



TROY REGIONAL TREATMENT COURT

51 State Street
Troy, New York 12180
Phone (518) 453-5941
Fax (212) 618-5847

Karen I. DeBenedetto
Chief Clerk

Hon. Christopher T. Maier
Treatment Court Judge

Bonnie J. Hazard, MS
Master CASAC
Resource Coordinator

TROY CITY COURT - OPIOID PART SCREENING FORM

*Your answers to these questions will NOT be used against you in this criminal proceeding.

DEFENDANT: _____ DATE: _____

1. Are you currently using any mind/mood altering drugs: YES NO

If yes, what kind? _____

2. Have you ever been in treatment for drug abuse/addiction? YES NO

If yes, where and how long ago? _____

3. Have you ever lost consciousness/overdosed while using drugs? YES NO

If yes, how many times in the last six months? _____

How many times did you have to be revived or "Narcan'd" ? _____

4. Have you gone to the ER (Emergency Room) in the last year? YES NO

If yes, how many times? _____

5. How many times have you been arrested in the last year? _____