

APPLYING FOR TREATMENT COURTS

DRUG COURT * MENTAL HEALTH COURT * VETERANS COURT

DID YOU KNOW:

___ YOU ARE REQUIRED TO LIVE IN LANCASTER COUNTY

___ EACH TREATMENT COURT IS 4 PHASES- EACH PHASE IS AT LEAST 90 DAYS FOR A MINIMUM OF 1 YEAR; 4 PHASES MAY TAKE LONGER THAN ONE YEAR

___ EACH TREATMENT COURT REQUIRES A PERIOD OF AFTERCARE THAT IS 1-3 YEARS IN ADDITION TO THE 4 PHASES

___ TO QUALIFY FOR MENTAL HEALTH COURT, YOU MUST HAVE MEDICAL RECORDS FROM WITHIN THE PAST 2 YEARS SHOWING A DIAGNOSIS OF: Schizophrenia; Major Mood Disorder (Bipolar Disorder, Major Depression); Psychotic Disorder (Schizoaffective Disorder); AND/OR Borderline Personality Disorder

___ TO QUALIFY FOR VETERAN'S COURT: Cannot be dishonorably discharged from the military

___ AT THE BEGINNING, YOU WILL HAVE TO BE IN COURT EVERY WEEK AND REPORT TO YOUR PROBATION OFFICER EVERY WEEK AND OTHER POSSIBLE REQUIREMENTS

___ COMPLETION OF DRUG COURT, MENTAL HEALTH COURT AND/OR VETERAN'S COURT DOES NOT MEAN THAT YOUR CRIMINAL CHARGES WILL AUTOMATICALLY BE EXPUNGED

HAVE YOU:

___ SPOKEN TO YOUR ATTORNEY?

___ COMPLETED YOUR APPLICATION?

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:

<input type="checkbox"/> Drug Court	<input type="checkbox"/> Mental Health Court	<input type="checkbox"/> Veterans Court
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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/PSYCHOLOGICAL EVALUATIONS, 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.