

# THE SUPREME COURT *of* OHIO

## Specialized Dockets

### Application for Certification as a Specialized Docket Cover Page and Instructions

#### Application type (check one)

- ☐ New docket
- ☐ Recertification of existing docket (same judge)
- ☐ Recertification of existing docket (new judge)

Prior judge: \_\_\_\_\_

Date prior judge last presided over the docket: \_\_\_\_\_

#### Instructions

To be certified as a specialized docket pursuant to [Sup.R. 36.20 -- 36.32](#) and [Sup.R. Appx. I](#), a judge shall submit this application along with the necessary written materials to the Supreme Court of Ohio Specialized Dockets Section, at [certspecdocs@sc.ohio.gov](mailto:certspecdocs@sc.ohio.gov).

By submitting the application with the required documents, the judge certifies that the specialized docket incorporates the standards contained in [Sup.R. Appx. I](#) in its practices, procedures, and operations.

Specialized Docket Section staff is available at 614.387.9425 to provide technical assistance for this application, including discussing standards, providing examples of program materials, and answering questions. Staff may request additional information upon receipt of the application.

In addition to a document review, the Supreme Court of Ohio Specialized Dockets Section will conduct a site visit to observe the treatment team meeting and status review hearing will pursuant to [Sup.R. 36.25](#).

Attach the following specialized docket documents pursuant to [Sup.R. 36.21](#):

- ☐ Local rule or administrative order,
- ☐ Program description,
- ☐ Participation agreement,
- ☐ Participant handbook

# THE SUPREME COURT *of* OHIO

## Specialized Dockets

### Application for Certification as a Specialized Docket

**1. Court Information**

Judge name: \_\_\_\_\_

Judge email address: \_\_\_\_\_

Court: \_\_\_\_\_

**2. Docket Type**

☐ Adult Substance Use Docket

☐ Substance Use - Domestic Violence Docket

☐ Substance Use - Human Trafficking Victims Docket

☐ Substance Use - Reentry Docket

☐ Substance Use - Veterans Treatment Docket

☐ Mental Health Docket

☐ OVI Docket

☐ SUMI Docket

☐ Juvenile Substance Use - Human Trafficking Victims Docket

☐ Juvenile Mental Health Docket

☐ Juvenile Treatment Docket

☐ Family Dependency Treatment Docket

☐ Juvenile Substance Use Docket

**3. Contact Details**

Coordinator name: \_\_\_\_\_

Coordinator email: \_\_\_\_\_

Coordinator phone: \_\_\_\_\_

If you are not the coordinator,

Your name: \_\_\_\_\_

Your email address: \_\_\_\_\_

Your role in the specialized docket: \_\_\_\_\_

**4. If this is the first application for certification, did the judge submit a Notice of the Formation of Advisory Committee and Intent to Apply for Certification per [Sup.R. 36.21?](#)**

☐ Yes

☐ No

☐ N/A

**5. If this is the first application for certification, did the judge (and, if applicable, the magistrate) observe another certified docket identified by the Specialized Docket Section?**

☐ Yes

☐ No

☐ N/A

If Yes, Judge Observed: \_\_\_\_\_ County/Jurisdiction: \_\_\_\_\_

Docket Type Observed: \_\_\_\_\_ Date Observed: \_\_\_\_\_

**6. Does the docket have an Advisory Committee?**

☐ Yes

☐ No

**7. What is the role of the Advisory Committee? (Select all that apply)**

☐ Provide oversight on policies and procedures

☐ Facilitate agreements with partner agencies

☐ Improve the quality and expands the quantity of available services

☐ Garner community support for the Specialized Docket

☐ Evaluate the specialized docket effectiveness

☐ Plan for the sustainability of the Specialized Docket

**8. Does the judge chair and attend Advisory Committee meetings?**

☐ Yes

☐ No

9. When was the last time the Advisory Committee reviewed and approved the Program Description?

Month/Year: \_\_\_\_\_

10. Does the Program Description strive to incorporate [national best practices](#) for the particular type of docket and participants to be served? ☐ Yes ☐ No

