IN THE COURT OF COMMON PLEAS OF LANCASTER COUNTY, PENNSYLVANIA

TREATMENT COURTS

COMMONWEALTH OF PENNSYLVANIA :
:
vs. : OTN:
:
:

TREATMENT COURT APPLICATION

I am making an application/referral to the following Treatment Court:

☐ Drug Court	☐ Mental Health Court	☐ Veterans Court

Preferred Track: ☐ **Diversion** ☐**Non-Diversion** ☐ **Modified (Veterans & Mental Health Courts only)**

1. PERSONAL INFORMATION

Name(s):____

Date of Birth: _________________________ Social Security Number: _______________________________

Driver's License Number or Photo Identification Number: ____

Driver's License status: ☐ Valid ☐ Suspended/Revoked ☐ Expired

Address:____

____

With whom do you live? _________________________Relationship(s) ______________________________

Telephone Number: ________________________ Cell Phone Number: ______________________________

Source of Income (Employment/SSI/SSD):______________________ Amount: $_____________________

Employment status: ☐ Employed full time ☐ Employed part-time ☐ Unemployed ☐ Disabled

Employer (name/address/telephone#):____

____

Do you have any physical limitations/disabilities? ☐ Yes ☐ No

If yes, what are they? ____

Are you a citizen of the United States? ☐ Yes ☐ No If no, what type of visa do you hold? _____________

What is your highest level of education completed? ____

Gender: ☐ Male ☐ Female

Race/Ethnicity: ☐ Asian/Pacific Islander ☐ Bi-racial ☐ Black ☐ Native ☐ White

☐ Hispanic ☐ Unknown/Unreported

2. FAMILY INFORMATION

How many children do you have? ______________________________

Of those children, how many are currently under the age of 18? ______________

How many of your children are currently in your custody? __________________

Of the children not in your custody, do you currently have visitation rights? ☐ Yes ☐ No

Do you currently have contact with your primary family members? ________________

3. LEGAL INFORMATION

Attorney: Name: ______________________________

Attorney Address & Phone ______________________________

What are the current charges against you? ______________________________

Are you currently in prison? ☐ Yes ☐ No If Yes, where______________________

Are there other charges pending against you, including those in other counties or states? __________

____

Have you ever been convicted of a misdemeanor or felony offense? ☐ Yes ☐ No

If "yes," please explain: ______________________________

____

Are you currently on probation or parole? ☐ Yes ☐ No If "yes," what is the name of your probation/parole officer? ______________________________

3. MILITARY STATUS):

Are you now or have you ever served in any branch of the military, including Reserves or National Guard?
☐ Yes ☐ No **(If you answered no, please skip to Section 4)**

For Active Duty, Reserves, or National Guard only:

When did you begin service?	
What branch of the military do you serve?	
Were you deployed?	☐ Yes ☐ No
If yes to the above, please indicate where and when.	
What is your rank?	
Have you served in combat?	☐ Yes ☐ No

For Veterans only:

What were your dates of service? ______________________________

What branch of the military did you serve? ______________________________

Were you deployed? ☐ Yes ☐ No

If yes to the above, please indicate where and when you were deployed. ______________________________

What was your rank at discharge? ______________________________

What is your discharge status? ______________________________

Did you serve in combat? ______________________________

Do you have access to your DD-214? ☐ No ☐ Yes *If yes, please send with application

Do you currently receive Veterans benefits? ______________________________

Do you currently receive any other type of insurance or benefits? If yes, please describe ______________________________

4. SUBSTANCE USE INFORMATION

Do you use any illegal drugs or alcohol: ☐ Yes ☐ No

If "yes", list the type/amount/frequency: ______________________________

Have you ever participated in substance use treatment? ______________________________

If "yes," please identify where and when: ______________________________

____

____

5. MENTAL HEALTH HISTORY

Have you ever been treated for a mental illness? ☐ Yes ☐ No

Present Diagnosis______________________________

____

Past Diagnosis ______________________________

____

If YES, where have you received mental health services (type/when/where): ______________________________

____

Are you currently prescribed medications for your mental illness? ☐ Yes ☐ No

If YES, name your current psychiatric medications and the prescribing doctor/dosage/frequency:

____

____

____

Are you currently taking your medications as prescribed? ☐ Yes ☐ No

If NO, why? ____

____

Were you prescribed psychiatric medications before incarceration? ☐ Yes ☐ No

If "yes", name the psychiatric medications you were prescribed in the past and the prescribing

doctor/dosage/frequency: ____

____

____

List any mental health hospitalization(s), if applicable______________________________

____

List the name of your current BH/DS (formerly MH/MR/EI) or CSG case manager, if applicable:

____

6. REFERRAL SOURCE INFORMATION

Name, Agency, and Title of referral source: ______________________________

Contact information for referral source: ______________________________

PERSON COMPLETING THIS FORM:

(Printed name): ______________________________ (Date): ______________

7. OTHER

Are there any outstanding court orders pending against you? (Court orders include, but are not limited to: Protection From Abuse (PFA) orders; bench warrants; support orders; other judgments.)

☐ Yes ☐ No If "yes," please identify the order(s):______________________________

____

The facts set forth in the application are true and correct to the best of my knowledge, information, and belief. I understand that false statements herein made are subject to the penalties of 18 Pa.C.S. §4904 relating to Unsworn Falsification to Authorities.

______________________________ ______________________________

Signature Date

Please note the following IMPORTANT information

If completed by defense counsel: CRIMINAL COMPLAINTS AND AFFIDAVITS FOR ALL PENDING CRIMINAL CHARGES MUST BE ATTACHED.

FOR MENTAL HEALTH COURT APPLICATIONS: APPLICATIONS THAT INCLUDE CLINICAL INFORMATION SUCH AS HOSPITAL DISCHARGE SUMMARIES, PSYCHIATRIC/PSYCHOLGICAL EVALUATIOINS, DOCTORS NOTES, ETC THAT DOCUMENT DIAGNOSES WILL BE PROCESSED AT A MORE RAPID PACE.

Applications that are not fully completed may be returned or take significantly longer to process.

This application is to be completed and submitted to:

Karen Andreadis
Treatment Court Coordinator
40 East King Street, 3rd floor
Lancaster, Pennsylvania 17603
Fax 717-390-7729

Defendants who apply to one of the Lancaster County Treatment Courts understand they must waive their preliminary hearing. This application must be submitted to the Treatment Court Coordinator within 72 hours (3 business days) after the date on which the preliminary hearing was scheduled. If you have any questions about the application process or the program, contact the Treatment Court Coordinator at (717) 299-8181.