



TOWN COUNCIL – AGENDA REQUEST FORM

THIS FORM WILL BECOME PART OF THE BACKGROUND INFORMATION USED BY THE COUNCIL AND PUBLIC

Please submit Agenda Request Form, **including back up information, 8 days prior** to the requested meeting date. **Public Hearing requests must be submitted 20 days prior to requested meeting date to meet publication deadlines** (exceptions may be authorized by the Town Manager, Chairman/Vice Chair).

MEETING INFORMATION

Date Submitted: 4/26/18 Date of Meeting: 5/24/18
 Submitted by: Julie Christenson-Collins
 Department: Hillsborough County South Drug Court Time Required: 15 minutes
 Speakers: HCSADC Steering Committee- Thomas Monahan, David Tencza with Marylou Blaisdell and Jay Leonard; HCSADC Coordinator Julie Christenson-Collins and Merrimack Police Chief Denise Roy present
 Background Info. Supplied: Yes: No:

CATEGORY OF BUSINESS (PLEASE PLACE AN "X" IN THE APPROPRIATE BOX)

Appointment:	<input checked="" type="checkbox"/>	Recognition/Resignation/Retirement:	<input type="checkbox"/>
Public Hearing:	<input type="checkbox"/>	Old Business:	<input type="checkbox"/>
New Business:	<input type="checkbox"/>	Consent Agenda:	<input type="checkbox"/>
Nonpublic:	<input type="checkbox"/>	Other:	<input type="checkbox"/>

TITLE OF ITEM

Hillsborough County South Adult Drug Court Presentation

DESCRIPTION OF ITEM

The Steering Committee of the Hillsborough County South Adult Drug Court would like to present an overview of the Drug Court to the Merrimack Town Council. Drug Court is an alternative to incarceration for criminal offenders with significant substance use disorders that pairs intensive substance abuse treatment and intensive judicial and community supervision. The HCSADC works with offenders living in the southern district of Hillsborough County Superior Court.

REFERENCE (IF KNOWN)

RSA:	Warrant Article:	_____
Charter Article:	Town Meeting:	_____
Other:	N/A	X

EQUIPMENT REQUIRED (PLEASE PLACE AN "X" IN THE APPROPRIATE BOX)

Projector:	<input checked="" type="checkbox"/>	Grant Requirements:	<input type="checkbox"/>
Easel:	<input type="checkbox"/>	Joint Meeting:	<input type="checkbox"/>
Special Seating:	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Laptop:	<input checked="" type="checkbox"/>	None:	<input type="checkbox"/>

CONTACT INFORMATION

Name: Julie Christenson-Collins Address: 30 Spring St. Nashua NH 03060