Approved/Denied/Referred	l to other Treatmen	t Court	Case#
OTN	Probation/Parole Violation: YES/NO		
AP	PLICATION FO	R TREATN	<u>IENT COURT</u>
Please check the appropr	iate treatment cou	ırt you are a	applying for:
Drug Court	DUI Court		
NAME			AGE
DATE OF BIRTH:			S.S.#:
ADDRESS			PHONE
CITY		STATE	ZIP
Length at present address:		List below five years prior residences:	
Do you have a valid driver	's license? Y or N	If no, why?	Medical Insurance: Y or N
Driver's license #/state: Date of Arrest		Blood Alcohol Content(BAC)	
		State or County:	
List all current charges:			
Prosecuting Agency:		District Justice:	
Attorney name:		Phone:	
Drug User:	Drug Choice:		Length of Use:
Alcohol User:	Frequency:		Length of Use:
Mental Health Issues/Diag	nosis:		

	u to this program?
counseling or involved in	any programs?
	JI 8
t:	
cipated in any treatment c	ourt programs in this or any other county?
D	ate:
not write in the space be	low
Sent to D.A.	Sent for Assessment
Assessment Compl.	To Committee
	t:

RECOMMENDED:

NOT RECOMMENDED: (WHY?)

COMMENTS:

THE WEST BRANCH DRUG AND ALCOHOL ABUSE COMMISSION CASE MANAGEMENT UNIT CONSENT OF RELEASE CONFIDENTIAL INFORMATION

I, _____, do hereby consent to and authorize the West Branch Drug and Alcohol Abuse Commission Case Management Unit, to, as indicated below release to:

Name of person/agency			
Address/Telephone			
the following information pertaining to myself. The information to be disclosed is:			
Whether the client is or is not in treatmentThe nature of the projectWhether or not the client has relapsedThe Prognosis/Diagnosis of the clientA Brief Description of the client's progressOther (specify)			
The information is needed for the following purpose:			
Referral for treatment servicesTo monitor the provision of ongoing treatmentTo enable judges, attorneys, probation/parole officers to support			

- treatment goals and/or make legal decisions on the client's behalf
- ____To obtain insurance, employment or government benefits
- ____Referral to intensive case management
- ___Other (specify) ___

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR, part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by 42 CFR, part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or other drug abuse patient.

I may revoke this consent to release information at any time except to the extent that action has been taken in reliance of it. When applicable, criminal justice system clients who have agreed to enter treatment in lieu of prosecution or punishment may not revoke their consent that allows the court, probation, parole, or other criminal justice agency from monitoring their progress in treatment.

I have been offered a copy of this document and I have	eAccepted Refused
Signature of client	Date
Signature of witness	Date