



TEXAS OFFICE OF COURT ADMINISTRATION

SPECIALTY COURT REGISTRATION FORM

COURT INFORMATION			
Judicial Circuit:		Court Program Name:	
Primary County Served:		Other Counties Served:	
Court Program Start Date:		Court Street Address:	
City:		State:	
Zip Code:			

PRESIDING JUDGE CONTACT INFORMATION	
Title:	
Name:	
Street Address:	
City:	
State:	
Zip Code:	
Phone:	
Email:	

SPECIALTY COURT POINT OF CONTACT	
Name:	
Title:	
Street Address:	
City:	
State:	
Zip Code:	
Phone:	
Email:	

COURT CHARACTERISTICS						
Targeted Offense <i>(check all that apply)</i> :	<input type="checkbox"/>	Misdemeanor	<input type="checkbox"/>	Felony	<input type="checkbox"/>	Civil
	<input type="checkbox"/>	Other <i>(please explain)</i>				
Court Type:	<a href="#">Click Here to Select</a>					
	If "Other" Selected <i>(please explain here)</i>					
Population:	<a href="#">Click Here to Select</a>					
General Approaches <i>(check all that apply)</i> :	<input type="checkbox"/>	Pre-Adjudication	<input type="checkbox"/>	Post-Adjudication	<input type="checkbox"/>	Re-entry
	<input type="checkbox"/>	Other <i>(please explain)</i>				