11. When was the last time the Advisory Committee reviewed and approved the Participation Agreement?

Month/Year: \_\_\_\_\_

12. Does the Participation Agreement detail the rights and responsibilities of participants?

☐ Yes ☐ No

13. Does the Participation Agreement inform participants of their right to have counsel present at the portion of the treatment team regarding them? ☐ Yes ☐ No

14. When was the last time the Participant Handbook was reviewed and approved by the Advisory Committee?

Month/Year: \_\_\_\_\_

15. Is this Participant Handbook written to the participant?

☐ Yes ☐ No

16. When are participants given the handbook? ☐ At referral ☐ At entry Other \_\_\_\_\_

17. Does the docket have MOUs with all agencies participating on the Advisory Committee?

☐ Yes ☐ No

18. Which of the following regularly attend treatment team meetings and status review hearings?

Prosecutor: ☐ Treatment Team ☐ Status Review Hearings

Defense Attorney: ☐ Treatment Team ☐ Status Review Hearings

19. Does the docket take into consideration the prosecutor's role in pursuing justice and protecting public safety and victim's rights, including victim notifications under Marsy's Law?

☐ Yes ☐ No

20. Does the docket take into consideration the defense counsel's role in preserving the participant's constitutional rights? ☐ Yes ☐ No

21. What criminogenic risk levels does the docket accept? (Select all that apply)

☐ High ☐ High/Moderate ☐ Moderate ☐ Low/Moderate ☐ Low

22. If the docket accepts low risk/low need individuals, are alternate tracks modified for these populations per Ohio Standard 2(B)? ☐ Yes ☐ No

23. Are there charges that render a participant ineligible? ☐ Yes ☐ No

If yes, check all that apply: ☐ Drug trafficking ☐ Sexual oriented offenses  
☐ Offenses involving violence ☐ Child victims ☐ Other \_\_\_\_\_

24. Are participants assessed for treatment needs? ☐ Yes ☐ No

If yes, check all that apply: ☐ To decide eligibility ☐ To direct level of treatment  
☐ Understand diagnosis (if any) ☐ Assessed by court ☐ Assessed by treatment provider

**25. Which of the following are included in the clinical eligibility criteria?**

Substance Use Disorder diagnoses: ☐ Mild ☐ Moderate ☐ Severe ☐ N/A

Mental Health Disorder diagnoses: ☐ Mild ☐ Moderate ☐ Severe ☐ N/A

Other: \_\_\_\_\_

**26. Are potential participants excluded for any of the following?**

Co-occurring disorders ☐ Yes ☐ No If Yes, specify: \_\_\_\_\_

Medical conditions ☐ Yes ☐ No If Yes, specify: \_\_\_\_\_

Prescription medications legally obtained  
(psychotropic, pain management, MAT, etc.) ☐ Yes ☐ No If Yes, specify: \_\_\_\_\_

Medical marijuana legally obtained with  
physician recommendation ☐ Yes ☐ No If Yes, specify: \_\_\_\_\_

Subjective criteria (perceived motivation,  
willingness to change) ☐ Yes ☐ No If Yes, specify: \_\_\_\_\_

Lack of transportation ☐ Yes ☐ No If Yes, specify: \_\_\_\_\_

Inability to pay ☐ Yes ☐ No If Yes, specify: \_\_\_\_\_

Diagnosed personality disorders ☐ Yes ☐ No If Yes, specify: \_\_\_\_\_

**27. Does the docket have a written referral process that addresses candidate identification, evaluation, and transfer into the docket?** ☐ Yes ☐ No

**28. At what stages of the legal process are referrals accepted? (Select all that apply)**

☐ Pre-plea

☐ Post-plea

☐ Pre-adjudication/conviction

☐ Post-adjudication/conviction

☐ Judicial Release

☐ Probation violation

☐ Other \_\_\_\_\_

**29. Which of the following can refer participants to the docket? (Select all that apply)**

☐ Prosecutor

☐ Defense Counsel

☐ Judge

☐ Magistrate

☐ Law Enforcement

☐ Probation/Parole

☐ Children Services

☐ Veterans Services

☐ GAL/CASA

☐ Treatment Provider

☐ Other \_\_\_\_\_

**30. Which assessment instrument(s) does the docket use? (Select all that apply)**

- |                                       |                                   |  |                                 |
|---------------------------------------|-----------------------------------|--|---------------------------------|
| <input type="checkbox"/> ORAS         | <input type="checkbox"/> ORAS-MAT | <input type="checkbox"/> ORAS-MST          | <input type="checkbox"/> OYAS   |
| <input type="checkbox"/> COMPASS      | <input type="checkbox"/> RANT     | <input type="checkbox"/> LSI-R             | <input type="checkbox"/> DVSI-R |
| <input type="checkbox"/> GAIN         | <input type="checkbox"/> PSA      | <input type="checkbox"/> Custom Assessment | <input type="checkbox"/> None   |
| <input type="checkbox"/> Other: _____ |                                   |  |                                 |

