

SUSQUEHANNA COUNTY DRUG COURT

Referral and Application

Complete and submit this application along with a copy of the criminal complaint and affidavit (if available) to: ATTN: Treatment Court Officer, 31 Lake Ave, Montrose, PA 18801.

Email: drugcourt@susqco.com

Phone: 570-278-5930

Fax: 570-278-3778

REFERRAL SOURCE	
Name:	Position/Title:
Phone: ()	Email:
Relationship to Applicant:	Date of Referral:

DEFENDANT INFORMATION			
Name: <i>First Middle Last</i>		Alias: <i>(or maiden name)</i>	
Physical Address: <i>Street</i>		<i>City</i>	<i>State</i>
Mailing Address: <i>Same as above</i> <input type="checkbox"/> <i>Street/PO Box</i>		<i>City</i>	<i>State</i>
County of Residence:		Currently Incarcerated: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Phone: ()	Cell: ()	Email:	
Work Phone: ()	Primary language spoken: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:		
Date of Birth:		Social Security Number:	
Race: <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Bi-racial <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native <input type="checkbox"/> Unknown/Unreported			
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown/Unreported		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Height:	Weight:	Hair Color:	Do you have reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Possess a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		Status: <input type="checkbox"/> Valid <input type="checkbox"/> Suspended <input type="checkbox"/> Expired	License #:
If revoked/suspended, are you ready to regain driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Prior participation in a problem-solving court? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, specify county:	

LEGAL REPRESENTATION			
Select One: <input type="checkbox"/> Public Defender <input type="checkbox"/> Private Attorney <input type="checkbox"/> Public Defender Pending			
Attorney's Name:		Firm <i>(if private)</i> :	
Address: <i>Street</i>		<i>City</i>	<i>State</i>
Phone: ()	Fax: ()	Email:	

CRIMINAL/CHARGE INFORMATION

Please list all pending cases. Cases not included below will not be considered for acceptance. The addition of cases at a later date will delay the application process. You may attach an additional page if necessary.

Is there a tentative plea agreement? YES ☐ NO ☐ If so, attach an outline with terms of plea offer.

Docket Number	Offense Tracking Number (OTN)	Offense(s)	Grade

Did you use or possess a weapon? ☐Yes ☐No

If yes, list:

Attach an additional page if you have more cases and/or charges. Additional page attached? ☐Yes ☐No

SUBSTANCE ABUSE HISTORY

Have you ever abused drugs or alcohol? ☐Yes ☐No

Currently abusing? ☐Yes ☐No

Have you ever received drug or alcohol inpatient or outpatient treatment? ☐Yes ☐No

Currently in treatment? ☐Yes ☐No

Drug(s) of Choice:

1st drug of choice

2nd

3rd

Age began using drugs:

Age began alcohol use:

History of IV Drug Use? ☐Yes ☐No

MEDICAL/TREATMENT HISTORY

Prior psychiatric mental health inpatient/outpatient treatment? ☐Yes ☐No

Currently in mental health treatment? ☐Yes ☐No

If yes to the questions above, was the mental health diagnosis connected to military service? ☐Yes ☐No

Pharmacological interventions (medications) for substance abuse? ☐Yes ☐No

If yes, list medication(s):
(e.g., Methadone, Vivitrol, Suboxone)

Medical Insurance: ☐Medicaid ☐Medicare ☐None

☐Private Insurance (specify):
☐Other (specify):

If female, are you pregnant? ☐Yes ☐No

If yes, indicate your due date:

List any past or present medical conditions:

List any medications you are taking:

EDUCATION, EMPLOYMENT, AND HOUSING STATUS			
Highest level of Education <u>completed</u> (select one):			
<input type="checkbox"/> Any grade up to 11 th	<input type="checkbox"/> GED	<input type="checkbox"/> High School Diploma	<input type="checkbox"/> Some Trade School
<input type="checkbox"/> Trade School Graduate	<input type="checkbox"/> Some College	<input type="checkbox"/> College Graduate (2 year)	<input type="checkbox"/> College Graduate (4 year)
<input type="checkbox"/> Some Post Graduate	<input type="checkbox"/> Advanced Degree		
Employment Status (select one):			
<input type="checkbox"/> Unemployed	<input type="checkbox"/> Employed Full-Time (35 or more hours/week)*	<input type="checkbox"/> Volunteer	
<input type="checkbox"/> Retired	<input type="checkbox"/> Employed Part-Time (less than 35 hours/week)*	<input type="checkbox"/> Disabled	
<input type="checkbox"/> Student Full-Time *Specify occupation:			
Primary Source of Support (select all that apply):			
<input type="checkbox"/> Adoption Subsidy	<input type="checkbox"/> Social Security (SSI)	<input type="checkbox"/> Social Security Disability (SSD)	<input type="checkbox"/> Welfare <input type="checkbox"/> None
<input type="checkbox"/> Foster Care Subsidy	<input type="checkbox"/> Retirement Plan	<input type="checkbox"/> Workers Compensation	<input type="checkbox"/> Family <input type="checkbox"/> Other
<input type="checkbox"/> Unemployment	<input type="checkbox"/> Veterans Benefits	<input type="checkbox"/> Salary/Wages	<input type="checkbox"/> Disability
Housing Status (select one): <input type="checkbox"/> Independent <input type="checkbox"/> Dependent (<i>incarcerated, with friends, etc.</i>) <input type="checkbox"/> Homeless			

FAMILY/CHILDREN INFORMATION			
Living Arrangements:	<input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	*Name of spouse or partner:	
	<input type="checkbox"/> Married* <input type="checkbox"/> Divorced <input type="checkbox"/> Living Together*		
# of Children:	# of Dependent Children:	Custody of all minor children: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Visitation rights for all children not residing with you? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Child support amount: (if applicable)	
Currently have contact with your primary family? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		\$ per month	

MILITARY HISTORY			
Have you (defendant) ever been in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please answer the questions below.</i>			
Branch:	Enlistment Date:	Years of Service:	
Discharge Type (select one):			
<input type="checkbox"/> Still serving	<input type="checkbox"/> Dishonorable	<input type="checkbox"/> Clemency	<input type="checkbox"/> Other than honorable <input type="checkbox"/> General (<i>includes medical</i>)
<input type="checkbox"/> Honorable	<input type="checkbox"/> Bad Conduct	<input type="checkbox"/> Dismissal	<input type="checkbox"/> Entry level separation
Discharge Date:		Rank at Discharge:	
Any criminal convictions prior to military service? <input type="checkbox"/> Yes <input type="checkbox"/> No		Incarcerated while in military? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Deployed abroad: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify where:		
Military combat: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify the number of deployments to combat zones:		
Conflict Era of Service (select all that apply):		<input type="checkbox"/> Korea	<input type="checkbox"/> ODS (<i>Iraq/Kuwait 1990-2003</i>) <input type="checkbox"/> OIF (<i>Iraq 2003-2010</i>)
		<input type="checkbox"/> Vietnam	<input type="checkbox"/> OEF (<i>Afghanistan 2001- present</i>) <input type="checkbox"/> OND (<i>Iraq 2010-present</i>)
Diagnosed with (select all that apply): <input type="checkbox"/> PTSD <input type="checkbox"/> TBI <input type="checkbox"/> MST		Eligible for VA Benefits: <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Date(s) Distributed for Review		
DA:	TX/PO:	CA:

