

## BEAVER COUNTY TREATMENT COURT-APPLICATION

*Application must be completed in its entirety, along with all attached releases. Incomplete applications will be returned to the attorney of record and may delay the review/admissions process.*

LEGAL REPRESENTATION	
Attorney Name:	Phone:
Address:	Email:
<input type="checkbox"/> Public Defender <input type="checkbox"/> Private/Court Appointed	<input type="checkbox"/> Application completed by Attorney (if applicable)

CRIMINAL/CHARGE INFORMATION -- TO BE COMPLETED BY DEFENSE ATTORNEY			
<b>PLEASE LIST ALL OTNS FOR WHICH YOUR CLIENT IS APPLYING FOR TREATMENT COURT:</b>			
Do any of the cases include use or possession of a weapon? <input type="checkbox"/> Yes <input type="checkbox"/> No			

APPLICANT INFORMATION		
Name:	Alias/Maiden:	
Physical Address:		
Mailing Address: <input type="checkbox"/> <i>Street Same as Above</i>		
County of Residence:	Currently Incarcerated: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Currently on Prob/Parole: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, where? Officer?	
Home Phone:	Cell:	Other:
Email:	Primary language spoken:	
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
Height:	Hair Color:	Do you have reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Weight:	Eye Color:	Primary source of Transportation:
Do you have a license or ID? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, status: <input type="checkbox"/> Valid <input type="checkbox"/> Suspended <input type="checkbox"/> Expired	License/ID #:
		State Issued:
If revoked/suspended, are you able to regain your driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Prior participation in a Treatment Court? <input type="checkbox"/> No <input type="checkbox"/> Yes, specify county:		

### SUBSTANCE ABUSE HISTORY

Have you ever abused drugs or alcohol?  Yes  No Currently abusing?  Yes  No

If no to either of the above, move on to the next section. If yes to either of the above, please complete the following:

Drug(s) of Choice:	<i>1st</i>	<i>2nd</i>	<i>3rd</i>
Frequency of use:			
Date of last use:			
Amount used:			

Have you ever received any level of treatment for substance abuse disorder?  Yes  No

Are you currently in any level of treatment?  Yes  No

If yes to the above, explain (inpatient/outpatient, date, location, current/successful/unsuccessful):

Age first used drugs:	Age first used alcohol:	History of IV Use? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you <b>currently</b> prescribed pharmacological interventions (MATs) for substance abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list medication(s): <i>(e.g. Methadone, Vivitrol, Suboxone)</i>	
	Where do you receive this medication from?	

### MENTAL HEALTH HISTORY

Prior psychiatric mental health inpatient/outpatient treatment?  Yes  No  
Currently in M/H treatment?  Yes  No

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

What is the name of your current MH/MR case manager (if applicable):

Have you been diagnosed by a medical professional with a mental health disorder?  No  Yes, when?

If yes, who diagnosed you? Disorder(s) diagnosed?

Are you prescribed any mental health medications? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, list medications:
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### PHYSICAL HEALTH HISTORY

Medical Insurance:  County Insurance  Private Insurance; specify:  
 Medicaid/Medicare  Other/none

f female, are you pregnant?  No  Yes-Due Date:

List any past or present medical conditions:

List any medications you are taking:

### EDUCATION, EMPLOYMENT, AND HOUSING STATUS

High level of Education **completed** (select one):

- |                                                           |                                          |                                                  |                                                  |
|-----------------------------------------------------------|------------------------------------------|--------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Any grade up to 11 <sup>th</sup> | <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 yr) | <input type="checkbox"/> College Graduate (4 yr) |
| <input type="checkbox"/> Some Post-Graduate               | <input type="checkbox"/> Advanced Degree |                                                  |                                                  |
| <input type="checkbox"/> Current Student                  | School:                                  | <input type="checkbox"/> Full-Time               | <input type="checkbox"/> Part-Time               |

Employment Status (select one):

- |                                     |                                                              |                                    |
|-------------------------------------|--------------------------------------------------------------|------------------------------------|
| <input type="checkbox"/> Unemployed | <input type="checkbox"/> Employed Full-Time (35+ hours/week) | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Retired    | <input type="checkbox"/> Employed Part-Time (<35 hours/week) | <input type="checkbox"/> Disabled  |

Employer:

Address:

Start Date:

Occupation:

Primary Source of Support (select all that apply):

