	Dropdown	Add Screening Popup	Yes
Date of Arraignment	Date of criminal charging and plea	Date	Date	Add Screening Popup	No
Add Admission Type	Selecting the admission type of the defendant	Dropdown	Dropdown	Add Screening Popup	Yes
Offer Related to Court Participation	Select what will the court offer for participation	Dropdown	Dropdown	Add Screening Popup	Yes
Date of Referral	Date when the participant was referred	Date	Date	Add Screening Popup	Yes
Referral Source	Selecting the source of referral	Dropdown	Dropdown	Add Screening Popup	Yes
Referral Name	Name of the referral source	String	String	Add Screening Popup	Yes
Referral Address	Address of the referral source	String	String	Add Screening Popup	No
Referral Office Email	Email address of the referral office	String	String	Add Screening Popup	No
Referral Phone	Phone number of the referral source	String	Number	Add Screening Popup	No
Alias	Assumed identity or any other name they've gone by	String	String	Add Screening Popup	No
First Name	First name of the participant	String	String	Add Screening Popup	Yes
Middle Name	Middle name of the participant	String	String	Add Screening Popup	No
Last Name	Last name of the participant	String	String	Add Screening Popup	Yes
Phone	Phone number of the participant	integer	Number	Add Screening Popup	No
Phone (Cell)	Phone (cell) number of the participant	integer	Number	Add Screening Popup	No
Email	Email address of the participant	String	String	Add Screening Popup	No
Social Security No.	Social Security Number of the participant	integer	Number	Add Screening Popup	Yes
DOB	Date of birth of the participant	integer	Date	Add Screening Popup	Yes
Have Drivers License/StateID	Does the participant have a drivers license/state id yes or no	String	String	Add Screening Popup	Yes

Name	Description	Data Type	Format	Source	Required
PARTICIPANT PROFILE					
Alias	Assumed Name or any other name they've used previously	String	String	Personal Information	No
First Name	First name of the participant	String	String	Personal Information	Yes
Middle Name	Middle name of the participant	String	String	Personal Information	No
Last Name	Last name of the participant	String	String	Personal Information	Yes
DOB	Date of birth of the participant	Date	Date	Personal Information	Yes
Birth Place	Birth Place of the participant	String	String	Personal Information	No
Marital Status	Marital Status of the participant	Dropdown	Dropdown	Personal Information	Yes
SSN#	Social security number	Integer	Integer	Personal Information	Yes
Tribal Affiliation	Tribal Affiliation (If they are a member of a tribe)	Dropdown	Dropdown	Personal Information	No
Phone (Cell/Primary)	Primary Phone number of the participant	Integer	Integer	Personal Information	No
Phone(Other)	Other Phone number of the participant	Integer	Integer	Personal Information	No
Phone(Other)	Any other Phone number of the participant	Integer	Integer	Personal Information	No
Participant's age	Age of the participant	Integer	Integer	Personal Information	No
Deceased Date	Date of Passing	Date	Date	Personal Information	No
Identifying Marks	Physical Characteristics (tattoos, scars, markings)	String	String	Personal Information	No
Gender	Gender of the participant	Dropdown	Dropdown	Personal Information	Yes
Height (feet)	Height of the participant in feet	Integer	Integer	Personal Information	No
Height (inch)	Height of the participant in inches	Integer	Integer	Personal Information	No
Weight (lbs)	Weight of the participant in lbs	Integer	Integer	Personal Information	No
Race	Race	Dropdown	Dropdown	Personal Information	Yes
Eyes	Eye color	Dropdown	Dropdown	Personal Information	No
Hair	Hair color	Dropdown	Dropdown	Personal Information	No
Ethnicity	Ethnicity	Dropdown	Dropdown	Personal Information	Yes
Sexual Orientation	Sexual Orientation (Heterosexual, Homosexual, etc.)	Dropdown	Dropdown	Personal Information	No
Pronouns	Pronouns (He, Her, She, etc.)	Dropdown	Dropdown	Personal Information	No
Is English Primary Spoken Language	Language preference	Radio Button	Radio Button	Personal Information	No
PrimarySource Of Support	Selecting the PrimarySourceOfSupport of the participant (Job, family support, etc.)	Dropdown	Dropdown	Personal Information	Yes
Gross Monthly Income	MonthlyIncome of the participant	String	String	Personal Information	No
Officer Safety Warning	Has an alert been issued for officer safety?	Radio Button	Radio Button	Personal Information	No
Currently On Probation	Probation (yes or no)	Radio Button	Radio Button	Personal Information	Yes
Currently on Parole	Parole	Radio Button	Radio Button	Personal Information	No
History of Probation Violation	Probation violation history	Radio Button	Radio Button	Personal Information	No
MANAGE PICTURE					
Picture Info	Picture of the participant	Button	Button	Add Image	No
CASE REFERRAL INFORMATION					
Referral Date	Date of Referral for the participant	Date	Date	Case Referral Information	Yes
Referral Source	Referral Source (Who referred this client)	Dropdown	Dropdown	Case Referral Information	Yes
Referral Name	Referral Name (Name of person referring client)	Dropdown	Dropdown	Case Referral Information	Yes
Referral Email	Referral Email (Email of person referring client)	String	String	Case Referral Information	No
Referral Phone	Referral Phone	String	String	Case Referral Information	No
Referral Address	Referral Address	String	String	Case Referral Information	No
Defense Counsel	Defense Counsel Who is representing client?	String	String	Case Referral Information	No
SID	Security Identifier	String	String	Case Referral Information	No
Is this a Teleservices client?	Teleservices client (Are they doing programming online?)	Radio Button	Radio Button	Case Referral Information	Yes
Are you getting your treatment through teleservices?	Are they doing programming online?	Radio Button	Radio Button	Case Referral Information	Yes
Are they getting treatment (MRT, Seeking Safety & Matrix) through teleservices	Is the participant receiving treatment services online?	Radio Button	Radio Button	Case Referral Information	Yes
Does the client reside outside the Judicial district with no Problem Solving Court?	Does the client live in a county where there is no treatment court?	Radio Button	Radio Button	Case Referral Information	Yes
CASE INFORMATION					
Instant Offense	Offense that brought client to treatment court	String	String	Case Information	No
Current Criminal Case Number / File Identifier	Current Criminal Case Number of the participant	String	String	Case Information	No
Related Case Number / File Identifier	Related Case Number of the participant	String	String	Case Information	No
Date of Screening	Date of Screening of the participant. Date when Court begins screening process.	Date	Date	Case Information	Yes
Admission Type	Admission Type of the participant (Pre-plea, post-plea, etc.)	Dropdown	Dropdown	Case Information	Yes
Offer Related to Court Participation	Offer Related to Court Participation of the participant (Case dismissal, charge reduction, etc.)	Dropdown	Dropdown	Case Information	No
Date of Acceptance	Induction date of participant	Date	Date	Case Information	Yes
Case Number	The participant's treatment court case number	String	Number	Case Information	Yes
Judge	Judge who will manage them in the treatment court	Dropdown	Dropdown	Case Information	No
Risk and Need level	Risk and Need level of the participant	Dropdown	Dropdown	Case Information	Yes
Number of arrests in your lifetime (Misdemeanor/Felony)	Number of arrests in your lifetime of the participant	String	String	Case Information	Yes
Number of convictions in your lifetime (Misdemeanor/Felony)	Number of convictions in your lifetime of the participant	String	String	Case Information	Yes
Number of law enforcement contacts	Number of law enforcement contacts over participant's lifetime	String	String	Case Information	No
Age of First Arrest	Age of First Arrest of the participant	Integer	Number	Case Information	No
Incarcerated	Is participant incarcerated?	Radio Button	Radio Button	Case Information	Yes
History of Violent Offense	History of Violent Offense of the participant	Radio Button	Radio Button	Case Information	No
History of Sexual Offense	History of Sexual Offense of the participant	Radio Button	Radio Button	Case Information	No
Incarcerated Id	Incarcerated Id of the participant	String	String	Case Information	No
Incarcerated In Date	Date participant/candidate entered jail	Date	Date	Case Information	Yes
Incarcerated Out Date	Date participant/candidate was discharged from jail	Date	Date	Case Information	No
ArrestDate	ArrestDate of the participant	Date	Date	Case Information	No
Current Living Arrangement	Current Living Arrangement of the participant (Homeless, residential, renting, etc.)	Dropdown	Dropdown	Case Information	Yes
Have you served in the United States armed forces or military	Served United States armed forces or military	Radio Button	Radio Button	Case Information	Yes
Military Status	Military Status	Dropdown	Dropdown	Case Information	Yes
Branch Of Service	Branch Of Service (Army, Navy, Marines, etc.)	String	String	Case Information	Yes
Rank At Discharge From Military	Rank At Discharge From Military	String	String	Case Information	Yes
Military Discharge Date	Military Discharge Date	Integer	Date	Case Information	Yes
Have you enrolled in veterans services	Have you enrolled in veterans services	Dropdown	Dropdown	Case Information	Yes
Received veterans services prior to admission	Received veterans services prior to admission	Dropdown	Dropdown	Case Information	Yes
Participant or significant other pregnant at time of admission	Pregnant at time of admission to treatment court; either participant or partner	Dropdown	Dropdown	Case Information	Yes
Number of babies born prior to Drug court admission	Number of babies born prior to Drug court admission	Integer	Number	Case Information	Yes
How many children under the age of 18 do you have ?	How many children under the age of 18 does the participant have?	Integer	Number	Case Information	Yes
How many children under 18 live with the participant	How many children under 18 live with the participant	Integer	Number	Case Information	Yes
How many children under 18 live with other relative	How many children under 18 live with other relative	Integer	Number	Case Information	Yes
How many children under 18 are in foster care or a residential home	How many children under 18 are in foster care or a residential home	Integer	Number	Case Information	Yes
How many children under 18 live independently	How many children under 18 live independently	Integer	Number	Case Information	Yes
How many children under the age of 18 have you had your parental rights terminated or relinquished before admission to drug court?	How many children under the age of 18 before admission to drug court?	Integer	Number	Case Information	Yes
Participant making child support payments as ordered at admission	Participant making child support payments? (Current, paying but not current, etc.)	Integer	Number	Case Information	Yes
TEAMS ON CASE					
User Agency Name	What agency does this USER work for?	List	List	Add on Manage Team	No
Role	Role at agency (Counselor, Mental Health worker, etc.)	List	List	Add on Manage Team	No
Include/Exclude	Selecting the Include/Exclude to put this USER on this participant team	Check Box	Check Box	Add on Manage Team	No
Search	Search the data	String	String	Click on Case Information	Yes
ADDRESSES					

