

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: _____

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:

**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:

Lycoming County Courts

Name of person/agency
48 West Third Street Williamsport, PA 17701 (570) 327-2338

Address/Telephone

the following information pertaining to myself. The information to be disclosed is:

- Whether the client is or is not in treatment
- The nature of the project
- Whether or not the client has relapsed
- The prognosis/diagnosis of the client
- A brief description of the client's progress
- Other (specify) _____

The information is needed for the following purpose:

- Referral for treatment services
- To monitor the provision of ongoing treatment
- To 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 _____ Accepted
_____ Refused

Signature of client Date

Signature of witness Date

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

Lycoming County Probation Intake Information Sheet

Instructions: Do not leave any sections blank. If something does not apply, put N/A in that section.

PERSONAL DEMOGRAPHICS:

NAME: _____
LAST FIRST MIDDLE

ALIAS: _____
LAST FIRST MIDDLE

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

SEX: MALE FEMALE OTHER

EMAIL ADDRESS: _____

PLACE OF BIRTH: _____
COUNTRY CITY, STATE

RELIGION: _____

PRIMARY LANGUAGE : _____

MARITAL STATUS: SINGLE MARRIED DIVORCED SEPARATED COMMON LAW

US CITIZEN: YES NO

PHYSICAL INFORMATION

HEIGHT	WEIGHT	BODY BUILD	EYE COLOR	HAIR COLOR
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RACE: WHITE BLACK HISPANIC ASIAN AMERICAN INDIAN OTHER

ETHNICITY: HISPANIC NON HISPANIC UNKNOWN

SCARS/MARKS/TATTOOS:
(LIST DESCRIPTION AND LOCATION)

ADDRESS AND PHONE NUMBER

PHYSICAL RESIDENTIAL ADDRESS

HOUSE TYPE: _____
STREET AND NUMBER: _____
APARTMENT NUMBER: _____
CITY: _____
STATE: _____
ZIP CODE: _____
COUNTY: _____
TOWNSHIP/BOROUGH: _____
TIME AT PRESENT ADDRESS: _____
ANY PETS? (IF YES, LIST TYPE AND QUANTITY): _____

MAILING ADDRESS

SAME AS PHYSICAL ADDRESS? YES NO
(IF NO, THEN FILL OUT BELOW)

HOUSE TYPE: _____
STREET AND NUMBER: _____
APARTMENT NUMBER: _____
CITY: _____
STATE: _____
ZIP CODE: _____
COUNTY: _____
TOWNSHIP/BOROUGH: _____

PHONE NUMBERS

MOBILE/CELL PHONE: _____
HOME PHONE: _____
OTHER PHONE: _____

HEALTH/MEDICAL

SERIOUS MEDICAL CONDITIONS? YES (EXPLAIN BELOW) NO

LIST HERE: _____

MENTAL HEALTH ISSUES? YES (EXPLAIN BELOW) NO

LIST HERE: _____

CURRENT PRESCRIBED MEDICATIONS? YES (EXPLAIN BELOW) NO

LIST HERE: _____

EMERGENCY CONTACTS:

CONTACT 1

NAME: _____
LAST FIRST MIDDLE

DATE OF BIRTH: _____

STREET AND NUMBER: _____

APARTMENT NUMBER: _____

CITY: _____

STATE: _____

ZIP CODE: _____

COUNTY: _____

PHONE NUMBER: _____

RELATIONSHIP TO YOU: _____

CONTACT 2

NAME: _____
 LAST FIRST MIDDLE

DATE OF BIRTH: _____

STREET AND NUMBER: _____

APARTMENT NUMBER: _____

CITY: _____

STATE: _____

ZIP CODE: _____

COUNTY: _____

PHONE NUMBER: _____

RELATIONSHIP TO YOU _____

SUBSTANCE ABUSE

DO YOU DRINK ALCOHOL?
 YES NO
 (IF YES, FILL OUT BELOW)

IF YES, TYPE, AMOUNT AND HOW OFTEN: _____

DO YOU CONSUME
ILLEGAL DRUGS? YES NO
 (IF YES, FILL OUT BELOW)

