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: Jen Hoover, Indiana County Probation Department, Indiana County Courthouse, 825 Philadelphia Street, Indiana, PA 15701. Fax 724-465-3831, Email: jhoover@indianacountypa.gov

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

DEFENDANT INFORMATION			
Name: *First Middle Last*			Alias: *(or maiden name)*
Physical Address: *Street*	*City*	*State*	*Zip Code*
Mailing Address: *Same as above* ☐ *Street/PO Box*	*City*	*State*	*Zip Code*
County of Residence:	Currently Incarcerated: ☐Yes ☐No		
Home Phone: ( )	Cell: ( )	Email:	
Work Phone: ( )	Primary language spoken: ☐English ☐Spanish ☐Other:		
Date of Birth:	Social Security Number:		
Race: ☐Asian/Pacific Islander ☐Bi-racial ☐Black ☐White ☐Native ☐Unknown/Unreported			
Ethnicity: ☐Hispanic ☐Non-Hispanic ☐Unknown/Unreported	Gender: ☐Male ☐Female ☐Other		
Height:	Weight:	Hair Color:	Do you have reliable transportation? ☐Yes ☐No
Possess a driver's license? ☐Yes ☐No	Status: ☐Valid ☐Suspended ☐Expired	License #:	
If revoked/suspended, are you ready to regain driver's license? ☐Yes ☐No			
Prior participation in a problem-solving court? ☐Yes ☐No	If yes, specify county:		

LEGAL REPRESENTATION			
Select One: ☐Public Defender ☐Private Attorney ☐Public Defender Pending			
Attorney's Name:	Firm *(if private)*:		
Address: *Street*	*City*	*State*	*Zip Code*

Phone: ( )	*Fax:* ( )	Email:

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? ☐Yes ☐No	If yes, list:
Have you ever had a PFA entered against you? ☐Yes ☐No	Has it been violated? ☐Yes ☐No
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? ☐Yes ☐No		Currently abusing? ☐Yes ☐No	
Have you ever received drug or alcohol inpatient or outpatient treatment? ☐Yes ☐No			Currently in treatment? ☐Yes ☐No
Drug(s) of Choice:	*1st drug of choice*	*2nd*	*3rd*
Age began using drugs:	Age began alcohol use:	History of IV Drug Use? ☐Yes ☐No	

MEDICAL/TREATMENT HISTORY	
Prior psychiatric mental health inpatient/outpatient treatment? ☐Yes ☐No	Currently in mental health treatment? ☐Yes ☐No
If yes to the questions above, was the mental health diagnosis connected to military service? ☐Yes ☐No	
Pharmacological interventions (medications) for substance abuse? ☐Yes ☐No	If yes, list medication(s): *(e.g., Methadone, Vivitrol, Suboxone)*
Medical Insurance: ☐Medicaid ☐Medicare ☐None	☐Private Insurance (specify): ☐ Other (specify):
If female, are you pregnant? ☐Yes ☐No	If yes, indicate your due date:
List any past or present medical conditions:	
List any medications you are taking:	

EDUCATION, EMPLOYMENT, AND HOUSING STATUS

Highest 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:	☐Single ☐Married*	☐Separated ☐Divorced	☐Widowed ☐Living Together*	*Name of spouse or partner:

# of Children:	# of Dependent Children:	Custody of all minor children: ☐Yes ☐No ☐N/A

Visitation rights for all children not residing with you? ☐Yes ☐No ☐N/A	Child support amount: (if applicable)
Currently have contact with your primary family? ☐Yes ☐No ☐N/A	$ per month

MILITARY HISTORY

Have 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):

☐Still serving ☐Dishonorable ☐Clemency ☐Other than honorable ☐General *(includes medical)*
☐Honorable ☐Bad Conduct ☐Dismissal ☐Entry level separation

Discharge Date:	Rank at Discharge:
Any criminal convictions prior to military service? ☐Yes ☐No	Incarcerated while in military? ☐Yes ☐No
Deployed abroad: ☐Yes ☐No	If yes, specify where:
Military combat: ☐Yes ☐No	If yes, specify the number of deployments to combat zones:

Conflict Era of Service (select all that apply): ☐Korea ☐ODS *(Iraq/Kuwait 1990-2003)* ☐OIF *(Iraq 2003-2010)* ☐Vietnam ☐OEF*(Afghanistan 2001- present)* ☐OND*(Iraq 2010-present)*

Diagnosed with (select all that apply): ☐PTSD ☐TBI ☐MST	Eligible for VA Benefits: ☐Yes ☐No

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Date(s) Distributed for Review

District Attorney:	AICDAC:	Defense Advocate: