

## 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).**



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:**

_____	_____
_____	_____
_____	_____