Date	Date that you are recording this address	Date	Date	Add on Address	Yes
Address Type	Address Type (home, mailing, etc.)	Dropdown	Dropdown	Add on Address	Yes
Current living situation	Current living situation of the participant	Dropdown	Dropdown	Add on Address	Yes
Address 1	Address of the participant	String	String	Add on Address	Yes
Address 2	Address of the participant	String	String	Add on Address	No
Zip Code	Zip Code of the participant	String	String	Add on Address	Yes
City	City where this address is located	String	String	Add on Address	No
State	State where this address is located	String	String	Add on Address	Yes
County	County where this address is located	Dropdown	Dropdown	Add on Address	Yes
EDUCATION					
Current Education Level	Current Education Level of the Participant (high school completed, trade school, etc.)	Dropdown	Dropdown	Add on Education	Yes
Institute Name	Name of Educational institute where participant received their education	String	String	Add on Education	No
Location	Location of the school	String	String	Add on Education	No
Year Completed	Year Completed by participant	String	String	Add on Education	No
Month Earned	Month Earned graduation	String	String	Add on Education	No
Notes	Notes, if any	String	String	Add on Education	No
Milestone	Can mark as milestone if major achievement	Check Box	Check Box	Add on Education	No
FAMILY INFORMATION AND SUPPORT SYSTEM					
First Name	Name of the Family Member	String	String	Family information & Support System	Yes
Middle Name	Middle Name of the Family Member	String	String	Family information & Support System	No
Last Name	Last Name of the Family Member	String	String	Family information & Support System	Yes
Relationship	Relationship of the Family Member to participant	Dropdown	Dropdown	Family information & Support System	Yes
Address1	Address of the Family Member	String	String	Family information & Support System	No
Address2	Address of the Family Member	String	String	Family information & Support System	No
City	City of the family Member	String	String	Family information & Support System	No
Zip Code	Zip Code of the Address	integer	Number	Family information & Support System	No
State	State of the Family Member	Dropdown	Dropdown	Family information & Support System	No
Phone Number	Phone Number of the Family Member	integer	Number	Family information & Support System	No
Notes	Notes, if any	String	String	Family information & Support System	No
EMERGENCY CONTACT					
Relationship to Client	Relationship with Client	String	String	Emergency Contact	Yes
First Name	First Name of the Member	String	String	Emergency Contact	Yes
Middle Name	Middle Name of the Member	String	String	Emergency Contact	No
Last Name	Last Name of the Member	String	String	Emergency Contact	Yes
Address 1	Address of the Member	String	String	Emergency Contact	No
Address 2	Address of the Member	String	String	Emergency Contact	No
City	City of the Member	String	String	Emergency Contact	No
State	State of the Member	Dropdown	Dropdown	Emergency Contact	No
Zip	Zip of the Address	integer	Number	Emergency Contact	No
Phone Number	Number of the Member	integer	Number	Emergency Contact	No
CHILDREN					
First Name	First Name of the Child	String	String	Children	Yes
Last Name	Last Name of the Child	String	String	Children	Yes
Year of Birth	Date Of Birth of the Child	Date	Date	Children	Yes
Sex	Sex of the Child	Dropdown	Dropdown	Children	Yes
Child's Living Status	Current Home of the Child (with participant, with parent not in treatment court, foster, etc.)	Dropdown	Dropdown	Children	No
Relationship	Relationship With Child (son, daughter, etc.)	Dropdown	Dropdown	Children	No
Dependent Status	Is child dependent or independent?	Dropdown	Dropdown	Children	No
Current Child Support	Does participant pay child support	Dropdown	Dropdown	Children	No
Amount of Support	Amount of child support assessed	Dropdown	Dropdown	Children	No
Current Custody Status	Custody status	Dropdown	Dropdown	Children	No
Address	Address where the child is living	String	String	Children	No
PARTIES RELATED TO CASE					
Relationship To Case	Member Related to Case	String	String	Parties Related To Case	Yes
First Name	First Name of the Member	String	String	Parties Related To Case	Yes
Middle Name	Middle Name of the Member	String	String	Parties Related To Case	No
Last Name	Last Name of the Member	String	String	Parties Related To Case	Yes
Email Id	Email Id of the Member	String	String	Parties Related To Case	No
Phone Number	Phone Number of the Member	integer	Number	Parties Related To Case	No
Address1	Address of the Member	String	String	Parties Related To Case	No
Address2	Address of the Member	String	String	Parties Related To Case	No
City	City of the Member	String	String	Parties Related To Case	No
Zip Code	Zip Code of the Address	integer	Number	Parties Related To Case	No
State	State of the Member	Dropdown	Dropdown	Parties Related To Case	No
Notes	Notes, if any	String	String	Parties Related To Case	No
SOCIAL MEDIA ACCOUNT					
Notes	Notes to record social media accounts/addresses	String	String	Social Media Accounts	Yes
PARTICIPANT PROFILE NOTES					
Date	Date of the notes	Date	Date	Participant Profile Notes	Yes
Notes	Notes about participant	String	String	Participant Profile Notes	No
MEDICAL INSURANCE					
Is Current	Participant Currently Insured OR Not	Radio Type	Radio Type	Medical Insurances	No
Medical Insurance Type	Types/Status of Insurance	Dropdown	Dropdown	Medical Insurances	Yes
Medical Insurance Information	Insurance Eligibility of the Participant	Dropdown	Dropdown	Medical Insurances	No
Note	Notes, if any	String	String	Medical Insurances	No
MENTAL HEALTH					
Ever received mental health eval	Has this participant ever received a mental health evaluation?	Radio Type	Radio Type	Mental Health	No
Is Client Competent	Client is Competent Yes/No/Unknown	Radio Type	Radio Type	Mental Health	No
History Of Mental Illness	History about Mental Illness of Participant	Radio Type	Radio Type	Mental Health	No
Ever had any suicidal thoughts / made any suicidal attempts ?	Mental Thinking About Participant	Radio Type	Radio Type	Mental Health	No
Ever been a victim of violence ?	Victim of violence?	Radio Type	Radio Type	Mental Health	No
Ever been a victim of Physical and / or Sexual abuse ?	Victim of physical/sexual abuse	Radio Type	Radio Type	Mental Health	No
Notes related to Abuse, Violence or Suicidal ideations.	Notes About Abuse, Violence or Suicidal ideations	String	String	Mental Health	No
Date Competency Evaluation Ordered	Date of the Order	Date	Date	Mental Health	No
Date Competency Evaluation Received	Date of the Receiving competency evaluation	Date	Date	Mental Health	No
Was there a Psychiatric Diagnosis ?	Psychiatric Diagnostic of Participant	Radio Type	Radio Type	Mental Health	No
Primary Diagnosis	First Diagnosis of the Participant PRIMARY DIAGNOSIS followed by the ability to enter secondary	Dropdown	Dropdown	Mental Health	No
Diagnosis Code 2	Second Diagnosis of the Participant	Dropdown	Dropdown	Mental Health	No
Diagnosis Code 3	Third Diagnosis of the Participant	Dropdown	Dropdown	Mental Health	No
Diagnosis Code 4	Fourth Diagnosis of the Participant	Dropdown	Dropdown	Mental Health	No

Diagnosis Code 5	Fifth Diagnosis of the Participant	Dropdown	Dropdown	Mental Health	No
Diagnosis Code 6	Sixth Diagnosis of the Participant	Dropdown	Dropdown	Mental Health	No
Trauma Exposed	Was this person's trauma exposed through mental health evaluation?	Dropdown	Dropdown	Mental Health	No
SUBSTANCE USE					
Prior Substance Use	Does participant have a history of substance use?	Radio Type	Radio Type	Substance Use	No
Prior Drug Court Participation	Was participant ever in treatment court previously?	Radio Type	Radio Type	Substance Use	No
Treatment Service prior to admission	Treatment Services before Admission	Radio Type	Radio Type	Substance Use	Yes
Detoxification from alcohol/drug	Did they ever require detoxification?	Radio Type	Radio Type	Substance Use	Yes
In-Patient alcohol/drug use treatment	In patient Alcohol treatment	Radio Type	Radio Type	Substance Use	Yes
Intensive outpatient alcohol/substance use treatment	Out patient Alcohol treatment	Radio Type	Radio Type	Substance Use	Yes
Jail-based or Correctional based alcohol/substance use treatment	Jail-based alcohol treatment	Radio Type	Radio Type	Substance Use	Yes
Individual alcohol/substance use counseling	Counseling of Participant Related to Alcohol	Radio Type	Radio Type	Substance Use	Yes
Co-occurring(alcohol/drug abuse/mental health) treatment	Co-occurring(alcohol/drug abuse/mental health) treatment	Radio Type	Radio Type	Substance Use	Yes
Inpatient Psychiatric Treatment	Psychiatric Treatment Of the Participant	Radio Type	Radio Type	Substance Use	Yes
Outpatient psychiatric treatment	Psychiatric Treatment Of the Participant	Radio Type	Radio Type	Substance Use	Yes
History of Overdose	Does participant have a history of overdose?	Radio Type	Radio Type	Substance Use	Yes
Primary Drug Used	Drugs/Alcohol Consumed by Participant	Dropdown	Dropdown	Substance Use	Yes
Frequency use in last 30 days	Number of times used in the previous 30 days	integer	Number	Substance Use	No
Age of first use	Drugs/Alcohol Consumption Starting Age of the Participant	integer	Number	Substance Use	No
Secondary Drug Used	2nd Drug/Alcohol Consumed by Participant	Dropdown	Dropdown	Substance Use	Yes
Tertiary Drug Used	3rd Drug/Alcohol Consumed by Participant	Dropdown	Dropdown	Substance Use	Yes
IV Drug User	Does participant use drugs via IV method currently?	Dropdown	Dropdown	Substance Use	Yes
History of IV Drug Use	Has participant used IV method in the past to consume drugs?	Dropdown	Dropdown	Substance Use	Yes
Primary Diagnosis Code	1st Diagnostic Code of the Participant	Dropdown	Dropdown	Substance Use	No
Secondary Diagnosis Code	2nd Diagnostic Code of the Participant	Dropdown	Dropdown	Substance Use	No
Global Assessment of Functioning (GAF) Score	GAF Score of the Participant	integer	Number	Substance Use	No
ASAM Placement Criteria	ASAM Placement of the Participant	Dropdown	Dropdown	Substance Use	No
Recommended Treatment Modality/Service	Recommended Treatment for the Participant	Dropdown	Dropdown	Substance Use	No
Currently in substance abuse treatment program?	Is participant currently in a treatment program?	Radio Type	Radio Type	Substance Use	No
DRIVER'S LICENSE					
License Status	License Status of the Participant (expired, valid, suspended, etc.)	Dropdown	Dropdown	Driver's License	Yes
MEDICAL					
Medical Condition At Screening?	Any medical issues that are current during screening?	String	String	Medical	No
Current Medical Condition?	Current Medical Condition of the Participant	String	String	Medical	No
Medical Compliance	Is participant in compliance with medical recommendations?	Dropdown	Dropdown	Medical	No
Pharmalogical Intervention For Substance use	Has the participant required pharmacological intervention?	Radio Type	Radio Type	Medical	No
Allergies	Allergy Of the Participant	Radio Type	Radio Type	Medical	No
Have you been Prescribed Medication in last (12 months)	Medication Prescribed for the Participant	Dropdown	Dropdown	Medical	Yes
Are you currently taking medication as prescribed?	Is participant taking meds as prescribed?	Radio Type	Radio Type	Medical	Yes
Prescribed medication (enter per type)	Medication Prescribed				
Psychiatric	Psychiatric	integer	Number	Medical	Yes
Other	Other	integer	Number	Medical	Yes
Current Medication	Current Medicine participant is prescribed	String	String	Medical	No
Medical Insurance Status	Status of the Insurance of the Participant	Dropdown	Dropdown	Medical	No
Medical Insurance Information	information of the Insurance of the Participant	String	String	Medical	No
Previous Significant Medical History	Any serious medical issues in participant's past	Radio Type	Radio Type	Medical	No
Last Medical Exam Date	Last Medical Exam of the Participant	Date	Date	Medical	No
Last Medical Exam Location	Last Medical Exam location	String	String	Medical	No
HIV Testing & Communicative Diseases	HIV Testing & Communicative Diseases				
Has received Communicative Disease Education	Took Education about Communicable Disease by the Participant	Radio Type	Radio Type	Medical	No
HIV Testing Done	Test of HIV for the Participant	Radio Type	Radio Type	Medical	No
Does Client know the result	Result of HIV taken by the Participant	Radio Type	Radio Type	Medical	No
Medical Condition At Screening?	Medical Condition	String	String	Medical	No
TRANSFER PARTICIPANT					
Court	Name of the court to be transferred to	Dropdown	Dropdown	TRANSFER PARTICIPANT	Yes
Docket	Name of the docket to be transferred to	Dropdown	Dropdown	TRANSFER PARTICIPANT	Yes
FEE					
Type	Type of the Fee (drug court fees, restitution, fines, drug testing, etc.)	Dropdown	Dropdown	Add on Fee	Yes
Amount	Fee Amount	Integer	Number	Add on Fee	Yes
Date Fee Assessed	Date Fee Assessed	Date	Date	Add on Fee	Yes
Due Date	Due Date of the Fee	Date	Date	Add on Fee	No
Description	Description of the Fee	String	String	Add on Fee	No
Check if Payment was made	Check if Payment was made	Check Box	Check Box	Add on Fee	No
Transaction Date	Transaction Date of the fee and/or payment	Date	Date	Make Deposit	Yes
Amount to Deposit	Amount to Deposit in the participant's wallet (or virtual bank account)	Integer	Number	Make Deposit	Yes
Notes	Notes, if any	String	String	Make Deposit	No
AFFIRMATION					
Title	Title of the affirmation	String	String	Add Affirmation	Yes
Notes	Notes to describe the affirmation (Example: We're so proud of the work you're doing!)	String	String	Add Affirmation	No
ALCOHOL MONITORING					
Monitoring System	Monitoring System assigned to participant	Dropdown	Dropdown	Add on Alcohol Monitoring	Yes
Date Monitoring Ordered	Date Monitoring Ordered	Date	Date	Add on Alcohol Monitoring	Yes
Date Monitoring Ended	Date Monitoring Ended	Date	Date	Add on Alcohol Monitoring	No
Payment Source	Payment Source for the monitoring (Grant, self-pay, etc.)	Dropdown	Dropdown	Add on Alcohol Monitoring	Yes
Notes	Notes, if any	String	String	Make Deposit	No
Add Ancillary Services and Treatment Groups					
Service Type	Service Type of the participant (DBT, 12-step, MRT, etc.)	Dropdown	Dropdown	Add on Ancillary Services and Treatment Groups	Yes
Provider	Provider of the service	Dropdown	Dropdown	Add on Ancillary Services and Treatment Groups	Yes
Funding Source	Funding Source for the service	Dropdown	Dropdown	Add on Ancillary Services and Treatment Groups	No
Method of Delivery	Method of Delivery of the service (In person, teleservices)	Dropdown	Dropdown	Add on Ancillary Services and Treatment Groups	No
Amount Paid	Amount Paid for service	Integer	Number	Add on Ancillary Services and Treatment Groups	No
Ordered	Number of groups ordered	Integer	Number	Add on Ancillary Services and Treatment Groups	No
Attended	Number of groups attended	Integer	Number	Add on Ancillary Services and Treatment Groups	No
Date Assigned	Date Assigned	Date	Date	Add on Ancillary Services and Treatment Groups	No
Start Date	Start Date of the participant	Date	Date	Add on Ancillary Services and Treatment Groups	Yes
End Date	End Date of the participant	Date	Date	Add on Ancillary Services and Treatment Groups	No
Status	Status of the group (completed, did not attend, etc.)	Dropdown	Dropdown	Add on Ancillary Services and Treatment Groups	No
Total Hours Completed	Total Hours Completed	Integer	Number	Add on Ancillary Services and Treatment Groups	Yes
Notes	Notes, if any	String	String	Add on Ancillary Services and Treatment Groups	No