- |                                              |                                            |                                                                                |                                     |                                |
|----------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------------|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Adoption Subsidy    | <input type="checkbox"/> SSI               | <input type="checkbox"/> SSD                                                   | <input type="checkbox"/> Welfare    | <input type="checkbox"/> None  |
| <input type="checkbox"/> Foster Care Subsidy | <input type="checkbox"/> Retirement Plan   | <input type="checkbox"/> Workers Comp                                          | <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:                              | <input type="checkbox"/> Independent       | <input type="checkbox"/> Dependent ( <i>incarcerated, with friends, etc.</i> ) | <input type="checkbox"/> Homeless   |                                |

### FAMILY/CHILDREN INFORMATION

Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Separated	<input type="checkbox"/> Widowed	Name of Paramour/Partner/Spouse:
	<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
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Visitation rights for children not residing with you?  Yes  No  N/A

Child support amount (if applicable):  
\$ \_\_\_\_\_ per month

Currently have contact with your primary family?  Yes  No  N/A

### MILITARY HISTORY

Have you (defendant) ever been in the military?  Yes  No *If yes, please answer the questions below.*

Branch:

Enlistment Date:

Years of Service:

- |                                        |                                       |                                    |                                                 |                                                     |
|----------------------------------------|---------------------------------------|------------------------------------|-------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Still serving | <input type="checkbox"/> Dishonorable | <input type="checkbox"/> Clemency  | <input type="checkbox"/> Other than honorable   | <input type="checkbox"/> General (includes medical) |
| <input type="checkbox"/> Honorable     | <input type="checkbox"/> Bad Conduct  | <input type="checkbox"/> Dismissal | <input type="checkbox"/> Entry level separation |                                                     |

Discharge Date:

Rank at Discharge:

Deployed abroad:  Yes  No

If yes, specify where:

Military combat:  Yes  No

If yes, specify the number of combat zones:

Diagnosed with:  PTSD  TBI  MST Eligible for VA benefits:  Yes  No  Unsure

APPLICANT NAME: \_\_\_\_\_

Signify your acknowledgement and acceptance to the following statements by initialing in the spaces provided.

- \_\_\_\_\_ 1. I understand and acknowledge my acceptance that by submitting this Application, I am waiving my Preliminary Hearing in regard to the above listed case(s).
- \_\_\_\_\_ 2. I understand, and acknowledge, that if my Application is accepted, I will be required to enter a plea of guilty to the above offenses, or stipulate to the parole/probation violation before the Treatment Court Judge.
- \_\_\_\_\_ 3. I understand, and accept, that by Applying to the Treatment Court, I waiving all of my speedy trial rights pursuant to Rule 600 of the Pennsylvania Rules of Criminal Procedure as well as my right to be sentenced, subsequent to my plea of guilty, within ninety (90) days, pursuant to Rule 704 of the Pennsylvania Rules of Criminal Procedure.
- \_\_\_\_\_ 4. I understand and agree to execute all Consents to Release Confidential Information to the Drug Treatment Team regarding any present or past Substance Abuse Treatment Programs, Medical Treatment, Prescribed Medication, and/or any other information the Treatment Court Team may require to design a proper treatment program for me and to monitor the same.
- \_\_\_\_\_ 5. I understand and acknowledge that upon filing this Application with the Clerk of Courts, I will not need to attend any further hearings on the cases involved with this application pending a notification of acceptance or rejection into the Treatment Court Program.
- \_\_\_\_\_ 6. However, I also understand and acknowledge if this application is for Reconsideration for admission into the Treatment Court Program, until I receive notice of acceptance or rejection into the Treatment Court Program, I will continue to appear at all proceedings in my case(s).
- \_\_\_\_\_ 7. I understand and acknowledge that upon acceptance into the Treatment Court Program, this case will be continued generally pending the successful completion or termination of my Treatment Court Treatment Program.
- \_\_\_\_\_ 8. I understand and acknowledge should my application be rejected, my case(s) shall continue through the normal criminal procedure process. However, since I have waived my preliminary hearing in order to file this Application, upon its rejection I will have the option of remanding this case for a preliminary hearing or may choose to file a habeas corpus petition.
- \_\_\_\_\_ 9. I understand that upon Acceptance I will comply with all the requirements of the Beaver County Treatment Court Program.

**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 made herein are subject to the penalties of 18 Pa.C.S.A. § 4904 relating to Unsworn Falsification to Authorities.**

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

\_\_\_\_\_  
Date

DO NOT COMPLETE THIS SECTION - OFFICIAL COORDINATOR USE ONLY		
<i>Date(s) Distributed for Review</i>		
<i>Received:</i>	<i>DA:</i>	<i>SCA/VJO:</i>