**31. Which clinical assessment(s) does the docket use?**

- |   |  |
|---|--|
| <input type="checkbox"/> DSM-5 Cross cutting measure                  | <input type="checkbox"/> Beck Depression Inventory-II (BDI-II)   |
| <input type="checkbox"/> Mental Health Screening Form-III             | <input type="checkbox"/> Beck Anxiety Inventory (BAI)            |
| <input type="checkbox"/> Modified Mini-Screen (MMS)                   | <input type="checkbox"/> GAD-7 Anxiety Scale                     |
| <input type="checkbox"/> Mood Disorder Questionnaire (MDQ)            | <input type="checkbox"/> Symptom Checklist-90-Revised (SCL-90-R) |
| <input type="checkbox"/> NIDA Modified ASSIST Drug Use Screening Tool | <input type="checkbox"/> Alcohol Use Disorders ID Test (AUDIT)   |
| <input type="checkbox"/> Life Experiences Checklist (LEC)             | <input type="checkbox"/> PTSD Checklist (PCL)                    |
| <input type="checkbox"/> Adverse Childhood Experiences (ACE)          | <input type="checkbox"/> Traumatic Brain Injury OSU TBI ID       |
| <input type="checkbox"/> Clinician Administered PTSD Scale (CAPS-5)   | <input type="checkbox"/> Other: _____                            |

**32. How does each participant receive an explanation of responses to compliance and noncompliance, including criteria for successful, neutral, and unsuccessful specialized docket completion? (Select all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> Sign Participant Agreement   | <input type="checkbox"/> Review/agree to Participant Handbook |
| <input type="checkbox"/> Consult w/ defense counsel   | <input type="checkbox"/> Meet with program staff              |
| <input type="checkbox"/> Attend Status Review Hearing | <input type="checkbox"/> Other: _____                         |

**33. Does defense counsel review the written participation agreement and participant handbook with the candidate prior to acceptance into the docket?** ☐ Yes ☐ No

**34. Is defense counsel present during status review hearings?**

- |   |  |                                |  |
|---|--|--------------------------------|--|
| <input type="checkbox"/> Always                           | <input type="checkbox"/> Sometimes                                     | <input type="checkbox"/> Never | <input type="checkbox"/> Only if requested |
| <input type="checkbox"/> Only when sanctions are possible | <input type="checkbox"/> Only when life/liberty sanctions are possible |                                |  |

**35. Are participants made aware that a participant has the right to defense counsel at the portion of the treatment team pertaining to that participant?** ☐ Yes ☐ No

**36. Is each participant informed that, if they cannot afford private counsel, defense counsel will be appointed for them?** ☐ Yes ☐ No

**37. If there is a crime victim, who informs them of the status of the participant's case, public proceedings and of all additional rights pursuant to Marsy's Law?** \_\_\_\_\_

**38. Are all screenings and assessments for treatment determinations performed by programs or persons appropriately licensed and trained to deliver such services according to standards of the profession?** ☐ Yes ☐ No

**39. Does the docket work directly with any veterans' services agencies?** ☐ Yes ☐ No

**40. Do the treatment and other rehabilitative services meet the individualized needs of each specialized docket participant?** ☐ Yes ☐ No

**41. Does the docket provide any ancillary services, and/or regularly refer to services for children of participants in the docket?** ☐ Yes ☐ No

