

ACT Innovations/DCCM

New Court Request

Instructions: In order to establish your problem-Solving court in DCCM, please provide the following information to ACT. After completing this form either fax it to 334-262-4707 or email it to HelpDesk@ACTInnovations.com.

Person Completing Form: _____

Email Address: _____ Phone: _____

Program Name: _____

PROGRAM INFORMATION

Program Start Date: _____ Judicial District: _____

County: _____ Voluntary Program (Yes/No): _____

Program Length (in months): _____ Number of Phases: _____

Program Capacity (maximum number of participants the program can accept): _____

Population	<input type="checkbox"/> Adult	<input type="checkbox"/> Juvenile	<input type="checkbox"/> Family
Served ; Court	<input type="checkbox"/> Drug Court	<input type="checkbox"/> DUI Court	<input type="checkbox"/> Juvenile Drug
Type:	<input type="checkbox"/> Mental Health Court	<input checked="" type="checkbox"/> Veterans Court	<input type="checkbox"/> Hybrid Drug/DUI
	<input type="checkbox"/> Tribal	<input type="checkbox"/> Other	

If you indicated other, please provide a brief description of the program: _____

Diversion Type (Please Check all that apply)

<input type="checkbox"/> Pre-Trial/Pre-Sentence	<input type="checkbox"/> Intermediate Punishment Program	<input type="checkbox"/> Other
<input type="checkbox"/> Post-Plea/Pre-Sentence	<input type="checkbox"/> Violation of Probation/Parole	
<input type="checkbox"/> Sentenced	<input type="checkbox"/> County Re-Entry	

If you indicated other, please provide a brief description of the program: _____

POINT OF CONTACT

Coordinator Name: _____

Coordinator Title: _____

Email Address: _____

Office Phone Number: _____ Cell Phone Number: _____

Complete Mailing Address :

Addressee: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____