Add Tags	Add Tags about the Ancillary service or treatment group	Dropdown	Dropdown	Add on Ancillary Services and Treatment Groups	No
ANALYTICS					
ClientID	ClientID of the participant	Dropdown	Dropdown	Add on Analytics	No
CASE PLANNING					
Case Number	Case Number of the participant	Dropdown	Dropdown	Add Customs Goals	No
Problem Description	Problem Description What are we trying to solve	String	String	Add Customs Goals	No
Goal Description	What goal do we have to address the problem	String	String	Add Customs Goals	Yes
Status	Status of the goal (scheduled, in progress, etc.)	Dropdown	Dropdown	Add Case Goals	No
Start Date	Start Date of the goal	Date	Date	Add Case Goals	Yes
End Date	Anticipated End Date of the goal	Date	Date	Add Case Goals	Yes
Actual End Date	Actual End Date of the goal	Date	Date	Add Case Goals	No
Title	Title of the TASK we've assigned to complete the goal	String	String	Add Task	Yes
Due Date	Due Date of the task	Date	Date	Add Task	Yes
Completion Date	Completion Date of the task	Date	Date	Add Task	Yes
Person responsible	Person who will assist participant with the task	Dropdown	Dropdown	Add Assist	Yes
Due Date	Due Date of the task	Date	Date	Add Assist	Yes
Details	Details of the task and what the assister is responsible for	String	String	Add Assist	No
Notes	Notes, if any	String	String	Add Case Goals	No
COMMUNITY SERVICE					
Date Assigned	Date Assigned	Date	Date	Add Community Service	Yes
Site Assigned	Site Assigned	String	String	Add Community Service	Yes
Hours Required	Hours Required	Integer	Number	Add Community Service	Yes
Completion Due Date	Completion Due Date	Date	Date	Add Community Service	Yes
Status	Status (on-going, failed to complete, etc.)	Dropdown	Dropdown	Add Community Service	Yes
Hours Completed	Hours Completed	Integer	Number	Add Community Service	Yes
Community Service Type	Community Service Type (Volunteer, Court Sanction, Court requirement)	Dropdown	Dropdown	Add Community Service	No
Notes	Notes	String	String	Add Community Service	No
Add Tags	Add Tags	Dropdown	Dropdown	Add Community Service	No
CRIMINAL PROFILE					
Type of Offense	Type of Offense (Felony, Misdemeanor, etc)	Dropdown	Dropdown	Add Criminal Profile	No
Class	Class of the Offense	Dropdown	Dropdown	Add Criminal Profile	No
Case Filing Date	Case Filing Date of offense/case	Date	Date	Add Criminal Profile	Yes
Code	Code of offense/case	Integer	Number	Add Criminal Profile	No
Offense Category	Offense Category (Manufacturing, possession, property crime, etc.)	Dropdown	Dropdown	Add Criminal Profile	No
Charge	Charge (Example: Criminal Possession of Dangerous Drugs)	Integer	Number	Add Criminal Profile	No
Charge Status	Charge Status (Conditional, pending, etc.)	Dropdown	Dropdown	Add Criminal Profile	Yes
Case Number	Case Number	Integer	Number	Add Criminal Profile	Yes
Judge On Case	Judge On Case	String	String	Add Criminal Profile	No
Prosecutor	Prosecutor on the case	String	String	Add Criminal Profile	No
Location	Location of the crime	String	String	Add Criminal Profile	No
Arrest Date	Arrest Date	Date	Date	Add Criminal Profile	No
Recidivated	Did client recidivate with this crime?	Check Box	Check Box	Add Criminal Profile	No
Is it a case in treatment court	Is this case being addressed in treatment court	Radio Button	Radio Button	Add Criminal Profile	No
Notes	Notes, if any	String	String	Add Community Service	Yes
DISCHARGE					
Discharge Date	Discharge Date	Date	Date	Click on Discharge	Yes
Discharge Reason	Discharge Reason (Successfully graduated, terminated, etc.)	Dropdown	Dropdown	Click on Discharge	Yes
Offer Related to Court Participation	Offer Related to Court Participation (Case dismissal, charge reduction, etc.)	Dropdown	Dropdown	Click on Discharge	Yes
Employment Type at Discharge	Employment Type at Discharge (Employed full or part time, unemployed, etc.)	Dropdown	Dropdown	Click on Discharge	Yes
Education Level at Discharge	Education Level at Discharge	Dropdown	Dropdown	Click on Discharge	Yes
Probation Status at Discharge	Probation Status at Discharge Do they continue on probation?	Dropdown	Dropdown	Click on Discharge	Yes
Custody Status at Discharge	Custody Status at Discharge (Child custody status)	Dropdown	Dropdown	Click on Discharge	Yes
Did client gain/regain driving license or is client ready to gain/regain driving license:	Did client gain/regain driving license or is client ready to gain/regain driving license:	Radio Button	Radio Button	Click on Discharge	Yes
Were babies born during the program	Were babies born during the program	Radio Button	Radio Button	Click on Discharge	Yes
Pregnant while in court	Pregnant while in court (or partner pregnant)?	Dropdown	Dropdown	Click on Discharge	Yes
Participant made child support payments as ordered	Participant made child support payments as ordered	Dropdown	Dropdown	Click on Discharge	Yes
Notes	Notes	String	String	Click on Discharge	No
Number of community service hours completed	Number of community service hours completed	Integer	Number	Click on Discharge	Yes
Number of community service hours remaining	Number of community service hours remaining	Integer	Number	Click on Discharge	Yes
Enrolled in veterans services while in court	Enrolled in veterans services while in court	Radio Button	Radio Button	Click on Discharge	Yes
Received veterans services while in court	Received veterans services while in court participant	Radio Button	Radio Button	Click on Discharge	Yes
Received Driver license while in court	Received Driver license while in court	Radio Button	Radio Button	Click on Discharge	Yes
Received State Identification Card while in court	Received State Identification Card while in court	Radio Button	Radio Button	Click on Discharge	Yes
Number of jail days served during court	Number of jail days served during court participation	String	String	Click on Discharge	Yes
In-program new arrests (enter statute and literal)	In-program new arrests	String	String	Click on Discharge	Yes
In-program new convictions (enter statute and literal)	In-program new convictions for participant	String	String	Click on Discharge	Yes
Prior criminal charges resolved during court	Were prior criminal charges resolved while they were in the treatment court	Radio Button	Radio Button	Click on Discharge	Yes
Housing/Homeless - What is your current living arrangement	What is your current living arrangement	Dropdown	Dropdown	Click on Discharge	Yes
Psychiatric Diagnosis	Psychiatric Diagnosis?	Dropdown	Dropdown	Click on Discharge	Yes
Number of arrests in your lifetime(Misdemeanor)	Number of misdemeanor arrests in your lifetime	String	String	Click on Discharge	Yes
Number of arrests in your lifetime (Felony)	Number of Felony Arrests in your lifetime	String	String	Click on Discharge	Yes
Number of convictions in your lifetime (Misdemeanor)	Number of Misdemeanor convictions	String	String	Click on Discharge	Yes
Number of convictions in your lifetime (Felony)	Number of Felony Convictions	String	String	Click on Discharge	Yes
Treatment service during the program	Did participant have treatment services during program	Radio Button	Radio Button	Click on Discharge	Yes
Treatment service during the program	What treatment did they receive during drug court program?	Check Box	Check Box	Click on Discharge	Yes
Detoxification from Alcohol/Drug	Detoxification from Alcohol/Drug?	Radio Button	Radio Button	Click on Discharge	Yes
In-Patient alcohol/ Substance use treatment	In-Patient alcohol/ Substance use treatment?	Radio Button	Radio Button	Click on Discharge	Yes
Intensive outpatient Alcohol/Substance use treatment	Intensive outpatient Alcohol/Substance use?	Radio Button	Radio Button	Click on Discharge	Yes
Outpatient alcohol/Substance use treatment	Outpatient alcohol/Substance use treatment?	Radio Button	Radio Button	Click on Discharge	Yes
Jail-based or correctional based alcohol/Substance use treatment	Jail-based or correctional based alcohol/Substance use treatment?	Radio Button	Radio Button	Click on Discharge	Yes
Individual alcohol/Substance use treatment	Individual alcohol/Substance use treatment?	Radio Button	Radio Button	Click on Discharge	Yes
Co-occurring(alcohol/drug abuse/mental health) treatment	Co-occurring(alcohol/drug abuse/mental health) treatment?	Radio Button	Radio Button	Click on Discharge	Yes
Inpatient psychiatric treatment	Inpatient psychiatric treatment?	Radio Button	Radio Button	Click on Discharge	Yes
Outpatient psychiatric treatment	Outpatient psychiatric treatment?	Radio Button	Radio Button	Click on Discharge	Yes
Prescribed medication	Was the participant prescribed any medication	Radio Button	Radio Button	Click on Discharge	Yes
Are you taking prescribed medication Currently	Are you taking prescribed medication Currently	Radio Button	Radio Button	Click on Discharge	Yes
Participant receiving the following benefits at Discharge	Select benefits participant is receiving at Discharge	Check Box	Check Box	Click on Discharge	Yes
Participant receiving the following other services while in court	Select services participant received while in court program	Check Box	Check Box	Click on Discharge	Yes
Monetary obligation Collected or Terminated and / or graduated Participant	Monetary obligation that were collected from participant	String	String	Click on Discharge	Yes
Fees	Fees	String	String	Click on Discharge	Yes
Restitution	Restitution	String	String	Click on Discharge	Yes
Child Support	Child Support	String	String	Click on Discharge	Yes
Primary drug used	Primary drug used while in program	Dropdown	Dropdown	Click on Discharge	Yes
Frequency use in last 30 days	Frequency use in last 30 days	String	String	Click on Discharge	Yes
Secondary drug used	Secondary drug used in program	Dropdown	Dropdown	Click on Discharge	Yes
Tertiary drug used	Tertiary drug used while in program	Dropdown	Dropdown	Click on Discharge	Yes