42. Does the docket allow the use of all medications approved by the FDA for treatment of an opioid use disorder, if prescribed by a qualified provider and administered in conjunction with behavioral health treatment? ☐ Yes ☐ No
43. When using jail/detention as a sanction, does the treatment team consult with the participant's medical treatment provider in advance to ensure continuity of effective medical care within institutional formularies and other limitations? ☐ Yes ☐ No ☐ N/A (no jail sanctions)
44. When sanctions that impact liberty interests are contemplated, does the participant receive notice, a hearing and representation by an attorney? ☐ Yes ☐ No ☐ N/A (no jail sanctions)
45. What is the average number of months it takes for participants to complete the docket?  
☐ 6 months ☐ 9 months ☐ 12 months ☐ 18 months ☐ 24 months ☐ Other \_\_\_\_\_
46. How many phases are in the docket? \_\_\_\_\_
47. If participants are required to attend self-help or sober support meetings, is there a secular/non-secular alternative? ☐ Yes ☐ No ☐ N/A (no blanket group requirement)
48. How often do participants attend status review hearings in each phase of the docket?  
 Initial Phase: \_\_\_\_\_  
 Intermediate phases: \_\_\_\_\_  
 Final phase: \_\_\_\_\_
49. Are participants required to pay any fees to participate in the docket? ☐ Yes ☐ No  
 If yes, do they vary according to ability to pay? ☐ Yes ☐ No  
 Please list the required fees, if any. \_\_\_\_\_
50. Does the participant receive detailed written information regarding indigency and costs, fees, or fines required to participate in the docket? ☐ Yes ☐ No
51. Identify the members of the treatment team: (Select all that apply)
- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Judge                        | <input type="checkbox"/> Magistrate            | <input type="checkbox"/> Prosecutor      | <input type="checkbox"/> Defense Counsel  |
| <input type="checkbox"/> Treatment Provider           | <input type="checkbox"/> Treatment Coord.      | <input type="checkbox"/> Case Manager    | <input type="checkbox"/> Probation/Parole |
| <input type="checkbox"/> Docket Coord.                | <input type="checkbox"/> Law Enforcement       | <input type="checkbox"/> Child Welfare   | <input type="checkbox"/> GAL/CASA         |
| <input type="checkbox"/> Vet's Justice Outreach (VJO) | <input type="checkbox"/> Veterans Affairs (VA) | <input type="checkbox"/> Peer Supporters |   |
| <input type="checkbox"/> Housing Representative       | <input type="checkbox"/> Other _____           |  |   |
52. What is the current schedule for the treatment team meetings? Day: \_\_\_\_\_ Time: \_\_\_\_\_
53. Does the specialized docket judge (or magistrate for juvenile dockets) attend and chair the treatment team meetings? ☐ Yes ☐ No
54. Do treatment team members understand they are expected to serve for a minimum of one year?  
☐ Yes ☐ No
55. What is the current schedule for the status review hearings? Day: \_\_\_\_\_ Time: \_\_\_\_\_

**56. Are all participants placed under reporting supervision as soon as possible to monitor compliance with court requirements?** ☐ Yes ☐ No

For Family Dependency Treatment Courts, who provides reporting supervision?

☐ Docket Coordinator

☐ Case manager

☐ Child welfare case worker

☐ N/A (not a FDTC)

☐ Other \_\_\_\_\_

**57. Does the Specialized Docket Judge speak directly to each participant individually during their court appearances for 3-7 minutes per [All Rise best practices](#)?** ☐ Yes ☐ No ☐ Sometimes

\*For guidance on judicial interactions, see the [All Rise Judicial Bench Card](#).

**58. How many participants typically appear at a single court session?**

☐ 1-2

☐ 3-5

☐ 6-10

☐ 10 or more

**59. Regarding incentives and sanctions in the docket, evaluate the following (respond Yes/No):**

Participants receive intangible incentives (applause, praise from judge/team) ☐ Yes ☐ No

Participants receive tangible incentives (candy, movie tickets, gift cards) ☐ Yes ☐ No

Treatment team receives written guidelines for responses to behavior ☐ Yes ☐ No

Participants receive a list of behaviors that lead to sanctions or incentives ☐ Yes ☐ No

Sanctions are graduated (more severe for more frequent/serious infractions) ☐ Yes ☐ No

Sanctions are discussed during the treatment team meeting ☐ Yes ☐ No

Therapeutic adjustments are distinct from sanctions ☐ Yes ☐ No

Someone other than the judge delivers sanctions outside the courtroom ☐ Yes ☐ No

The judge issues sanctions at the soonest possible status review hearing ☐ Yes ☐ No

Incentives are individualized for each participant ☐ Yes ☐ No

Sanctions are individualized for each participant ☐ Yes ☐ No

Incentives vary based on proximal vs. distal goals ☐ Yes ☐ No

Sanctions vary based on proximal vs. distal goals ☐ Yes ☐ No

**60. Is jail or detention a possible sanction for participants?** ☐ Yes ☐ No

If yes, does the docket use jail as a sanction in the following instances?

