

INDIANA COUNTY DRUG TREATMENT COURT

Referral and Application

Indiana County Drug Treatment Court is a post-conviction entry program. Defendant must plead before making application. Complete and submit this application along with a copy of the criminal complaint and affidavit (if available) within five (5) days of any entry to guilty plea/conviction by mail, email or fax to: A.J. Smeltz, Indiana County Probation Department, Indiana County Courthouse, 825 Philadelphia Street, Indiana, PA 15701. Fax 724-465-3831, Email: asmeltz@indianacountypa.gov

REFERRAL SOURCE	
Name:	Position/Title:
Phone: ())	Email:
Relationship to Applicant:	Date of Referral:

DEFENDANT INFORMATION			
Name: <small>First Middle Last</small>			Alias: <small>(or maiden name)</small>
Physical Address: <small>Street</small>		City	State Zip Code
Mailing Address: <small>Same as above <input type="checkbox"/> Street/PO Box</small>		City	State Zip Code
County of Residence:		Currently Incarcerated: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Phone: ())		Cell: ())	Email:
Work Phone: ())		Primary language spoken: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:	
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 <input type="checkbox"/> Other
Height:	Weight:	Hair Color:	Do you have reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Possess a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		Status: <input type="checkbox"/> Valid <input type="checkbox"/> Suspended <input type="checkbox"/> Expired	License #:
If revoked/suspended, are you ready to regain driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Prior participation in a problem-solving court? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, specify county:

LEGAL REPRESENTATION			
Select One: <input type="checkbox"/> Public Defender <input type="checkbox"/> Private Attorney <input type="checkbox"/> Public Defender Pending			
Attorney's Name:			Firm <small>(if private)</small> :
Address: <small>Street</small>		City	State Zip Code

Phone: ()	Fax: ()	Email:
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CRIMINAL/CHARGE INFORMATION

Please list all pending cases. Cases not included below will not be considered for acceptance. The addition of cases at a later date will delay the application process. You may attach an additional page if necessary.

Docket Number	Offense Tracking Number (OTN)	Offense(s)	Grade

Did you use or possess a weapon? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list:
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Have you ever had a PFA entered against you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has it been violated? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Attach an additional page if you have more cases and/or charges. Additional page attached? Yes No

SUBSTANCE ABUSE HISTORY

Have you ever abused drugs or alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No	Currently abusing? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you ever received drug or alcohol inpatient or outpatient treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Currently in treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Drug(s) of Choice:	<small>1st drug of choice</small>	<small>2nd</small>	<small>3rd</small>
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Age began using drugs:	Age began alcohol use:	History of IV Drug Use? <input type="checkbox"/> Yes <input type="checkbox"/> No
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MEDICAL/TREATMENT HISTORY

Prior psychiatric mental health inpatient/outpatient treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Currently in mental health treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes to the questions above, was the mental health diagnosis connected to military service? Yes No

Pharmacological interventions (medications) for substance abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list medication(s): <small>(e.g., Methadone, Vivitrol, Suboxone)</small>
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Medical Insurance: <input type="checkbox"/> Medicaid <input type="checkbox"/> Private Insurance (specify): <input type="checkbox"/> Medicare <input type="checkbox"/> Other (specify): <input type="checkbox"/> None
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If female, are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, indicate your due date:
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List any past or present medical conditions:

List any medications you are taking:

EDUCATION, EMPLOYMENT, AND HOUSING STATUSHighest level of Education completed (select one):

- Any grade up to 11th GED High School Diploma Some Trade School
 Trade School Graduate Some College College Graduate (2 year) College Graduate (4 year)
 Some Post Graduate Advanced Degree

Employment Status (select one):

- Unemployed Employed Full-Time (35 or more hours/week)* Volunteer
 Retired Employed Part-Time (less than 35 hours/week)* Disabled
 Student Full-Time *Specify occupation:

Primary Source of Support (select all that apply):

- Adoption Subsidy Social Security (SSI) Social Security Disability (SSD) Welfare None
 Foster Care Subsidy Retirement Plan Workers Compensation Family Other
 Unemployment Veterans Benefits Salary/Wages Disability

Housing Status (select one): Independent Dependent (*incarcerated, with friends, etc.*) Homeless**FAMILY/CHILDREN INFORMATION**

Living Arrangements:	<input type="checkbox"/> Single	<input type="checkbox"/> Separated	<input type="checkbox"/> Widowed	*Name of spouse or partner:
	<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		
Visitation rights for all children not residing with you? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				Child support amount: (if applicable)
Currently have contact with your primary family? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				\$ _____ per month

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

Branch:	Enlistment Date:	Years of Service:
Discharge Type (select one):		
<input type="checkbox"/> Still serving	<input type="checkbox"/> Dishonorable	<input type="checkbox"/> Clemency
<input type="checkbox"/> Honorable	<input type="checkbox"/> Bad Conduct	<input type="checkbox"/> Dismissal
		<input type="checkbox"/> Other than honorable
		<input type="checkbox"/> General (<i>includes medical</i>)
Discharge Date:	Rank at Discharge:	
Any criminal convictions prior to military service? <input type="checkbox"/> Yes <input type="checkbox"/> No		Incarcerated while in military? <input type="checkbox"/> Yes <input type="checkbox"/> No
Deployed abroad: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify where:	
Military combat: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify the number of deployments to combat zones:	
Conflict Era of Service (select all that apply):		
<input type="checkbox"/> Korea	<input type="checkbox"/> ODS (<i>Iraq/Kuwait 1990-2003</i>)	<input type="checkbox"/> OIF (<i>Iraq 2003-2010</i>)
<input type="checkbox"/> Vietnam	<input type="checkbox"/> OEF (<i>Afghanistan 2001- present</i>)	<input type="checkbox"/> OND (<i>Iraq 2010-present</i>)
Diagnosed with (select all that apply): <input type="checkbox"/> PTSD <input type="checkbox"/> TBI <input type="checkbox"/> MST		Eligible for VA Benefits: <input type="checkbox"/> Yes <input type="checkbox"/> No

DO NOT COMPLETE THIS SECTION - OFFICIAL COORDINATOR USE ONLY*Date(s) Distributed for Review*

District Attorney:	AICDAC:	Defense Advocate:
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