Colorado Problem Solving Court Accreditation Program

*Intent to Apply for Accreditation*

**Notice of Intent: [ insert name of problem-solving court here ]**

As members of the problem-solving court management team, we have reviewed the requirements for the problem-solving court accreditation process, believe that we meet the minimum accreditation criteria, and would like to inform the Advisory Committee and begin to pursue accreditation.

The **[ insert name of problem-solving court here ]** intends to apply under the following category:

* A problem-solving court that has undergone a peer review or an independent review within the last five years and plans to voluntarily share the results of that review for accreditation purposes; or,
* An established problem-solving court in existence 12 months or greater

Type of problem-solving court:

* Adult Drug Court (ADC)
* Adult DUI Court (DUI)
* Family Drug Treatment Court (FDTC)
* Veterans Treatment Court (VTC)

Application Target Date Applying For:

* Spring/Summer
* Summer/Fall
* Fall/Winter
* TBD/Future

On behalf of our program please accept this intent to apply, the forthcoming application, responses, and attachments in request of review for accreditation. By signing, I agree I have reviewed the application in full, am aware of the requirements to submit a full and complete application, and believe the program is capable of meeting these requirements by the indicated deadline.

Respectfully submitted this \_\_\_ day of \_\_\_\_\_\_, 20\_\_.

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Presiding Judge, Problem-Solving Court Chief Judge for Judicial District

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Court Executive Chief Probation Officer (ADC & DUI) / OR

County Child Welfare Administrator (FDTCs)

**Program Contact Information for Accreditation Process**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Role/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_