For a positive drug screen in the first phase ☐ Always ☐ Usually ☐ Rarely ☐ Never

For continued use after the first phase ☐ Always ☐ Usually ☐ Rarely ☐ Never

For a positive drug screen in the first phase ☐ Always ☐ Usually ☐ Rarely ☐ Never

For a positive screen as a result of a relapse ☐ Always ☐ Usually ☐ Rarely ☐ Never

For noncompliance with program rules ☐ Always ☐ Usually ☐ Rarely ☐ Never

For failure to appear for a status review hearing ☐ Always ☐ Usually ☐ Rarely ☐ Never

For failure to appear for treatment ☐ Always ☐ Usually ☐ Rarely ☐ Never

For any other reason: \_\_\_\_\_

**61. Jail/detention stays are generally:** ☐ Less than 6 days ☐ More than 6 days ☐ N/A

**62. Is jail/detention ever used as an alternative for detox or residential treatment when detox or residential treatment is not available?** ☐ Yes ☐ No

**63. Which of the following responses has the docket used? (Check all that apply):**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Jail/detention                   | <input type="checkbox"/> Day Jail                     | <input type="checkbox"/> Writing assignments/essays  |
| <input type="checkbox"/> Court observation (sit sessions) | <input type="checkbox"/> Community service            | <input type="checkbox"/> Change in level of care     |
| <input type="checkbox"/> Residential treatment            | <input type="checkbox"/> Increased substance testing  | <input type="checkbox"/> Increased hearing frequency |
| <input type="checkbox"/> Increased probation reporting    | <input type="checkbox"/> Increased treatment sessions | <input type="checkbox"/> Return to earlier phase     |
| <input type="checkbox"/> Self-help groups, books, videos  | <input type="checkbox"/> Group meetings               | <input type="checkbox"/> Other _____                 |

**64. Regarding Substance Use Monitoring, evaluate the following (respond Yes/No):**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| There is an equal chance that a participant could be tested each weekday | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Participants may be tested on weekends                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Participants cannot predict when they will be tested                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Testing occurs on a regular schedule                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Substance use monitoring screens are fully observed                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Samples are tested for dilution  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Samples are tested for adulteration                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Testing includes primary substance of use and other common substances    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| The docket receives immediate notification of all positive tests         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**65. What is the minimum frequency of substance use monitoring during phase 1? \_\_\_\_\_**

**66. Does the docket use the following types of substance use monitoring tests? (Select all that apply)**

- |  |   |                                      |                                 |                                |                                    |
|--|---|--------------------------------------|---------------------------------|--------------------------------|------------------------------------|
| <input type="checkbox"/> Urine: In-house dipsticks for instant tests | <input type="checkbox"/> Urine: Sent out to lab to confirm positive tests |                                      |                                 |                                |                                    |
| <input type="checkbox"/> Urine: Collected and tested by In-house lab | <input type="checkbox"/> Urine: Sent out to lab for testing               |                                      |                                 |                                |                                    |
| <input type="checkbox"/> EtG   | <input type="checkbox"/> Patch  | <input type="checkbox"/> Hair        | <input type="checkbox"/> Breath | <input type="checkbox"/> Blood | <input type="checkbox"/> Oral swab |
| <input type="checkbox"/> Sleep monitor                               | <input type="checkbox"/> SCRAM  | <input type="checkbox"/> Other _____ |                                 |                                |                                    |

**67. Are the following treated as positive tests?**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Testing positive                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Failure to submit for testing             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Submitting an adulterated sample          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Submitting a sample of another individual | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Submitting a diluted sample               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**68. Where is the drug screening notification process and participant requirements stated?**

