

# Drug Court/ISD Application

To remit:

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Via fax - 402.441.3606

Via mail - Attn: Drug Court, 605 S. 10th Street, Lincoln, NE 68508



## APPLICANT INFORMATION

LEGAL NAME & KNOWN ALIASES:	<input type="text"/>
DATE OF BIRTH:	<input type="text"/>
SOCIAL SECURITY NUMBER:	<input type="text"/>
INCARCERATION STATUS/REASON:	<input type="text"/>
ADDRESS:	<input type="text"/>
PHONE NUMBER:	<input type="text"/>
EMAIL ADDRESS:	<input type="text"/>
PRIMARY LANGUAGE:	<input type="text"/>
VETERAN STATUS:	<input type="text"/>
OTHER PENDING CASES:	<input type="text"/>



## CASE/ATTORNEY INFORMATION

DOCKET/CASE NUMBER(S):	<input type="text"/>
CHARGES IN EACH CASE:	<input type="text"/>
FILING DATE (OLDEST CASE):	<input type="text"/>
DEFENSE ATTORNEY:	<input type="text"/>
ADDRESS:	<input type="text"/>
PHONE NUMBER:	<input type="text"/>
EMAIL ADDRESS:	<input type="text"/>

Feel free to attach any additional information you may wish to include.