

Approved/Denied/Referred to other Treatment Court Case# _____

OTN _____ Probation/Parole Violation: YES/NO

APPLICATION FOR TREATMENT COURT

Please check the appropriate treatment court you are 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:

Place of Employment _____ Medical Insurance: Y or N

Do you have a valid driver's license? Y or N If no, why? _____

Driver's license #/state: _____

Date of Arrest _____ Blood Alcohol Content(BAC) _____

Are you currently on Probation/Parole? _____ State or County: _____

In Jail? _____

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/Diagnosis: _____

Physician: _____ Medications: _____

Caseworker: _____ Who referred you to this program? _____

Are you currently attending counseling or involved in any programs? _____

List Agency _____

*Date of Formal Arraignment: _____

Have you applied for or participated in any treatment court programs in this or any other county?

If yes, what county(ies)? _____

Signature: _____ Date: _____

For Official Use Only. Do not write in the space below

Application Rec'd

Sent to D.A.

Sent for Assessment

Police Liaison

Assessment Compl.

To Committee

DISTRICT ATTORNEY ELIGIBILITY

RECOMMENDED:

NOT RECOMMENDED:
(WHY?)

COMMENTS:

Specify date, event or condition upon which release will expire.