



Lackawanna County Treatment Court Application

Date: _____

Please read out loud to the potential Drug Court Client: The following survey is to gather some early information regarding your background. If you are accepted into the Drug court Program, this information will be useful in your identification and assist in designing your treatment regimen. Please answer as truthfully and fully as possible. You must answer all questions asked. If you are unsure of any questions, please ask.

Defendant: _____ **Case #:** _____
Last First MI

Present Address: _____

Others Residing at Address: _____

Current Home Phone Number: _____ *Current Cell Phone Number:* _____

Date of Birth: _____

Sex (please circle one): Male Female

Race (please circle one): White African American Latino
Asian Other (specify) _____

Marital Status (please circle one): married never married
Separated/divorced

Are you currently receiving welfare benefits? _____

If no, do you have private insurance and if so, who is your insurance carrier?

Have you ever received welfare benefits? _____

Are you currently under supervision or have any other pending charges in Lackawanna County or any other county? Yes or no

If yes, please list which county: _____

Are you a veteran or have you ever served in the military in the past? _____

If yes, which branch of service and what was your discharge status? _____

Do you have any children? Yes or No If yes, how many? _____

If yes, do you have custody of your children? Yes or no

If no, who has custody of your children and is there an open Children and Youth Services case?

Employment:

Present employer: _____ Phone Number: _____

Employment Address: _____

Length of employment _____ if less than one year, previous employer _____

Months Unemployed in the last year _____ Number of Jobs in last year: _____

Education:

Highest Level of Education Completed (please circle one): Less than High School High School
GED Some College
College Graduate Masters
Some Graduate/Professional

Do you have any vocational training? : Yes or No

Are you currently enrolled in vocational training?: Yes or No

If yes, what type of vocational training and where? _____

Drug and Alcohol Treatment History:

What is your drug of choice (circle all that apply): Alcohol heroin cocaine crack cocaine
Marijuana Benzodiazepine Spice
Kratom Methadone Suboxone
Amphetamine Methamphetamine
Prescription Medications
Other (please list): _____

Have you ever attended a drug and alcohol treatment program? Yes or No

If yes, where and when: _____

Are you currently working a twelve step recovery program? Yes or No

Mental Health and Medical Issues:

Are you currently under the care of a doctor? Yes or No

If yes, who is your doctor: _____

What, if any, medical issues do you suffer from: _____

What medications, if any, are you currently prescribed and what conditions do you take them for: _____

Do you have any mental health issues? Yes or No

If yes, please specify what conditions you have and if you are under the care of a psychologist or psychiatrist:

Have you ever been hospitalized for any psychological conditions: Yes or No

If yes, where and when?: _____

Do you have a history of trauma: Yes or No

If yes, please provide information on your trauma history: _____

Please list the names and contact information (phone number and address) for at least two emergency contact people below:

_____	_____
_____	_____
_____	_____
_____	_____

LACKAWANNA COUNTY TREATMENT COURT APPLICATION

This form must be completed by a District Justice, Assistant District Attorney, Public Defender, Defense Attorney, Arresting Officer or Prison Official.

Date: _____

Case#: _____

Name of Offender:

Last

First

Middle Initial

1. Does the arrest or charge involve a crime of violence against a person? Yes or No

Of yes, list the charge _____

2. Does the Offender have any prior felony conviction for a violent offense in this or any other state?
Yes or No

3. Does the new arrest or current charge involve drug trafficking? Yes or No

4. Does the new arrest or current charge involve the commission of a felony? Yes or No

5. Does the offender admit to or appear to have a drug abuse or addiction, or is the offender known to have a drug abuse or addiction problem? Yes or No

**If number 1, 2, and 3 are “No” and number 4 and 5 are “Yes,”
The offender is eligible to apply for admission to Treatment Court.**

6. Any additional information or opinion that is pertinent to the eligible status of an offender for Treatment court may be added below:

Signature _____

District Justice, Assistant District Attorney, Private Defense Attorney, Public Defender, Arresting Officer or Prison Official

Print Name: _____

Agency: _____

****Please attach a copy of the violator’s personal information, pink sheet, criminal information, and original sentencing sheet (For Probation/Parole Officers only).**