



Lackawanna County  
Domestic Violence Court Application

**LACKAWANNA COUNTY DOMESTIC VIOLENCE COURT APPLICATION**

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

**Date:** \_\_\_\_\_

**Case#:** \_\_\_\_\_

**Name of Offender:**

\_\_\_\_\_

**Last**

**First**

**Middle Initial**

Date of Birth: \_\_\_\_\_

Sex (please circle one):      Male    Female

Present Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Others Residing at Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Marital Status (please circle one): Married    Single    Separated/divorced

Do you have private insurance and if so, who is your insurance carrier?

\_\_\_\_\_

**Pending/Open Charges**

Do you have any other pending charges in Lackawanna County or any other county? Yes or no

If yes, please list which county: \_\_\_\_\_

Are you currently supervised under any state or county parole?

If yes, please list which county or state: \_\_\_\_\_

Does the arrest or charge involve Domestic Violence? (Abuse of partner/spouse or family member)  
Yes or No

If yes, list the charge(s) \_\_\_\_\_

Does the offender have prior convictions for Domestic Violence related offenses in this or any other state? Yes or No

Does the victim of the immediate offense agree to the terms and conditions of DV court? Yes or No

If the victim is a minor does a parent/guardian agree to the terms and conditions? Yes or No

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

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**Firearms**

Do you currently own or possess any firearms? Yes or No

If yes, how many? \_\_\_\_\_

List type of firearms: \_\_\_\_\_

Have any been surrendered? Yes or No

If yes, to what agency? \_\_\_\_\_

**Children**

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?

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Is there an open case with the Office of Youth and Family Services? Yes or No

If yes, who is your case worker?

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**Employment:**

Present employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employment Address: \_\_\_\_\_

Length of employment: \_\_\_\_\_ if less than one-year, previous employer:

\_\_\_\_\_

Shift (please circle): 1<sup>st</sup>      2<sup>nd</sup>      3<sup>rd</sup>      Swing shift

**Education:**

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

**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): \_\_\_\_\_  
None

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

If yes, where and when: \_\_\_\_\_

**Mental Health:**

Do you have any mental health issues? Yes or No

Have you ever been diagnosed with a mental illness? Yes or No

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

\_\_\_\_\_  
\_\_\_\_\_

Are you prescribed medication? Yes or No

If yes, please list your medications:

\_\_\_\_\_  
\_\_\_\_\_

**Protection from Abuse Orders**

Is there currently a PFA? Yes or No

Is the PFA temporary or final with contact or no contact permitted, please specify:

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Have you ever had any prior PFA's filed against you? Yes or No  
Please explain the prior PFA Order:

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**Prior Arrests and Convictions**

Do you have any prior arrests or convictions? Yes or No

If yes, please list any prior arrests or convictions:

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Does the offender have prior convictions for a violent offense in this or any other state? Yes or No

**Plea Agreement**

Please list the terms of the plea agreement:

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Is this conditioned upon successful completion of Domestic Violence Court? Yes or No

**Bail Conditions**

Please list the bail conditions or modifications (At this level, if bail is modified a Court Order must be prepared and filed):

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**Waiver: Please Initial**

I expressly waive the following:

1. I agree to abide by all conditions and requirements of Domestic Violence Court. \_\_\_\_\_
2. I agree to acknowledge that my failure to comply with all terms and conditions may result in sanctions or my termination from the program. \_\_\_\_\_

3. I acknowledge that if I am unsuccessfully terminated from the program my bail could be revoked and my bail could be modified. \_\_\_\_\_
4. I acknowledge the DV Court team may discuss my compliance in the program without me present and I expressly waive my right to be present. \_\_\_\_\_
5. I acknowledge that the District Attorney, Assistant District Attorney, or employee of the District Attorney's Office may be a part of the Domestic Violence Treatment Court Team and may share information received from any of the witnesses on the case with team members regardless of whether I or my counsel is present. \_\_\_\_\_

**Acknowledgment**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Defendant

Print Name: \_\_\_\_\_

\_\_\_\_\_  
District Attorney

\_\_\_\_\_  
Defense Attorney

**Victim Information Confidential**

Name of Victim:

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<b>Last</b>	<b>First</b>	<b>Middle Initial</b>
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Present Address: \_\_\_\_\_  
                                  \_\_\_\_\_  
                                  \_\_\_\_\_

Other Residing at Address: \_\_\_\_\_

Minor Children? Yes or No

Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex (please circle one): Male Female

Marital Status (please circle one):