IF YES, TYPE, AMOUNT AND HOW OFTEN: _____

DRUGS YOU'VE TRIED IN YOUR ENTIRE LIFE: | _____

CRIMINAL HISTORY

EVER CONVICTED OF SEXUAL OFFENSE? YES NO
(IF CHECKED FILL OUT INFORMATION BELOW)

LIST OFFENSE AND YEAR COMMITTED: _____

MEGAN'S LAW OFFENDER? YES NO

IF YES: TIER 1 TIER 2 TIER 3 OTHER

DEEMED A SEXUALLY VIOLENT PREDATOR? YES NO

EDUCATION

HIGH SCHOOL:

NAME OF HIGH SCHOOL ATTENDED: _____

DID YOU GRADUATE HIGH SCHOOL? YES _____ NO
If Yes, Year Completed (IF NO, FILL OUT BELOW)

HIGHEST GRADE COMPLETED: _____

DID YOU OBTAIN YOUR GED YES NO

HIGHER EDUCATION/TRADE SCHOOL

DID YOU ATTEND COLLEGE OR TRADE SCHOOL? YES NO
(IF YES, FILL OUT BELOW)

NAME OF COLLEGE OR TRADE SCHOOL ATTENDED: _____

DID YOU GRADUATE? YES NO

IF YES, HIGHEST COMPLETED: CERTIFICATE ASSOCIATES BACHELORS MASTERS DOCTORATE

YEAR COMPLETED: _____

IF NO, HIGHEST LEVEL COMPLETED: _____

EMPLOYMENT

LEGALLY ABLE TO WORK? YES NO

EMPLOYMENT STATUS FULL TIME PART TIME DISABLED RETIRED STUDENT UNEMPLOYED

EMPLOYER NAME: _____

EMPLOYER ADDRESS: _____

EMPLOYER PHONE: _____

POSITION HELD: _____

LENGTH OF EMPLOYMENT: _____

AVERAGE INCOME/WEEK: _____

IF UNEMPLOYED, HOW LONG? _____

IF UNEMPLOYED, WHY? _____

GANGS

HAVE YOU EVER BEEN IN A GANG? YES NO
(IF YES, FILL OUT BELOW)

LIST GANG AFFILIATION: _____

MILITARY SERVICE

EVER SERVE IN MILITARY YES NO
(IF YES, FILL OUT BELOW)

BRANCH SERVED: _____

YEAR DISCHARGED: _____

DISCHARGE STATUS HONORABLE OTHER THAN HONORABLE/DISHONORABLE

DRIVERS LICENSE/ ID

DO YOU HAVE A DRIVERS
LICENSE?

YES
(IF YES, FILL OUT BELOW)

NO

DRIVERS LICENSE NUMBER/STATE: _____

IS YOUR LICENSE VALID

YES

NO

IF NO, WHY NOT? _____

DO YOU HAVE A STATE ID?

YES
(IF YES, FILL OUT BELOW)

NO

STATE ID NUMBER/STATE: _____

VEHICLE INFORMATION

DO YOU OWN A VEHICLE?

YES
(IF YES, FILL OUT BELOW)

NO

MAKE: _____

MODEL: _____

YEAR: _____

COLOR: _____

LICENSE PLATE NUMBER: _____

WEAPONS:

ARE YOU PERMITTED TO POSSESS FIREARMS?

YES

NO

DO YOU HAVE FIREARMS OR OTHER DEADLY WEAPONS IN YOUR HOME?

YES

NO

ARE YOU TRAINED IN HAND-TO-HAND COMBAT?

YES

NO

OTHER INCOME/ENTITLEMENTS

DO YOU RECEIVE
UNEMPLOYMENT, DISABILITY,
OR RETIREMENT

YES
(IF YES, FILL OUT BELOW)

NO

SPECIFY TYPE AND AMOUNT RECEIVED: _____

DO YOU RECEIVE FOOD
STAMPS, WELFARE, OR OTHER
PUBLIC ASSISTANCE?

YES
(IF YES, FILL OUT BELOW)

NO

SPECIFY TYPE AND AMOUNT RECEIVED: _____