

720 ILCS 570/410 ELIGIBILITY REFERRAL FORM

CONSENT FOR DISCLOSURE OF CONFIDENTIAL SUBSTANCE ABUSE INFORMATION

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ DOB: \_\_\_\_\_ Case#: \_\_\_\_\_ Originating Courtroom \_\_\_\_\_

Custody: (Please Check) Yes No Next Court Date \_\_\_\_\_ in 406

(j) Notwithstanding subsection (a), before a person is sentenced to probation under this Section, the court may refer the person to the drug court established in that judicial circuit pursuant to Section 15 of the Drug Court Treatment Act. The drug court team shall evaluate the person's likelihood of successfully completing a sentence of probation under this Section and shall report the results of its evaluation to the court. If the drug court team finds that the person suffers from a substance abuse problem that makes him or her substantially unlikely to successfully complete a sentence of probation under this Section, then the drug court shall set forth its findings in the form of a written order, and the person shall not be sentenced to probation under this Section, but may be considered for the drug court program (Source: P.A. 98-164, eff. 1-1-14; 99-480, eff. 9-9-15.)

I, \_\_\_\_\_, hereby consent to communication between the Will County Drug Court Program, and the Presiding Judge and the Drug Court Team for the purpose of determining my likelihood of successful completion of 410 probation. Disclosure of this confidential information may be made only as necessary for, and pertinent to this 410 Eligibility Referral.

I understand that this consent will remain in effect until the Will County Drug Court sets forth its findings in the form of a written order.

I understand that any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations, which governs the confidentiality of substance abuse patient records and that recipients of this information may redisclose it only in connection with their official duties.

\_\_\_\_\_  
Defendant Name

\_\_\_\_\_  
Defendant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Defense Counsel Name

\_\_\_\_\_  
Defense Counsel Signature

\_\_\_\_\_  
Date

## MAST TEST (Revised)

### *Michigan Alcohol Screening Test*

The MAST Test is a simple test that helps assess if you have a drinking problem. Circle the answers to the following YES or NO questions:

1. Do you feel you are a normal drinker? ("normal" - drink as much or less than most other people)

Circle Answer: YES NO

2. Have you ever awakened the morning after some drinking the night before and found that you could not remember a part of the evening?

Circle Answer: YES NO

3. Does any near relative or close friend ever worry or complain about your drinking?

Circle Answer: YES NO

4. Can you stop drinking without difficulty after one or two drinks?

Circle Answer: YES NO

5. Do you ever feel guilty about your drinking?

Circle Answer: YES NO

6. Have you ever attended a meeting of Alcoholics Anonymous (AA)?

Circle Answer: YES NO

7. Have you ever gotten into physical fights when drinking?

Circle Answer: YES NO

8. Has drinking ever created problems between you and a near relative or close friend?

Circle Answer: YES NO

9. Has any family member or close friend gone to anyone for help about your drinking?

Circle Answer: YES NO

10. Have you ever lost friends because of your drinking?

Circle Answer: YES NO

11. Have you ever gotten into trouble at work because of drinking?

Circle Answer: YES NO

12. Have you ever lost a job because of drinking?

Circle Answer: YES NO

13. Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking?

Circle Answer: YES NO

14. Do you drink before noon fairly often?

Circle Answer: YES NO

15. Have you ever been told you have liver trouble such as cirrhosis?

Circle Answer: YES NO

16. After heavy drinking have you ever had delirium tremens (D.T.'s), severe shaking, visual or auditory (hearing) hallucinations?

Circle Answer: YES NO

17. Have you ever gone to anyone for help about your drinking?

Circle Answer: YES NO

18. Have you ever been hospitalized because of drinking?

Circle Answer: YES NO

19. Has your drinking ever resulted in your being hospitalized in a psychiatric ward?

Circle Answer: YES NO

20. Have you ever gone to any doctor, social worker, clergyman or mental health clinic for help with any emotional problem in which drinking was part of the problem?

Circle Answer: YES NO

21. Have you been arrested more than once for driving under the influence of alcohol?

Circle Answer: YES NO

22. Have you ever been arrested, even for a few hours because of other behavior while drinking?

(If Yes, how many times \_\_\_\_\_ )

Circle Answer: YES NO

## The Drug Abuse Screening Test (DAST)

*The Drug Abuse Screening Test (DAST) was developed in 1982 and is still an excellent screening tool. It is a 28-item self-report scale that consists of items that parallel those of the Michigan Alcoholism Screening Test (MAST). The DAST has “exhibited valid psychometric properties” and has been found to be “a sensitive screening instrument for the abuse of drugs other than alcohol.*

Directions: The following questions concern information about your involvement with drugs. Drug abuse refers to (1) the use of prescribed or “over-the-counter” drugs in excess of the directions, and (2) any non-medical use of drugs. Consider the past year (12 months) and carefully read each statement. Then decide whether your answer is YES or NO and check the appropriate space. Please be sure to answer every question.

- |  | YES | NO  |
|--|-----|-----|
| 1. Have you used drugs other than those required for medical reasons?                                | ___ | ___ |
| 2. Have you abused prescription drugs?   | ___ | ___ |
| 3. Do you abuse more than one drug at a time?  | ___ | ___ |
| 4. Can you get through the week without using drugs (other than those required for medical reasons)? | ___ | ___ |
| 5. Are you always able to stop using drugs when you want to?   | ___ | ___ |
| 6. Do you abuse drugs on a continuous basis?   | ___ | ___ |
| 7. Do you try to limit your drug use to certain situations?  | ___ | ___ |
| 8. Have you had “blackouts” or “flashbacks” as a result of drug use?                                 | ___ | ___ |
| 9. Do you ever feel bad about your drug abuse?   | ___ | ___ |
| 10. Does your spouse (or parents) ever complain about your involvement with drugs?                   | ___ | ___ |
| 11. Do your friends or relatives know or suspect you abuse drugs?                                    | ___ | ___ |
| 12. Has drug abuse ever created problems between you and your spouse?                                | ___ | ___ |
| 13. Has any family member ever sought help for problems related to your drug use?                    | ___ | ___ |
| 14. Have you ever lost friends because of your use of drugs?   | ___ | ___ |
| 15. Have you ever neglected your family or missed work because of your use of drugs?                 | ___ | ___ |
| 16. Have you ever been in trouble at work because of drug abuse?                                     | ___ | ___ |
| 17. Have you ever lost a job because of drug abuse?  | ___ | ___ |
| 18. Have you gotten into fights when under the influence of drugs?                                   | ___ | ___ |
| 19. Have you ever been arrested because of unusual behavior while under the influence of drugs?      | ___ | ___ |
| 20. Have you ever been arrested for driving while under the influence of drugs?                      | ___ | ___ |
| 21. Have you engaged in illegal activities in order to obtain drug?                                  | ___ | ___ |
| 22. Have you ever been arrested for possession of illegal drugs?                                     | ___ | ___ |

	YES	NO
23. Have you ever experienced withdrawal symptoms as a result of heavy drug intake?	_____	_____
24. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?	_____	_____
25. Have you ever gone to anyone for help for a drug problem?	_____	_____
26. Have you ever been in a hospital for medical problems related to your drug use?	_____	_____
27. Have you ever been involved in a treatment program specifically related to drug use?	_____	_____
28. Have you been treated as an outpatient for problems related to drug abuse?	_____	_____

**COMPLETED FORMS (5 Pages) MUST BE RETURNED TO THE OFFICE OF THE  
DRUG COURT COORDINATOR**