Sobriety Measures					
Number of negative drug screens while in program for terminated client	Number of negative drug screens	Integer	Number	Click on Discharge	Yes
Number of positive drug screens while in program for discharged client	Number of positive drug screens while in program for discharged client	Integer	Number	Click on Discharge	Yes
Number of days clean prior to discharge for discharged client	Number of days sober prior to discharge for discharged client	Integer	Number	Click on Discharge	Yes
Attending self-help groups at time of court discharge	Is participant attending self helps at discharge?	Radio Button	Radio Button	Click on Discharge	Yes
DOCUMENTS					
Document Type	Document Type (address change, SUD assessment, plea agreement, etc.)	Dropdown	Dropdown	Add Send Document	Yes
Document Name	Document Name	String	String	Add Send Document	Yes
Document URL	Document URL (URL associated with document or survey)	String	String	Add Send Document	Yes
Document Name	Document Name	Dropdown	Dropdown	Generate	Yes
Document Type	Document Type (ROI, Contract, etc.)	Dropdown	Dropdown	Upload	Yes
EMPLOYMENT PROFILE					
Employment Status	Employment Status (employed, unemployed, etc.)	Dropdown	Dropdown	Add Employment Profile	Yes
Start Date	Employment Start Date	Date	Date	Add Employment Profile	No
End Date	Employment End Date	Date	Date	Add Employment Profile	No
Currently Employed	Currently Employed (Click to signify if participant is currently employed)	Check Box	Check Box	Click on Discharge	No

Name	Description	Data Type	Format	Source	Required
ACCOUNTING					
Fees					
Type	Fee Type (Example: Drug Court Fees, Restitution) CUSTOMIZABLE	String	Dropdown	Add Fee	Yes
Amount	Amount of the Fee being assessed	Integer		Add Fee	Yes
Date Fee Assessed	Date Fee Assessed or entered into the accounting system	Date	Date	Add Fee	Yes
Due Date	Due Date of the fee	Date	Date	Add Fee	No
Description	Description of the fee and general notes you may want to add about the	String	String	Add Fee	No
Payments					
Payment Type	Payment Type (cash, wallet, credit card, waived, etc)	String	Dropdown	Add Fee	Yes
Payment Date	Date when the payment is made	Date	Date	Make Payment	Yes
Fee Type	Fee Type (Example: Drug Court Fees, Restitution) CUSTOMIZABLE	String	Dropdown	Make Payment	Yes
Payment Type	Payment mode (Cash, wallet, credit card, waived, etc.)	String	String	Make Payment	Yes
Notes	Notes, if any	String	String	Make Payment	No
Print receipt	Payment receipt can be printed for participant				No
Fee and Payment Adjustments					
Adjustment Date	Date when adjustment is done	Date	Date	Make Adjustments	Yes
Adjustment Type	Type of Adjustment (Fee adjustment or Payment Adjustment)	String	Dropdown	Make Adjustments	Yes
Fee Type	Type of Fee (Which Fee you will adjust from list)	String	Dropdown	Make Adjustments	Yes
Adjustment Amount	Amount adjusted	Integer	Number	Make Adjustments	Yes
Notes	Notes, if any	String	Dropdown	Make Adjustments	No
Transaction Date (Wallet)	Transaction Date of the deposit into the Wallet	Date	Date	Wallet	Yes
Amount to Deposit	Amount to Deposit into the wallet	Integer	Number	Wallet	Yes
Notes	Notes, if any	String	String	Wallet	No
AFFIRMATION					
Title	Title for the affirmation	String	String		Yes
Notes	The affirmation itself (a positive note for the participant)	String	String		No
ALCOHOL MONITORING					
Monitoring System	Monitoring System used (SCRAM, REACT, etc.)	Dropdown	Dropdown	Add Alcohol Monitoring	Yes
Date Monitoring Ordered	Date Monitoring System Ordered	Date	Date	Add Alcohol Monitoring	Yes
Date Monitoring Ended	Date Monitoring System Ended	Date	Date	Add Alcohol Monitoring	No
Payment Source	Payment Source for the monitoring system (Grant, Self pay, Court)	Dropdown	Dropdown	Add Alcohol Monitoring	Yes
Notes	Notes, if any	String	String	Add Alcohol Monitoring	No
ANCILLARY SERVICES AND TREATMENT GROUPS					
Service Type	Service Type (12 step, DBT, Group Therapy, etc.) CUSTOMIZABLE	Dropdown	Dropdown	Add Ancillary Service	Yes
Provider	Service Provider	Dropdown	Dropdown	Add Ancillary Service	Yes
Funding Source	Funding Source for Services rendered (Grant, Drug Court Budget, etc)	Dropdown	Dropdown	Add Ancillary Service	No
Method of Delivery	Method of Delivery of services (In-person, teleservices)	Dropdown	Dropdown	Add Ancillary Service	No
Amount Paid	Amount Paid for the services	Integer	Number	Add Ancillary Service	No
Ordered	Number of groups/services ordered	Integer	Number	Add Ancillary Service	No
Attended	Number of groups/services attended	Integer	Number	Add Ancillary Service	No
Date Assigned	Date Participant was assigned to services	Date	Date	Add Ancillary Service	No
Start Date	Start Date of the service or group	Date	Date	Add Ancillary Service	Yes
End Date	End Date of the service or group	Date	Date	Add Ancillary Service	No
Status	Status of the assignment (Example: Completed, Never attended, In	Dropdown	Dropdown	Add Ancillary Service	No
Total Hours Completed	Total Hours Completed	Integer	Number	Add Ancillary Service	Yes
Notes	Notes, if any	String	String	Add Ancillary Service	No
Add Tags	Add Tags to the Participant about the Services	Dropdown	Dropdown	Add Ancillary Service	No
CASE PLANNING					
Case Number	Case Number of the participant	Dropdown	Dropdown	Add Customs Goals	No
Problem Description	Description of the problem you're trying to address	String	String	Add Customs Goals	No
Goal Description	Description of the goal you are setting for this problem	String	String	Add Customs Goals	Yes
Status	Status of the Goal (Completed, In progress, Scheduled, etc.)	Dropdown	Dropdown	Add Case Goals	No
Start Date	Start Date for the goal	Date	Date	Add Case Goals	Yes
End Date	Anticipated End Date for the goal	Date	Date	Add Case Goals	Yes
Actual End Date	Actual End Date of the goal	Date	Date	Add Case Goals	No
Title	Title of the Task required to reach the goal that was set	String	String	Add Task	Yes
Due Date	Task Due Date	Date	Date	Add Task	Yes
Completion Date	Completion Date of the task	Date	Date	Add Task	Yes
Person responsible	Person responsible to assist the participant with the assigned Task	Dropdown	Dropdown	Add Assist	Yes
Due Date	Due Date for the assistance	Date	Date	Add Assist	Yes
Details	Details of the Task that the assister will be helping with	String	String	Add Assist	No
Notes	Notes, if any	String	String	Add Case Goals	No
Upload Documents	Attach Document, if any				No
COMMUNITY SERVICE					
Date Assigned	Date Assigned to the participant	Date	Date	Add Community Service	Yes
Site Assigned	Site/location Assigned for the Community Service	String	String	Add Community Service	Yes
Hours Required	The number of hours required to complete the community service	Integer	Number	Add Community Service	Yes
Completion Due Date	Date that assignment is due	Date	Date	Add Community Service	Yes
Status	Status of the assignment (Example: Completed, in progress, etc)	Dropdown	Dropdown	Add Community Service	Yes
Hours Completed	Hours Completed by the participant	Integer	Number	Add Community Service	Yes
Community Service Type	Type of Service (Example: Sanction, Program requirement, Volunteer Service)	Dropdown	Dropdown	Add Community Service	No
Notes	Notes, if any	String	String	Add Community Service	No
Add Tags	Add Tags to the participant regarding community service	Dropdown	Dropdown	Add Community Service	No
CRIMINAL PROFILE					
Type of Offense	Type of Offense (Felony, Misdemeanor, etc.)	Dropdown	Dropdown	Add Criminal Profile	No
Class	Felony Class (1, 2, 3, 4, etc)	Dropdown	Dropdown	Add Criminal Profile	No
Case Filing Date	Date the case was filed	Date	Date	Add Criminal Profile	Yes
Code	Offense code	Integer	Number	Add Criminal Profile	No
Offense Category	Offense category (Example: DUI, Property Offense, Use,	Dropdown	Dropdown	Add Criminal Profile	No

Charge	Name of Charge (Example: CPDD)	Integer	Number	Add Criminal Profile	No
Charge Status	Charge Status (Conditional, Dismissed, Guilty, Pending)	Dropdown	Dropdown	Add Criminal Profile	Yes
Case Number	Case Number for charge	Integer	Number	Add Criminal Profile	Yes
Judge On Case	Judge On Case	String	String	Add Criminal Profile	No
Prosecutor	Prosecutor on Case	String	String	Add Criminal Profile	No
Location	Location of Offense	String	String	Add Criminal Profile	No
Arrest Date	Arrest Date for offense	Date	Date	Add Criminal Profile	No
Recidivated	Has client recidivated due to this crime	Check Box	Check Box	Add Criminal Profile	No
Is it a case in treatment court	Treatment Court Case?	Radio Button	Radio Button	Add Criminal Profile	No
Notes	Notes, if any	String	String	Add Community Service	Yes
DISCHARGE					
Discharge Date	Date Discharged from Treatment Court	Date	Date	Click on Discharge	Yes
Discharge Reason	Discharge Reason (Graduation, Terminated, etc.)	Dropdown	Dropdown	Click on Discharge	Yes
Offer Related to Court Participation	Offer Related to Court Participation (Expungement, Case dismissal, etc.)	Dropdown	Dropdown	Click on Discharge	Yes
Employment Type at Discharge	Employment Type (Full-time, Part-time, Not in Labor Force, etc.)	Dropdown	Dropdown	Click on Discharge	Yes
Education Level at Discharge	Education Level (Highest level of education attained)	Dropdown	Dropdown	Click on Discharge	Yes
Probation Status at Discharge	Probation Status at Discharge (Continued on Probation, Discharge, etc.)	Dropdown	Dropdown	Click on Discharge	Yes
Custody Status at Discharge	Child Custody Status at Discharge	Dropdown	Dropdown	Click on Discharge	Yes
Did client gain/regain driving license or is client ready to gain/regain driving license:	Did client gain/regain driving license while in program?	Radio Button	Radio Button	Click on Discharge	Yes
Were babies born during the program	Babies born during the program (Yes No)	Radio Button	Radio Button	Click on Discharge	Yes
Pregnant while in court	Pregnant while in court program?	Dropdown	Dropdown	Click on Discharge	Yes
Participant made child support payments as ordered	Participant made child support payments (Current, Paying but not current, etc.)	Dropdown	Dropdown	Click on Discharge	Yes
Notes	Notes, if any	String	String	Click on Discharge	No
Number of community service hours completed	Number of community service hours completed	Integer	Number	Click on Discharge	Yes
Number of community service hours remaining	Number of community service hours remaining at discharge	Integer	Number	Click on Discharge	Yes
Enrolled in veterans services while in court	Enrolled in veterans services while in court program	Radio Button	Radio Button	Click on Discharge	Yes
Received veterans services while in court	Received veterans services while in court program	Radio Button	Radio Button	Click on Discharge	Yes
Received Driver license while in court	Received Driver license while in court program	Radio Button	Radio Button	Click on Discharge	Yes
Received State Identification Card while in court	Received State Identification Card while in court program	Radio Button	Radio Button	Click on Discharge	Yes
Number of jail days served during court	Number of jail days served during court participation	String	String	Click on Discharge	Yes
In-program new arrests (enter statute and literal)	Number of In-program new arrests	String	String	Click on Discharge	Yes
In-program new convictions (enter statute and literal)	Number of In-program new convictions participant	String	String	Click on Discharge	Yes
Prior criminal charges resolved during court	Were prior criminal charges resolved during court participation? Yes	Radio Button	Radio Button	Click on Discharge	Yes
Housing/Homeless - What is your current living arrangement	What is your current living arrangement (Homeless, Independent, etc.)	Dropdown	Dropdown	Click on Discharge	Yes
Psychiatric Diagnosis	Psychiatric Diagnosis (Choices to include None and Other)	Dropdown	Dropdown	Click on Discharge	Yes
Number of arrests in your lifetime(Misdemeanor)	Number of Misdemeanor arrests in your lifetime	String	String	Click on Discharge	Yes
Number of arrests in your lifetime (Felony)	Number of Felony arrests in your lifetime	String	String	Click on Discharge	Yes
Number of convictions in your lifetime (Misdemeanor)	Number of misdemeanor convictions in your lifetime	String	String	Click on Discharge	Yes
Number of convictions in your lifetime (Felony)	Number of Felony convictions in your lifetime	String	String	Click on Discharge	Yes
Treatment service during the program	Did participant have Treatment service during the program	Radio Button	Radio Button	Click on Discharge	Yes
Treatment service during the program	Did the participant have Treatment service during the program	Check Box	Check Box	Click on Discharge	Yes
Detoxification from Alcohol/Drug	Detoxification from Alcohol/Drug?	Radio Button	Radio Button	Click on Discharge	Yes
In-Patient alcohol/ Substance use treatment	In-Patient alcohol/ Substance use treatment?	Radio Button	Radio Button	Click on Discharge	Yes
Intensive outpatient Alcohol/Substance use treatment	Intensive outpatient Alcohol/Substance use treatment?	Radio Button	Radio Button	Click on Discharge	Yes
Outpatient alcohol/Substance use treatment	Outpatient alcohol/Substance use treatment?	Radio Button	Radio Button	Click on Discharge	Yes
Jail-based or correctional based alcohol/Substance use treatment	Jail-based or correctional based alcohol/Substance use treatment?	Radio Button	Radio Button	Click on Discharge	Yes
Individual alcohol/Substance use treatment	Individual alcohol/Substance use treatment?	Radio Button	Radio Button	Click on Discharge	Yes
Co-occurring(alcohol/drug abuse/mental health) treatment	Co-occurring(alcohol/drug abuse/mental health) treatment?	Radio Button	Radio Button	Click on Discharge	Yes
Inpatient psychiatric treatment	Inpatient psychiatric treatment?	Radio Button	Radio Button	Click on Discharge	Yes
Outpatient psychiatric treatment	Outpatient psychiatric treatment?	Radio Button	Radio Button	Click on Discharge	Yes
Prescribed medication	Was medication Prescribed for participant	Radio Button	Radio Button	Click on Discharge	Yes
Are you taking prescribed medication Currently	Is Participant taking prescribed medication at discharge?	Radio Button	Radio Button	Click on Discharge	Yes
Participant receiving the following benefits at	Select Benefits participant is receiving at discharge	Check Box	Check Box	Click on Discharge	Yes
Participant receiving the following other services while in court	Select services participant received while in court program	Check Box	Check Box	Click on Discharge	Yes
Monetary obligation Collected or Terminated and / or graduated Participant	Monetary obligation Collected while in court (Fines, Fees, Restitution, etc.)	String	String	Click on Discharge	Yes
Fees	Fees paid by participant	String	String	Click on Discharge	Yes
Restitution	Restitution paid by participant while in program	String	String	Click on Discharge	Yes
Child Support	Child Support paid by participant	String	String	Click on Discharge	Yes
Primary drug used	Primary drug used by participant while in court program	Dropdown	Dropdown	Click on Discharge	Yes
Frequency use in last 30 days	Frequency that primary drug was used over previous 30 days	String	String	Click on Discharge	Yes
Secondary drug used	Secondary drug used by participant	Dropdown	Dropdown	Click on Discharge	Yes
Tertiary drug used	Tertiary drug used by participant	Dropdown	Dropdown	Click on Discharge	Yes
Sobriety Measures	Number of total negative drug screens while in program	Integer	Number	Click on Discharge	Yes
Number of positive drug screens while in program for terminated client	Number of positive drug screens while in program for discharged client	Integer	Number	Click on Discharge	Yes
Number of days clean prior to discharge for terminated client	Number of days sober prior to discharge for participant	Integer	Number	Click on Discharge	Yes