- |   |  |                                  |
|---|--|----------------------------------|
| <input type="checkbox"/> Participant Handbook | <input type="checkbox"/> Participation Agreement | <input type="checkbox"/> Neither |
|---|--|----------------------------------|

**69. Where does the written criteria for successful completion of the docket appear?**

- |   |  |                                  |
|---|--|----------------------------------|
| <input type="checkbox"/> Participant Handbook | <input type="checkbox"/> Participation Agreement | <input type="checkbox"/> Neither |
|---|--|----------------------------------|



**70. Identify all requirements for successful completion of the docket: (Answer Yes/No to each)**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Have a job, enroll in school, or be involved in some other qualifying activity | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Live in a sober housing environment  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Complete community service   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Create a sobriety/relapse prevention plan                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Pay all drug court fees  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Pay all treatment fees   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Pay all court costs and fines  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Minimum amount of abstinence   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other _____  |                              |                             |

**71. Where does the written criteria for unsuccessful completion of the docket appear?**

- ☐ Participant Handbook      ☐ Participation Agreement      ☐ Neither

**72. Where does the written criteria for neutral termination of the docket appear?**

- ☐ Participant Handbook      ☐ Participation Agreement      ☐ Neither

**73. Do participants receive notice of intent to terminate, a hearing and representation by an attorney prior to termination from the docket?**      ☐ Yes      ☐ No

**74. Indicate which of the following specialized docket advisory committee members and treatment team members have received training or education specifically on the treatment court model, other than on-the-job training: (Select all that apply)**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Judge                             | <input type="checkbox"/> Magistrate       | <input type="checkbox"/> Prosecutor            | <input type="checkbox"/> Defense Counsel   |
| <input type="checkbox"/> Treatment Provider                | <input type="checkbox"/> Treatment Coord. | <input type="checkbox"/> Case Manager          | <input type="checkbox"/> Probation/Parole  |
| <input type="checkbox"/> Docket Coord.                     | <input type="checkbox"/> Law Enforcement  | <input type="checkbox"/> Child Welfare         | <input type="checkbox"/> GAL/CASA          |
| <input type="checkbox"/> Vet's Justice Outreach (VJO)      |   | <input type="checkbox"/> Veterans Affairs (VA) | <input type="checkbox"/> Peer Supporters   |
| <input type="checkbox"/> Community-based Service Providers |   | <input type="checkbox"/> Funding Authorities   | <input type="checkbox"/> Housing Authority |
| <input type="checkbox"/> Faith Community                   | <input type="checkbox"/> Other _____      |  |  |

**75. Has the Advisory Committee established and adopted a viable continuing education plan for specialized docket personnel?**      ☐ Yes      ☐ No

**76. Has the Specialized Docket Judge engaged in the following:**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Attend official treatment court training sessions or workshops  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Received training from other treatment court judges   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Observed other specialized dockets  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Attended treatment court conferences such as the annual Supreme Court of Ohio Specialized Docket Conference or All Rise | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Completed six hours of relevant education within the three years prior  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please list the education that satisfies the six hour education requirement per certification period. Education may include formal and informal self-study activities and attendance at roundtables.

Detail education activities, including topic and delivery method	Hours

**77. Does the docket regularly collect data and evaluate whether it is meeting the admission and completion requirements under Standard 2 as well as its stated goals and objectives as required by Standard 12?** ☐ Yes ☐ No

**78. When did the Advisory Committee last review the data collected by the docket?**

Month/Year: \_\_\_\_\_

**79. Has the docket made any adjustment in policy or practice based on data or Advisory Committee's review?** ☐ Yes ☐ No

**80. When was the last time the docket submitted monthly statistics to the Specialized Docket Section?** Month/Year: \_\_\_\_\_

**81. Does the data include information from the treatment providers?** ☐ Yes ☐ No

The Supreme Court of Ohio Specialized Dockets Section will grant certification when the written materials submitted by each court and observations made during the site review demonstrate compliance with the certification standards contained in [Sup.R. Appx. I](#). Topics that are not expressly set forth in the certification standards are not evaluated.

I hereby certify that the information set forth above is true and accurate to the best of my knowledge and information.

\_\_\_\_\_  
Judge's Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Judge's Printed Name