

LACKAWANNA COUNTY MENTAL HEALTH COURT APPLICATION

Please read and complete this form in its entirety. This information will be used to determine the applicant's eligibility for the Lackawanna County Mental Health Court Program. An incomplete application or missing mental health records may result in applicant's denial for Mental Health Court.

A copy of the current Criminal Complaint MUST be attached.

It is the responsibility of the attorney submitting the referral to provide all information/records regarding the applicant's psychiatric history including treatment and/or hospitalizations. **Records MUST be submitted with referral, or shortly thereafter.**

A copy of the **Frequently Asked Questions** form **MUST** be read and signed by **BOTH** the applicant and the defense attorney.

Submit completed application to:

Julie K. Zaleski, Esq.

Deputy Criminal Court Administrator
Lackawanna County Courthouse
200 N. Washington Avenue, 1st floor
Scranton, PA 18503
570-936-6773

Email: zaleskij@lackawannacounty.org

or

Lori Sullivan, Court Administrator Assistant

Email: sullivanl@lackawannacounty.org

Please contact Colleen Phillips at 570-496-1736 or phillipsc@lackawannacounty.org for any questions or concerns.

Lackawanna County Mental Health Court

Frequently Asked Questions

What is Mental Health Court?

According to the Center for Court Innovation, Mental Health Court's purpose is to "link offenders who would ordinarily be prison-bound to long-term community-based treatment. They rely on thorough mental health assessments, individualized treatment plans, and ongoing judicial monitoring to address both the mental health needs of offenders and public safety concerns of communities."

Will my charges be dismissed or expunged if I complete Mental Health Court?

Charges are seldom dismissed or expunged in Mental Health Court. The goals of Mental Health Court are to assure that offenders with mental illness receive treatment as early as possible and to maximize their chances of becoming productive, law-abiding citizens.

Who is eligible for Mental Health Court?

- An adult residing in Lackawanna County
- With a documented diagnosis of severe and persistent mental illness (Axis I)
- Who is willing to comply with prescribed treatment/medication and Court requirements
- Who is charged with committing a misdemeanor and/or felony in Lackawanna County and/or
- violated the conditions of Lackawanna County Adult Probation and has at least 12 months remaining on probation

What charges are not eligible for Mental Health Court?

Ineligible charges include homicide offenses, sexual offenses, drug trafficking, arson, and offenses involving guns or other weapons. Charges of a violent nature will be reviewed on a case-by-case basis.

What is expected of me in Mental Health Court?

To some extent your requirements are individualized based on a number of factors, including your offense and mental health treatment needs. Requirements include meeting with your probation officer on a regular basis, attending all appointments, and actively participating in your mental health treatment. Active participation in treatment includes taking medication as prescribed. Failure to meet these requirements can result in sanctions such as imprisonment or even expulsion from the Mental Health Court Program.

How long will I be in Mental Health Court?

Length of time in Mental Health Court is based on your individual goals and needs. Program participation usually lasts between 1-3 years.

Can I be forced to participate in Mental Health Court?

No, participation is voluntary.

I have read, understand, and agree to all of the above requirements and information.

Signature of applicant _____ Date _____

Signature of applicant's attorney _____ Date _____

LACKAWANNA COUNTY MENTAL HEALTH COURT APPLICATION

REFERRED BY _____
ADDRESS _____
PHONE _____
EMAIL _____

DATE _____

IS THIS APPLICATION FOR **MENTAL HEALTH COURT** OR FOR **INTERCEPT II**? _____

ARE MENTAL HEALTH RECORDS ATTACHED? _____
IF NOT, HAVE MENTAL HEALTH RECORDS BEEN REQUESTED BY ATTORNEY? _____

NAME OF APPLICANT _____

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

PRESENT LEGAL ADDRESS _____

PHONE NUMBER _____

ALTERNATE PHONE NUMBER _____

RESIDES WITH WHOM _____

HOW LONG AT THIS ADDRESS _____

COUNTY OF RESIDENCE _____

CURRENTLY IN LACKAWANNA COUNTY PRISON? _____

CURRENTLY HAVE A PROBATION OFFICER? _____
IF YES, WHO? _____

MARITAL STATUS _____

CHILDREN _____

OCCUPATION _____

VETERAN _____

DATE OF ARREST _____

CURRENT CHARGES _____

NEXT COURT DATE _____

EXPLAIN HOW MENTAL HEALTH FACTORED INTO ARREST _____

CURRENTLY RECEIVING MH TREATMENT? _____

IF YES, WHERE? _____

MENTAL HEALTH DIAGNOSES _____

CURRENT TREATING PSYCHIATRIST _____

CURRENT TREATING THERAPIST _____

CURRENT PSYCHIATRIC MEDICATIONS AND DOASGES _____

PREVIOUS MENTAL HEALTH TREATMENT AND/OR PSYCHIATRIC HOSPITALIZATIONS: (PROVIDE LOCATIONS & DATES) _____

CURRENT ISSUES WITH SUBSTANCE ABUSE? _____

PAST ISSUES WITH SUBSTANCE ABUSE? _____

CURRENTLY RECEIVING TREATMENT FOR SUBSTANCE ABUSE? _____

IF YES, PROVIDE LOCATION & DATES OF TREATMENT _____

PRIMARY CARE PHYSICIAN _____
MEDICAL ISSUES _____

MEDICATION FOR MEDICAL ISSUES _____