Attending self-help groups at time of court discharge	Is client attending self-help groups at time of court discharge?	Radio Button	Radio Button	Click on Discharge	Yes
DOCUMENTS					
Document Type	Document Type (Medical Record, ROI, Contract, etc.) CUSTOMIZABLE	Dropdown	Dropdown	Add Send Document	Yes
Document Name	Name of document to be uploaded	String	String	Add Send Document	Yes
Document URL	Document URL if applicable	String	String	Add Send Document	Yes
Document Name	Name of Document to be generated	Dropdown	Dropdown	Generate	Yes
Document Type	Type of document to be generated	Dropdown	Dropdown	Upload	Yes
EMPLOYMENT PROFILE					
Employment Status	Employment Status of participant (Employed, Unemployed, etc.)	Dropdown	Dropdown	Add Employment Profile	Yes
Start Date	Employment start date	Date	Date	Add Employment Profile	No
End Date	Employment end date	Date	Date	Add Employment Profile	No
Currently Employed	Select Yes if currently employed	Check Box	Check Box	Click on Discharge	No
INCENTIVE					
Date Awarded	Date incentive awarded to participant	Date	Date	Incentive	Yes
Incentive Type	Type of the Incentive for the Participant	Dropdown	Dropdown	Incentive	Yes
Reason for Incentive	Reason that the incentive is being awarded	String	String	Incentive	Yes
Milestone	Milestone marks a special achievement and reason for award	Radio Type	Radio Type	Incentive	No
Notes	Notes About Incentive if applicable	Dropdown	String	Incentive	No
Add Tags	Tags about Participant Incentive	Dropdown	Dropdown	Incentive	No
JOURNAL					
Journal Type	Type of Journal entry (Example: Treatment note, staff note, etc.)	Dropdown	Dropdown	Journal	Yes
Event Date	Date that coincides with Journal Entry/Type	Date	Date	Journal	Yes
Event Time	Time of Journal Event/type	Number	Number	Journal	No
Notes	Notes About Journal Entry	Dropdown	String	Journal	No
Add Tags	Tags about Participant activity noted in Journal	Dropdown	Dropdown	Journal	No
Select Staff	Staff making Journal Entry	Dropdown	Dropdown	Journal	No
LEVEL OF CARE IN TREATMENT					
Provider	Treatment Provider/Agency	Dropdown	Dropdown	Level of Care in Treatment	Yes
Level of Care/Placement	Level of Care participant in placed in for treatment ASAM	Dropdown	Dropdown	Level of Care in Treatment	Yes
Admit Date	Date of Admission to Level of Care	Dropdown	Dropdown	Level of Care in Treatment	Yes
Expected Discharge Date	Date of Expected Discharge of Level of Care	Dropdown	Dropdown	Level of Care in Treatment	Yes
Discharge Date	Level of Care discharge date	Date	Date	Level of Care in Treatment	No
Discharge Reason	Reason for Discharge (Successful Completion, did not complete, etc.)	Dropdown	Dropdown	Level of Care in Treatment	No
Number Of Hours Per Week	Number of hours per week in Level of Care	Number	Number	Level of Care in Treatment	No
Goals	Goals of the Participant while in Level of Care	Dropdown	String	Level of Care in Treatment	No
Objectives	Objectives of the goals in Level of Care	Dropdown	String	Level of Care in Treatment	No
Methods	Methods to obtain goals in Level of Care	Dropdown	String	Level of Care in Treatment	No
MEDICAL PROFILE					
Date of Service	Date that Medical Service is rendered	Date	Date	Medical Profile	Yes
Location of Service	Date where medical service is provided	String	String	Medical Profile	Yes
Physician Name	Physician Assigned to the Participant	String	String	Medical Profile	Yes
Diagnosis	Diagnosis Given to the Participant	String	String	Medical Profile	Yes
Did Client have a history of drug overdose ?	Any history of drug overdose?	Radio Type	Radio Type	Medical Profile	No
Was Medical Sheet turned in by client	Medical Sheet given to participant turned in to Court?	Radio Type	Radio Type	Medical Profile	No
Was Medication Prescribed	Was medication prescribed at this visit?	Radio Type	Radio Type	Medical Profile	No
Was Medical Cannabis Card Issued?	Does participant have medical cannabis card?	Radio Type	Radio Type	Medical Profile	No
Qualifying Medical Conditions	Medical Conditions that qualify participant for cannabis card?	Dropdown	Dropdown	Medical Profile	No
Issuing State	State that issued the card?	Dropdown	Dropdown	Medical Profile	No
Medical Insurance Status	Status of Medical Insurance of the Participant	Dropdown	Dropdown	Medical Profile	Yes
Medical Insurance Information	Medical Insurance number or other description	String	String	Medical Profile	No
HIV Testing & Communicative Diseases	Has client received communicative disease education?				
Has received Communicative Disease Education		Radio Type	Radio Type	Medical Profile	No
HIV Testing Done	Has participant been tested for HIV?	Radio Type	Radio Type	Medical Profile	No
Does Client know the result	Does participant know the results of HIV test?	Radio Type	Radio Type	Medical Profile	No
Summary of Referral Information	Notes, if any	String	String	Medical Profile	No
PHASE REVIEW					
Date Promoted	Date promoted to Phase	Date	Date	Phase Review	Yes
Notes	Notes regarding the phase promotion, if any	String	String	Phase Review	Yes
Pause	The ability to Pause the Phase days with a button				
Date Of Pause:	Date that phase was paused	Date	Date	Phase Review	Yes
Reason	Reason for pause (Example: Absconded, Residential treatment, etc.)	Dropdown	Dropdown	Phase Review	Yes
PROGRAM ASSESSMENT					
Document Name	Name of assessment document that you are uploading	Dropdown	Dropdown	Program Assessments	Yes
Add	Add Document				
Assessment Date	Date of the Assessment	Date	Date	Program Assessments	Yes
Timing of Assessment	Time that assessment was administered (In program, before admission, etc.)	Dropdown	Dropdown	Program Assessments	Yes
Assessment Tool	Name of assessment (Example: Iorns, Oras, Ace, etc.)	Dropdown	Dropdown	Program Assessments	Yes
Risk Level	Participant's Risk Level according to assessment results	Radio Type	Radio Type	Program Assessments	Yes
Need	Participant's Need Level according to assessment results	Radio Type	Radio Type	Program Assessments	Yes
Score	Assessment score, if applicable	String	String	Program Assessments	No
Notes	Notes, if any	String	String	Program Assessments	No
SANCTIONS					
Date Sanctioned	Date of the Sanction	Date	Date	Sanctions	Yes
Sanction Type	Type of the Sanction	Dropdown	Dropdown	Sanctions	Yes
Reason for Sanction	Reason that the sanction was given to participant	String	String	Sanctions	Yes
Status	Status of the sanction, if applicable (Ongoing, completed, failed to complete, etc.)	Dropdown	Dropdown	Sanctions	No
Infraction	The ability to upgrade a sanction to a fraction with a button.	Radio Type	Radio Type	Sanctions	No

Notes	Notes about sanction, if any	Dropdown	String	Sanctions	No
Add Tethering Sanctions	Tethering several sanctions together if you want them to count as one	String	String	Sanctions	No
Add Tags	Tags about the sanction	String	String	Sanctions	No

