

## APPLICATION FOR TREATMENT COURT

Criminal Docket #: \_\_\_\_\_ OTN: \_\_\_\_\_

Criminal Charge(s): \_\_\_\_\_

Probation/Parole/Intermediate Punishment Revocation: YES NO

This form will be reviewed by the Treatment Court Committee to determine your eligibility for admission into the Treatment Court Program.

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### ANSWER ALL QUESTIONS

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (cell): \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Medical Insurance:  Yes  No

Are you currently on Probation/Parole? \_\_\_\_\_ State or County: \_\_\_\_\_ In Jail? \_\_\_\_\_

Attorney name: \_\_\_\_\_ Phone: \_\_\_\_\_

Drug User:  Yes  No Drug Choice: \_\_\_\_\_ Length of Use: \_\_\_\_\_

Alcohol User:  Yes  No 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?  Yes  No

If Yes, list agency: \_\_\_\_\_

**\*Date of Formal Arraignment:** \_\_\_\_\_

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### VERIFICATION

I hereby verify that all answers contained herein are true and correct to the best of my information, knowledge and belief, and that false statements contained herein are made subject to the penalties of 18 Pa.C.S.A. § 4904, relating to unsworn falsification to authorities.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Application Sent to DA/VW

\_\_\_\_\_  
Application Sent to APO

\_\_\_\_\_  
Sent for Assessment

\_\_\_\_\_  
Assessment Completed

\_\_\_\_\_  
Application Sent to Judge

\_\_\_\_\_  
Application to Committee

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**DISTRICT ATTORNEY RECOMMENDATION**

Recommended:  Yes  No

Not Recommended (Why?):

Comments:

\_\_\_\_\_  
District Attorney

\_\_\_\_\_  
Date

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**VICTIM RECOMMENDATION**

Recommended:  Yes  No

Not Recommended (Why?):

Comments:

\_\_\_\_\_  
Victim/Witness Coordinator

\_\_\_\_\_  
Date

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**TREATMENT COURT COMMITTEE**

**Approved or Denied**

COMMENTS:

\_\_\_\_\_  
Treatment Court Judge

\_\_\_\_\_  
Date