SUBSTANCE USE TESTING

Test Name	Test administered (UA, BA, Blood, etc.)	String	String	Substance Use Testing	Yes
Test Date	Date of the Test	Date	Date	Substance Use Testing	Yes
Test Type	Type of test administered (UA, BA, Sweat Patch, etc.)	Dropdown	Dropdown	Substance Use Testing	Yes
Test Time	Time of the Test	String	String	Substance Use Testing	No
Continuous Test	Ability to mark continuous test so same assays are tested each time	Radio Type	Radio Type	Substance Use Testing	No
10 Panel	Signifies the number of assays tested for	Dropdown	String	Substance Use Testing	No
Alcohol	Alcohol Assay	Dropdown	String	Substance Use Testing	No
Amphetamine	Amphetamine Assay	Dropdown	String	Substance Use Testing	No
Antidepressants	Antidepressants Assay	Dropdown	String	Substance Use Testing	No
Barbiturate	Barbiturate Assay	Dropdown	String	Substance Use Testing	No
Benzodiazepine	Benzodiazepine Assay	Dropdown	String	Substance Use Testing	No
Breathalyzer	Breathalyzer assay	Dropdown	String	Substance Use Testing	No
Buprenorphine	Buprenorphine Assay	Dropdown	String	Substance Use Testing	No
Clonazepam	Clonazepam Assay	Dropdown	String	Substance Use Testing	No
Cocaine	Cocaine Assay	Dropdown	String	Substance Use Testing	No
Creatinine	Creatinine Assay	Dropdown	String	Substance Use Testing	No
EtG	EtG Assay	Dropdown	String	Substance Use Testing	No
EtS	EtS Assay	Dropdown	String	Substance Use Testing	No
Fentanyl	Fentanyl	Dropdown	String	Substance Use Testing	No
Heroin	Heroin	Dropdown	String	Substance Use Testing	No
HYH	HYH	Dropdown	String	Substance Use Testing	No
Inhalants	Inhalants	Dropdown	String	Substance Use Testing	No
Kratom	Kratom	Dropdown	String	Substance Use Testing	No
Marijuana	Marijuana	Dropdown	String	Substance Use Testing	No
MDMA	MDMA	Dropdown	String	Substance Use Testing	No
Methadone	Methadone	Dropdown	String	Substance Use Testing	No
Methamphetamine	Methamphetamine	Dropdown	String	Substance Use Testing	No
MORPHINE	MORPHINE	Dropdown	String	Substance Use Testing	No
N/A	N/A	Dropdown	String	Substance Use Testing	No
Negative	Negative	Dropdown	String	Substance Use Testing	No
Norbuprenorphine	Norbuprenorphine	Dropdown	String	Substance Use Testing	No
Opiates	Opiates	Dropdown	String	Substance Use Testing	No
Opioids	Opioids	Dropdown	String	Substance Use Testing	No
Other	Other	Dropdown	String	Substance Use Testing	No
oxy	oxy	Dropdown	String	Substance Use Testing	No
Oxycodone	Oxycodone	Dropdown	String	Substance Use Testing	No
PCP (Phencyclidine)	PCP (Phencyclidine)	Dropdown	String	Substance Use Testing	No
PH	PH	Dropdown	String	Substance Use Testing	No
PPX	PPX	Dropdown	String	Substance Use Testing	No
Prescription Sedatives	Prescription Sedatives	Dropdown	String	Substance Use Testing	No
Rx	Rx	Dropdown	String	Substance Use Testing	No
Sedatives	Sedatives	Dropdown	String	Substance Use Testing	No
Specific Gravity [Ⓜ]	Specific Gravity	Dropdown	String	Substance Use Testing	No
Suboxone	Suboxone	Dropdown	String	Substance Use Testing	No
Test Assay 1 [Ⓜ]	Test Assay 1	Dropdown	String	Substance Use Testing	No
Test Assay 2 [Ⓜ]	Test Assay 2	Dropdown	String	Substance Use Testing	No
THC	THC	Dropdown	String	Substance Use Testing	No
Overall Test Results:	This is the overall result (Negative, Positive, Pos for RX, etc.)	Dropdown	Dropdown	Substance Use Testing	Yes
Notes	Notes about the test, if any	String	String	Substance Use Testing	No

TAG MANAGER

Tag	Tag you'd like to assign to a participant CUSTOMIZABLE	Dropdown	Dropdown	Tag Manager	Yes
Start Date	Start Date of the Tag	Date	Date	Tag Manager	Yes
End Date	End Date of the Tag	Date	Date	Tag Manager	No
Category	User can use colors to determine what type of tag (Important,	Radio Type	Radio Type	Tag Manager	Yes

TASK SHEET

Title	Title of Task you are assigning	String	String	Task-Sheet	Yes
Due Date	Due Date for task	Date	Date	Task-Sheet	Yes
Due Time	When Task is due	Number	Number	Task-Sheet	No
Current Timezone: Mountain Time Want to schedule future delivery ?	Delivery Time to the Participant	Radio Type	Radio Type	Task-Sheet	No
Notification to Participant	Type of notification and check-in you'd like to receive	Radio Type	Radio Type	Task-Sheet	No
Note	Notes about the Task you are assigning	Dropdown	String	Task-Sheet	No
Add Tags	Tags about the Task	String	String	Task-Sheet	No

THERAPEUTIC RESPONSE

Service Type	Therapeutic Response Type (Example: Residential treatment, Peer support, etc.)	Dropdown	Dropdown	Therapeutic Response	Yes
Provider	Therapeutic service provider	Dropdown	Dropdown	Therapeutic Response	Yes
Funding Source	Funding Source for the services (Grant, drug court budget, etc.)	Dropdown	Dropdown	Therapeutic Response	No
Amount Paid	Amount paid for services rendered	String	String	Therapeutic Response	No
Date Assigned	Date participant was referred for services	Date	Date	Therapeutic Response	No
Date Began	Beginning Date for the services	Date	Date	Therapeutic Response	Yes
Date Ended	Ending Date for the services	Date	Date	Therapeutic Response	No
Status	Status of the participation in services (Completed, Failed to complete, etc.)	Dropdown	Dropdown	Therapeutic Response	No
Notes	Notes about the services, if any	String	String	Therapeutic Response	No

ANCILLARY SERVICES

12 Step Program

Acupuncture

Anger Management Classes

Art Therapy

Case Management

Cognitive Development

Domestic Violence Classes

Education Services

Employment Services

Financial Assistance

Housing Assistance

Life Skills

Life Coaching

Medical/Health Services

Mentorship/Sponsorship

Parenting Classes

Pet Therapy

Physical Conditioning

Smoking Cessation/Reduction

Spiritual Program/Development

Transportation Services

Vision

Vocational Training

Volunteer Programs

Yoga

Other Service

Other Support Group

MAT Support groups

Group Therapy

Individual Counselling

MRT

Matrix

Relapse Prevention

Recovery Skills

Boundaries

White Bison

Cultural/Traditional practices

Fitness Class

Talking Circle

OSAT

Recovery Support Groups

Beading class

Language class

Carving class
Storytelling Hour
Circle Justice
Drum Making
Drum Circle
Aunties/ Uncles House
Fatherhood / Motherhood is Sacred
Blanket Exercise
Dental
Batterer's Intervention Group
Case Management/Support Coordination
Doctor/Medication Review
DBT
Recovery Empowerment Group
IMTE
EMDR
IOT three hour session
IOT Commitment group
Circle of Security
Equestrian Therapy
Self Help Program
Mental Health Services
Therapy Services
CBISA
Community Based Services
Assertive Community Treatment (ACT)
Co-occurring Treatment Services
Financial Education Class
Mandatory check in's
Group Counseling
PIMU
Individual IOP
Substance Use Group
Seeking Safety
Santa Fe Recovery
A: CD Assessment
B: CBISA
C: IOP Group Counseling
D: MRT
E: Outpatient Individual Counseling
F: Group Outpatient Counseling
G: Mental Health Group
H: Mental Health Assessment
I: Mental Health Outpatient Individual Counseling

K: CNP/PA Psychiatric Assessment/Med Management
L: Low Intensity Residential Treatment
Criminal Thinking
SUD Treatment Needs Assessment
Detox
Crisis Care
MADD Victim Impact Panel
Daycare/Childcare
IOT Continued Therapy (Sponsor)
SOLution Seekers
DART
Mental Health/Case Management
Alumni
Power
Thinking for Good
MST Courage
Grief
Women's
Alumni lead Self Help Meeting
Quitting Cannabis Group
Ready For Change Group
Harm Reduction Group
DV Batterer's Intervention
Peer Support
PATH
IOT (Self-Help)
IOT (Self Help)
Mindfulness
Support Group
Attend Additional Support Services
Sanction Paper
Family Time
Residential Treatment
IOP Santa Fe Recovery Sober Living
SMART Recovery APP
DUI Group
Responsible Choices
CBI/MRT
Virginia Marathon
Recovery Management Group
Medicine Wheel 12 Step Groups
New Direction: Criminal & Addictive Thinking Groups
Anger & Irritability Group
Therapy Notes

Medication Management
Mental Health Therapy
Sunflower Mobile & Medical Clinic LLC
Safety at Home
IOP
OP
Recovery Navigator Program
1x1
Mental Health Treatment
OP - 12 Step Program
OP - Relapse Prevention
1x1 Counseling
WRAP
Learning Healthy Boundaries
ASSAYS
Alcohol
Marijuana
Methamphetamine
Cocaine
Barbiturate
Hallucinogenes
Heroin
PCP (Phencyclidine)
Benzodiazepine
Prescription Sedatives
Amphetamine
Opioids
Synthetic
Inhalants
Other
Breathalyzer
Specific Gravity
Methadone
Creatinine
Negative
EtG
Guc
Fentanyl
Oxycodone
N/A
Buprenorphine
Rx
HYH
Sedatives

Gabapentin
PPX
MDMA
Antidepressants
oxy
THC
Suboxone
OxyContin
Clonazepam
MORPHINE
Kratom
Test Assay 1
Test Assay 2
Norbuprenorphine
TCA
PH
EtS
Tramadol
Codeine
Opiates
10 Panel
Xylazine
cannabinoids
16 Panel UA Cup
6 Panel Oral Swab
Positive
MDMA/Ecstasy
THC/Marijuana
K2/Spice
Meth
Neurontin
Adderall
Over the Counter
Vivitrol
Assay 1
ASS
Hydrocodone
ASSESSMENTS
ADAD
ASAM
ASI
ASI-Lite
BSAP
COMPAS

GAINS
JASAE
NEEDS
Other
RANT
SALCE
SASSI
SISAR
South Oaks Gambling Screen
PHQ-9, GAD-7, C-SSRS, Lie/Bet, DAST-20, Audit, PCL5
Patient Health Questionnaire -9 PHQ-9
Quick Inventory of Depressive Symptomatology (QIDS-SR 16)
ACE Questionnaire
BTQ (Brief Trauma Questionnaire)
IORNs
CHAT
CANS
TNRAS-ORAS
MHST
FAMHA
ADDENDUM
SAFE-T
Chemical Dependency Evaluation
Strong-R
CARS
TRAS
VRAG
LSI-R
TCU 5 Drug Screen
LSCMI
Public Safety Assessments
IDA
ODARA
DVI
CAGE-Aid
SSI-SA
TAD
ORAS
MAST
Cage
A.D.E.
Clinical Assessment
PCL5
CDE

LSCMI-Gears
Spars
Pre-Sentence Investigation
YASI
Assessments
Texas Christian University
Texas Christian University - Trauma Form
Texas Christian University - Criminal Thinking Scale
ASUS
USE Biopsychosocial Assessment Summary
Re-assessment SUD
Criminal History
CCAT
URICA
Protective Factors
Substance Use Disorder Evaluation
GAD - 7
DAST
PHQ - 9
AUDIT
DSM - 5
RNR - GMU
PATTERN - DOJ
VTC Eligibility Assessment - Charges
Criminal Charges Screen
CSB Tool
ASW
PHQ-9 + GAD-7 + DSM-5
BARC-10
DOCUMENTS FILE TYPE
Address Change
Assessment
Criminal Report
Contract
Community Service
Compliance Report
Demographics
Education Progress
ID
Insurance
MAT File
Medical Sheets
Medical Records
Other

Participation Agreement
Prohibited Substance Contract
Psychiatric Records
Sanction
Sentencing
SOC
SUD Assessment
To-do
Client Contact Form
Treatment Report
UA Results
Lab Results
Legal
Behavioral Contract
Phase Contract
Insurance Card
Referral
Suitability
WHODAS Assesment
Drivers Licence
ROI
Intake interview
Transfer Documents
Booking
Warrant
Travel Permit
Request
Phase Application
Certificate
Mental Health Records
Work Permit
Self Help Program
Recovery Management PLANNING TOOL
Compliance Paperwork
DWI Monthly Fees
Court Ordered Fines / Fees
Drug Court Fees
SUD Records
Assignment
Outside Support Groups
General
Letter
Medical Info
Court Ordered Payment Receipt

DWI Monthly Fee Receipt
Document
Treatment Court Fees
Lab Results and UA Results
Pay Stub
Staffing Sheet
Point Sheet
Military Records
Drug Court Application
ABC Assessment
Judicial Reviews
Behavior Contracts
Triggers Worksheet
Drug Refusal Skills Worksheet
Self-Management Planning Worksheet
Monthly Reports
Mesa Vista Intake Assessment
Discharge Memo
Survey
Medications
Court Order
Application
GCLC-Release of Information
Acknowledgment Form-Participant Handbook
Task Sheet
ROI-Contract-Confidentiality
Jail Order
GPS Agreement
Scram Agreement
Relapse Prevention Plan
Community Service Project
Essay
Incentive
Screening
Phase Completion Certificate
Client Signature Pages / Contracts
Medical Request Release
Exit Interview
VIP Certificate
Treatment
TC Intake Documentation
Phase Schedule
Phase advancement application
Journal Type

Inpatient Treatment Acceptance Letter
Missed Remote Breath Test
HC Screening Paperwork
Mental Health Assessment
SUDE Assessment
Consent for Release of Confidential Information
Treatment Plan
Compliance Letter SUD
Compliance Letter MH
Medication Management
Sunflower Mobile & Medical Clinic LLC
Screening Agreement
Information Sheet
Screening Report
Violation
Report of Allegations Supporting Termination
Testing Results-Jackson County Jail
Testing Results- BRMH Lab
Financial Assistance Agreement
Acknowledgement of Receipt
Incentives and Sanctions
Participant Handbook Acknowledgement
Provider Update
Phase Advancement Packet
Judgement and Sentence
Interlock Paperwork
Notice of Recommendation to Terminate
Policy Update Acknowledgement
Lab Reports
Lab Result
Police Report
Non-Compliance Report
Financial Aid Application
IID Compliance
IID Non-Compliance
Food and Water Log
VRAG
VA cyclist health report
INCENTIVES
Applause
Books
Challenge Coin/Medallion
Court Appearances Decreased
Court Appearances Ended

Drug Testing Decreased
Entry Into Gift Drawing
Gift Card or Certificate
Graduate Early
Individualized Rewards
Judicial Praise/Accolades
Permission To Travel Granted
Phase Advancement
Probation Reporting Decreased
Probation Reporting Ended
Reduced Alcohol Testing
Reduction in Fees
Other
Testing
Fishbowl Draw
Curfew Extension
Cake/candybar
Court Fast Track
Freedom Bucks
Fishbowl
Positive Affirmation
Kudos Card
Behavior Chain
Successful program week
Bonus week
Gold Star
Verbal Praise
Alcohol Testing Decreased
Incentive Wheel Raffle
Strong Performer
Big Deal Board
Above and Beyond Medallion
Above and Beyond Prize
Transportation Assistance
100% the past 2 Weeks
Reduction in Substance Testing (New Color)
Inspirational stone
Planner
Coin
DWI Monthly Fee Completed
Points
Behavior Contract Lifted
Bonus Points
Small Prize

Medium Prize
Large Prize
Abeyance Lifted
Conditions Lifted
Rocket Docket
Taken off GPS
Curfew Decreased
wheel of fortune
Bravo Bucks
Alumni Coins
Arts activity for child
Coloring book
Collateral Contact
family engagement
Recordable Bear
Judgment Modification
2 volunteer service hours credit
Miss a day of court pass
Pizza Inn Certificate
Athletic Edge Day Pass
Movie Theater Ticket
Candy Bowl
Gift Bag
Rocked it Docket
Toy for child
Gift for child
Community Service Credit
Gift Card
Handshake
Incentive Closet
Dog Tags
Certificate
bike lock
Phase certificate and bracelet
phone
phone minutes
Rocked It Box Pick
Fishbowl Drawing Tickets
Fishbowl Drawing
Phase Certificate
Removal of CAM Bracelet
Financial Assistance
Curfew imposed
Detention

Increase priviledges
Drawing
Privileges Revoked
Wristband
Recovery Warrior Award Nominee - Wristband and certificate
Recovery Warrior Award Winner - Wristband, Certificate, and Gift Card
testtttt
Gas Card
1 Volunteer hour of service credit
1 volunteer service hour credit
Candybar
ATTA Girl Certificate
ATTA Boy Certificate
JOURNAL
Court Report
Curfew
Custody Activity
Discharge Tracking
Schedule Court Review/Status Hearing
General Recommendations
Letter
Monitoring
Notes
Phone Call
Police Contact
Reassign Track
Schedule Other Court Date
Staffing Notes
Suspension
Treatment Progress/Recommendation
CPS Monitoring
Social Worker Progress Notes
Violation
Collateral Contact
Email
Email4
Judicial Staffing
Medical provider appointment.
Treatment Court Officer
Drug Court Officer
Bench Warrant
Zoom Text
Home Visit
Positive Substance Test

BUTD Current Week Progress
Weekly Report
Check In
Warrant
Graduation
In Person Office check in
Video Check in
Alumni Support Meeting
Schedule Change
Bonus week
Field Visit
Deceased
Visitation Notes
DWI Coordinator Note
In Person Check In
ADULTT
COOC
CSS
DNCASES
NON DNCASES
DUI COURT
FTC
GC
JMHCP
JUVI CR
MHC
HTWC
VC
Mental Health Counselor Notes
Family Engagement
Other
Other Service
DF
TRU
Mental Health Progress/Recommendation
Peer Support Contact
6 Month Information Review
Medicine Wheel 12 Steps Group
New Direction: Criminal & Addictive Thinking Group
LAC Appointment
Meeting with Coordinator
Case Management
HC Biweekly Check-in Group
Sunflower Mobile & Medical Clinic LLC

Test
committee/drugcourt
Seeking Safety group
Re-Entry Specialist Notes
Correspondence
Jail visit
LEVEL OF CARE
OTP - Opioid Treatment Program
2.5 Partial Hospitalization Services
3.5 Clinically Managed High-intensity Residential Services
2.1 Intensive Outpatient Services
1.0 Outpatient Services
0.5 Early Intervention
4.0 Medically Managed intensive inpatient services
3.7 Medically Monitored High-intensity Inpatient Services
3.3 Clinically Managed Population-specific Highintensity Residential Services
3.1 Clinically Managed low-intensity residential services
SANCTIONS
Any
¾ Housing
Alcohol Testing Increased
Community Service
Court Appearances Increased
Curfew Imposed
Drug Testing Increased
Jail
Job Club Until Employed
Letter Of Apology
Madd Impact Panel
Phase Demotion
Phase Time Extended
Probation Reporting Increased
Residential Facility
School Program
Self-Help Sessions Increased
Tether - All Types
Verbal Warning
Weekend Program
Work Program
Writing Assignment/Essay
Other
Behavior Chain
GPS
Termination

House Arrest
Behavior Contract
Job Contacts Until Employed
Electronic Monitoring
Recovery Support Meetings Increased
Suspension
Increased Check In
Unspecified Sanction (No reason listed)
Warrant
TO BE DETERMINED
Daily Check-ins at CSI
Phase Rent
Judicial Review
Abeyance
Loss of Points
CAM Bracelet
Court Observation
Privileges Revoked
Attended Youth Residential Facility
Calendar
Lose credit
Jurybox
Program Expulsion
Missed Treatment Court
Missed Apt. w/ PO
Missed Apt. w/ Court Coordinator
Missed 1:1 Tx
Missed Group Tx
Positive UA
Judgment Modification
Sanction Paper
In-Patient Treatment
Workbook
Jurybox Observation
Petition to Revoke
8PM Curfew
Termination Notice (30 Days)
Wear the Patch
Attend Phoenix Programs
Contact Mental Health Therapist
Reprimand
Juvenile Detention
Daily Check-ins
Verbal Reprimand

Motion for Expulsion
Loss of Sober Time
Arrested on warrant
Attendance Contract
Phase Rent Agreement
Correspondence
Increase Supervision
Loss of Driver Operators License
Loss of Privilege
Court Fine
Withdrew plea agreement
Submit Daily Itinerary
SCRAM Monitor
Behavior Sanctions Matrix
Travel Restrictions Imposed
Thinking Report
Carey Guide
Meeting with DTC Team
Restriction imposed
Missed Healing Court
Increased Drug Testing
SCRAM Bracelet
Drug Patch
Remote Breath
THERAPEUTICE RESPONSE
Team and client round-table discussion
Referral to other community treatment programs including physicians for medical evaluations
Peer-to-peer mentoring activities
Increased treatment sessions
Residential treatment
Partial hospitalization programming
Relapse prevention classes
Increased Supervision (Yes)
IT with Treatment Provider
Peer Review (Yes)
1-1 meeting with Judge
Adjunctive medication referral (Yes) (Medication/Therapy)
Self-imposed therapeutic response
Smartlink daily check-ins (Increased Alcohol Drug testing) (Yes)
Journaling
Request treatment team review ASAM LOC designation (Reassess for Level of care) (Yes)
Increased number of treatment groups per week (Yes)
Attending 1 treatment group per day
Increased amount of individual sessions per week w/ CDC to discuss root cause for relapse or compliance

Other
Behavior Chain
Self Obituary
Self Time line
Self Help Programs
Spend time at Turning Point
Check in with Treatment
Therapeutic Adjustment
Writing Response
Restart days of sobriety
MAT Review
MADD Impact Panel
Case Review
Thinking for Good
Restart MRT Book
Reduce MRT Step
Individual Therapy with Counselor
Reassessment
Sunflower Mobile & Medical Clinic LLC
Increased Prosocial Requirements
Increased number of group sessions
Increased Self-help/Support Meetings
Increased Drug Testing
SCRAM Bracelet
Drug Patch
ANCILLARY SERVICE
Anger Management Classes
Case Management
Dental
Education Services
Mental health
Medical/Health Services
Occupational Therapy
Other Service
Other Support Group
Pet Therapy
Physical Conditioning
Play Therapy
Smoking Cessation/Reduction
Speech Therapy
Spiritual Program/Development
Supervised Parental Visits
Transportation Services
Vision

Vocational Training
Volunteer Programs
DBT
Pro-Social Activity
PATH
Family Time Coaching
IOP
OP
MRT
Demo
White Eagle Talking Circle
TAGS
Absconding
Absconded
In Jail
Residential Treatment
Local Residential Treatment
Epilepsy
Bench Warrant Magistrate Court
Bench Warrant District Court
Bench Warrant for Adult Drug Court
Transportation a challenge
No drivers license
Child moved
Child in crisis
Temporary Restraining Order
GPS
Zero Tolerance
GPS - Zero tolerance
MAT
Missing appointments
Termination Pending
Therapeutic Contract
Relapse
Not showing up
Pregnant
FTA
MDA
PDA
FMX
IMJ
IVC
POI
VNN

Positive Substance Test
NEWT
Restraining order with Wife and Daughter 7/15
Drug Test NO SHOWS
No contact
Electronic Monitoring
Diabetic
Graduation
Phase Advancement
Late to appointment
in in-patient treatment
Bench Warrant issued
Medical cannabis card holder
Schedule Change
7:30 pm CURFEW
7:00 PM CURFEW
Gang Affiliation
Bonus Week
Medications
Therapeutic Adjustment
Deceased
On GPS
struggling
No Show
No Contact order with girlfriend, Lacey Peterson
restraining order
No Show for Testing
Release of Information
Judge's nephew
DUI Offender
Blue Thunder Lodge
DOC Treatment
Suspension
New Charges
Police Contact
Warrant
Arrested
Competency Pending
Remote Breath
SCRAM
Violation
Mental Health
Sanction Paper
Travel Allowed

DV
Return To Use
Must serve time before starting
Lions Gate
Hope Rising
Horizon House
Schedule
Court Fee
Missed Drop
Daily Drops
Desert Haven
Sponsor: Diane Welhaven 406-671-6372
On REACT beathalyzer
Incarcerated
Medical Cannabis Card On File
Petition to Revoke
House Arrest
8 pm Curfew
Has Ignition Interlock
Work Travel Allowed
Out of Contact
Test
Behavior Contract
Drug Patch
missed case manager appointment
missed treatment appointment
missed court
positive for THC
positive for Methamphetamine
Positive for Alcohol
Positive for Opiates
Positive for Amphetamine
Positive for Buprenorphine no script
HOMELESS
no diploma/ged
Daily probation check-in
Court
Sober Living
Oral Swab Testing
Detox
Inpatient Treatment
Medicaid
Ordered on SCRAM
Non-compliant

Probation
Probation Suspended
INCENTIVE
Sunflower Mobile & Medical Clinic LLC
probation case
Overdose
Graduation Ceremony Date
Trauma Exposed/Victim
Judicial Review
Community Service Due
Sanctioned Community Service
Taropm
In Jail for Non-Treatment Court Matters
TRIBAL AFFILIATION
Acoma
Cochiti
Isleta
Jemez
Laguna
Nambe
Picuris
Pojoaque
San Felipe
San Ildefons
Sandia
Santa Ana
Santa Clara
Taos
Tesuque
Zia
Zuni
Apache
Mescalero Apache
Jicarilla Apache
Navajo
Alaskan Native/Inuit
Ramti
Rohit
sanui
InnoVa
Kucki
Tapni
Creta
Ertiga

Fintur
manti
Lakota
Cheyenne River Sioux Tribe
Rosebud Sioux Tribe
Crow Creek Sioux Tribe
Sisseton-Wahpeton Oyate
Lower Brule Sioux Tribe
Yankton Sioux Tribe
Pine Ridge Oglala Sioux
Flandreau Santee Sioux Tribe
Standing Rock Sioux
aprac
giop
popy
maruta
piupp
Cvcc
mnop
nnbn
Yankton Sioux
Lakota Sioux
Ponca
Cheyenne
Arikara
Dakota Sioux
Nakota Sioux
Assiniboine
Hidatsa
Mandan loway
Illini
Otoe
Missouria
Arapaho
Pawnee
Omaha
Kansa
Sioux
Gros Ventre
Crow
Blackfoot
Kootenai
Flathead Salish
Kallispel

Shoshone Crow
Ute
Ojibwe
Oglala Sioux Tribe
Standing Rock Sioux Tribe
Chippewa
Santo Domingo
Cherokee
Hopi
Kewa
None
Tlingit
N/A
Ottawa
Potawatami
Ft. Belknap Assiniboine Sioux
Confederated Salish & Kootenai Tribes
Northern Cheyenne
Blackfeet Nation
Yurok
Saginaw Chippewa Indian Tribe
Grand Traverse Band of Ottawa and Chippewa Indians
Little Traverse Bay Bands of Odawa Indians
Bay Mills Chippewa Indian Community
Hannahville Potawatomi Indian Community
Huron Potawatomi-Nottawaseppi Huron Band Potawatomi
Keweenaw Bay Indian Community
Little River Band of Ottawa Indians
Match-e-be-nash-she-wish Band of Potawatomi Indians
Pokagon Band of Potawatomi Indians
Lac Vieux Desert Band of Lake Superior Chippewa Indians
Bay Mills Indian Community
Hannahville Indian Community Band of Potawatomi
Nottawaseppi Huron Band of the Potawatomi
Other
Little Shell
Native Hawaiian
Part Hawaiian
Turtle Mountain
Yakama
3 Affiliated
Comanche Nation
Moapa
Ohkay Owingeh

Oneida Nation
Poarch Creek Indians
Fort Peck
Ft. Peck Assiniboine Sioux
Gros Venture Assiniboine
Menominee
Ho-Chunk Nation
Bad River Band
Lac du Flambeau Band
Caddo Nation Oklahoma
MARITAL STATUS
Single
Married
Separated
Divorced
Widowed
Co-Habiting
Unknown
GENDER
Male
Female
Trans Male
Non Binary
Prefer to Self Describe
Prefer not to answer
Trans Woman
RACE
Black or African American (African American, Haitian, Nigerian, Afro-Caribbean, etc.)
Middle Eastern or North African (Lebanese, Egyptian, Libyan, Moroccan, Kurds, Chaldeans, Armenian, etc.)
Native Hawaiian or Other Pacific Islander (Guamanian, Chamorro, Samoan, Fijian, Tongan, etc.)
White (German, Irish, English, etc.)
Hispanic, Latino, or Spanish Origin (Mexican, Mexican American, Puerto Rican, Cuban, Argentinean,
Multi-racial
American Indian or Alaska Native (Navajo, Maya, Tlingit, Cherokee, Quechua, Pueblo, Apache etc.)
Some other race or origin
Asian Indian
Chinese
Filipino
Japanese
Korean
Vietnamese
Prefer not to answer
Unknown
EYE

Black
Blue
Brown
Green
Hazel
Other
Gray
Maroon
Multi Colored
Pink
HAIR
Bald
Black
Blonde
Brown
Gray
Red
White
Other
Blue
Green
Orange
Purple
Pink
Sandy
ETHNICITY
Hispanic
Non-Hispanic
Unknown/Unreported
Prefer not to answer
SEXUAL ORIENTATION
Heterosexual
Homosexual
Bisexual
Asexual
Prefer not to answer
PRONOUNS
She/Her/Hers
He/Him/His
They/Them/Theirs
Ze/Hir/Hirs
PRIMARY SOURCE OF SUPPORT
Salary/wages
Disability

Help from Family
Adoption Subsidy
Foster Care Subsidy
Retirement Plan
Social Security
Social Security Disability
Unemployment
Veteran's Benefits
Welfare
Workers Compensation
Other
None
REFERRAL SOURCE
CYFD
Defense Attorney
Prosecutor
Judge
Probation
Self
Other
ADMISSION TYPE
Abuse-Neglect
Prior-participant
Post-Plea Deferred
Pre- Plea
Post-Plea
Probation
Re entry
Pre-Adjudication
Post-Adjudication
Data Not Currently Available
VTC Program Acceptance
VTC Program Denied
Probation Violation
Other
Post-Sentence
OFFER RELATED TO COURT PARTICIPATION
Charge Reduction
Sentence Reduction
Both charge and Sentence Reduction
Case Dismissal
Pending
Data Not Currently Available
None

Lieu of Incarceration
Deferred Adjudication
Expunction
Supervised to unsupervised probation
Supervised probation
RISK AND NEED LEVEL
High Risk High Need
High Risk Low Need
Low Risk High Need
Low Risk Low Need
Currently unavailable
Unknown
CURRENT LIVING ARRANGEMENT
Homeless(Including residence at homeless shelter)
With friends relative/significant other (not my own home)
Hotel/Motel
Transitional Housing Dependent -RENTING
Independent/Permanent Housing -RENTING
Independent/Permanent Housing -OWN
JAIL
Unknown
Residential Treatment
PREGNANT AT TIME OF ADMISSION
Yes - Participant
No
Yes - Significant Other
Unknown
PARTICIPANT CHILD SUPPORT PAYMENT
Current
Not Current but paying
Not paying at all
Not Applicable
Unknown
ADDRESS TYPE
physical
mailing
home
other
EDUCATION LEVEL
High School (Did not Complete)
High School, Alternative School or GED Completed
Some College or Trade or Technical School or Vocational Training(Completed)
College Grad - 2 Yr Program Completed
College Grad - 4 Yr Program Completed

Advanced Degree (Masters/Phd.) Completed
Unknown
Data not entered
RELATIONSHIP
spouse
relative
friend
concerned person
sponsor
parent
other
CHILD'S LIVING STATUS
Parent/Client
Parent not in Drug Court
Homeless
Relative
FosterCare
Deceased
Other
DEPENDENT
Dependent
Independent
CURRENT CHILD SUPPORT
N/A
Paying Current
Paying - Not Current
Not Paying
CURRENT CUSTODY STATUS
Temporarily Lost Custody
Regained Custody
Parental Rights Terminated
Never Lost Custody
N/A
Other
MEDICAL INSURANCE STATUS
Medicaid
Medicare
Uninsured
Private Insurance
VA Medical
State Insurance
Data not entered
Federal Insurance
MEDICAL INSURANCE INFORMATION

Not insured but eligible for medicaid insurance
Not insured but eligible for insurance other than medicaid
To be determined
LICENSE
Expired/NotValid
None
Revoked
Suspended
Valid
Ignition Interlock
ALCOHOL MONITORING
24/7 Program
CheckBAK
Ignition Interlock
REACT
SCRAM
Other
MONITORING PAYMENT SOURCE
Self
Court
Grant
Other
COMMUNITY SERVICE TYPE
Sanction
Program Requirement
Volunteer
COMMUNITY STATUS
Completed
Failed To Complete
In Progress
Never Attended
Ongoing
TYPE OF OFFENSE
Felony
Misdemeanor
Gross Misdemeanor
Municipal
Petty
Status Offense
Traffic
CRIMINAL HISTORY
Class1
Class2
Class3

Class4
Class5
CRIMINAL HISTORY/OFFENSE CATEGORY
City/County Ordinance
B&E/Home Invasion
C.S. Manufacturing/Distribution
C.S. Use/Possession
DUI of Alcohol/C.S. 1st
DUI of Alcohol/C.S. 2nd
DUI of Alcohol/C.S. 3rd
DUI of Alcohol/C.S. 4th or subsequent offense
Neglect And Abuse Civil
Neglect And Abuse Criminal
Non-violent Sex Offense
Other Alcohol Offense
Other Drug Offense
Other Traffic Offense(Criminal)
Property Offense
Domestic Offense
Other
CHARGE STATUS
Dismissal
Guilty
Pending status
Conditional Discharge
DISCHARGE REASON
Successful Graduation
Unsuccessful/new offense
Unsuccessful Termination (Expelled, Noncompliant)
Unsuccessful for another reason
Neutral – Voluntarily withdrew
Neutral – Medical necessity
Neutral – Transferred to another jurisdiction or program
Neutral – Death
Neutral – Mistaken Case (not eligible, etc.)
Neutral – Rejected
Neutral – Probation expired
Successful – did not graduate but maximized benefit
Unsuccessful Termination (Absconded)
Other
OFFER RELATED TO COURT PARTICPATION
Charge Reduction
Sentence Reduction
Both charge and Sentence Reduction

Case Dismissal
Pending
Data Not Currently Available
None
Lieu of Incarceration
Deferred Adjudication
Expunction
Supervised to unsupervised probation
Supervised probation
PREGNANT
Yes - Participant
No
Yes - Significant Other
Unknown
PRIMARY & SECONDARY DRUG CHOICE
Alcohol
Amphetamine
Barbiturate
Benzodiazepine
Club Drugs
Cocaine
Crack Cocaine
Hallucinogens
Heroin
Inhalants
Marijuana
Methamphetamine
Opiate (Other)
Poly Drug
Sedative/Hypnotics
Burprenorphine
Methadone
Fentanyl
Powder Cocaine
Over-the-counter Drugs
PCP
Ecstasy
Rohypnol
LSD
Steroids
Ketamine
OxyContin
None
Data not entered

Kratom
EMPLOYMENT STATUS
Unemployed
Employed Part Time < 35 Hours/Week
Employed Full Time > Or = 35 Hours/Week
Not In Labor Force (Retired,Disabled, Other)
Student Full Time
Volunteer
Self-Employed
Unknown
Other
Disabled
Retired
QUALIFICATION MEDICAL CONDITION
Alzheimer Disease
Amyotrophic Lateral Sclerosis (ALS)
Anxiety Disorder
Autism Spectrum Disorder
Cancer
Crohn's Disease
Damage to the Nervous Tissue of the Spinal Cord (with objective neurological indication of intractable
Epilepsy/Seizure Disorder
Friedreich's Ataxia
Glaucoma
Hepatitis C Infection currently receiving antiviral therapy
HIV/AIDS
Hospice Care
Huntington's disease
Inclusion Body Myositis
Inflammatory Autoimmune-mediated Arthritis
Insomnia
Intractable Nausea/Vomiting
Lewy Body Disease
Multiple Sclerosis
Obstructive Sleep Apnea
Opioid Use Disorder
Painful Peripheral Neuropathy
Parkinson,s Disease
Post-Traumatic Stress Disorder
Severe Anorexia/Cachexia
Severe Chronic Pain
Spasmodic Torticollis (Cervical Dystonia)
Spinal Muscular Atrophy
Ulcerative Colitis

MEDICAL INSURANCE STATUS

Data not entered

Federal Insurance

Medicaid

Medicare

Private Insurance

State Insurance

Uninsured

VA Medical

TIMING OF ASSESSMENT

At Admission

In Program

Post Program

Prior to Admission

SANCTION STATUS

Completed

Failed To Complete

In Progress

Never Attended

Ongoing

SUBSTANCE USE

Admitted Use

Alcohol Enzyme

BA - Breath Alcohol

Hair Follicle

Oral Swab

Other

Sweat Patch

Tether

UA

UA-Confirmation

OVERALL TEST RESULT

Dilute

Excused

Insufficient Donation

Missed Call-Positive

Negative

Negative - Rx

No Show - Negative

No Show - Positive

Pending

Positive

Positive for Rx

Tampered

Unable To Provide