

Wyoming/Sullivan County Treatment Court

Application Checklist

Prior to submitting your Treatment Court application, please review the checklist below. Please include the following **completed** checklist along with your **completed** application. ***Incomplete applications will be DENIED***

Have you and/or your attorney attached the following:

_____ a copy of the criminal complaint and affidavit of probable cause.

_____ a copy of any written plea agreement with the Commonwealth

_____ a copy of one of the following as proof of residency:

(You must be a Wyoming or Sullivan County resident at the time of arrest)

- PA Driver's License
- Most recent tax return
- A household utility bill

_____ a copy of your medical insurance, if applicable.

Have you completed the following?

_____ Received and read the Treatment Court Participation Manual, Contract, and/or reviewed the basic requirements of Treatment Court?

_____ Submitted your completed application to:

**Wyoming County Adult Probation Department
1 Courthouse Square
Tunkhannock, Pa 18657**

Attachment A Wyoming – Sullivan County Treatment Court Application for Admission

The following application for the Wyoming – Sullivan County Treatment Court is a binding legal contract between you, the applicant, and the court. Although acceptance into the program will be determined by a majority vote of the treatment court team, the information you supply in this application will be verified for truth and accuracy. Please be thoughtful in your responses.

This application should be completed and co-signed by one of the following judicial officers to be considered a valid request for admission: Legal Counsel, Public Defender, Probation Officer, Correctional Official or other acceptable judicial entity.

Please attach to the completed application a copy of the current criminal complaint and the written verification of the plea agreement.

| | | |
|-----------------------------|----------------------------|------------------------------|
| Applicant First Name | Applicant Last Name | Applicant Middle Name |
| | | |
| Attorney's Name | Attorney's Address | Attorney's Phone # |
| | | |
| District Court | Docket # | Common Pleas # |
| | | |

The following questions assess the applicant's eligibility for admission to the Wyoming – Sullivan county Treatment Court. Please answer by marking an X with complete accuracy and truth.

| # | Admission Criteria Questions | Yes | No |
|----|--|--------------------------|--------------------------|
| 1 | Is the applicant a current resident of Wyoming or Sullivan county? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | Has the applicant used illegal drugs in the past 6 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | Is the applicant's current charge(s) for personal possession or use of a drug? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | Is the applicant's current charge(s) for sales or intent to distribute a drug? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | Is the applicant's current charge(s) for Manufacturing, Trafficking, Distribution, Possession w/ Intent to Deliver, or Conspiracy related to any of the aforementioned crimes involving a drug(s)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | Does the applicant have a current charge(s) pending for DUI? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | Does the applicant have a current charge(s) pending for DUI with a BAL of .16 or higher? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | Has the applicant been convicted of any past DUI (Include ARD)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 | Does the applicant have two or more lifetime DUI convictions? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 | Does the applicant have a past DUI conviction with a BAL of .10 or higher? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 | Does the applicant currently possess a valid Pennsylvania State Drivers License? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 | Do the applicant's current charges, as defined by the Pennsylvania Crimes Code, involve the commission of a "violent crime" or a "crime with a weapon"? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 | Has the applicant <i>ever been convicted</i> of a "violent" crime or a "crime with a weapon", as defined by the Pennsylvania Crimes Code, in or outside of Pennsylvania? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 | Are the applicant's current charges, as defined by the Pennsylvania Sentencing Guidelines, considered Level 3 or 4 offences? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 | Has the applicant ever attended any residential or out-patient alcohol/other drug treatment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 | Has the applicant ever "quit" treatment event or been discharged unsuccessfully? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 | Has the applicant ever received a psychiatric diagnosis? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18 | Is the applicant currently taking any psychiatric / behavior modifying medications | <input type="checkbox"/> | <input type="checkbox"/> |
| 19 | Does the applicant believe his/her legal problems are directly related to their use of alcohol and/or other drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20 | Is the applicant a military veteran? | <input type="checkbox"/> | <input type="checkbox"/> |

Attachment A
Wyoming – Sullivan County Treatment Court
Application for Admission

| Demographic Information | | | |
|--|--|---------------------------------|--|
| Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> | | Date of Birth: | |
| Race: Anglo <input type="checkbox"/> African <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Other <input type="checkbox"/> | | Age: | |
| Current home address: | | Social Security #: | |
| Names of people who are living at home address: | | Home Phone #: | |
| Length of time at home address: | | Home address at time of arrest: | |
| Applicants current location & address: | | | |

| Domestic Information | | | |
|---|--|---|--|
| Marital status: Never married <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Committed relationship <input type="checkbox"/> | | | |
| Number of children: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+ <input type="checkbox"/> | | Legal custody: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+ <input type="checkbox"/> | |
| Physical custody: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+ <input type="checkbox"/> | | Current Children Services Involvement: Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Case manager: | | Phone #: | |

| Financial Information | | | |
|--|--|--|--|
| Income source: None <input type="checkbox"/> Wages <input type="checkbox"/> Commission <input type="checkbox"/> Disability <input type="checkbox"/> Welfare <input type="checkbox"/> Trust <input type="checkbox"/> Family <input type="checkbox"/> Domestic <input type="checkbox"/> Other <input type="checkbox"/> | | | |
| Public assistance: (Current) None <input type="checkbox"/> Section 8 Housing <input type="checkbox"/> Food Stamps <input type="checkbox"/> Utilities <input type="checkbox"/> Transportation <input type="checkbox"/> Medical <input type="checkbox"/> Public Defender <input type="checkbox"/> Other <input type="checkbox"/> | | | |
| Public assistance: (Past) None <input type="checkbox"/> Section 8 Housing <input type="checkbox"/> Food Stamps <input type="checkbox"/> Utilities <input type="checkbox"/> Transportation <input type="checkbox"/> Medical <input type="checkbox"/> Public Defender <input type="checkbox"/> Other <input type="checkbox"/> | | | |
| Monthly income amount: None <input type="checkbox"/> \$1.00 – 300.00 <input type="checkbox"/> \$301.00 - \$500.00 <input type="checkbox"/> \$501.00-1,000 <input type="checkbox"/> \$1,001.00-1500.00 <input type="checkbox"/> \$1,501.00 and above <input type="checkbox"/> | | | |
| Court ordered monthly payments: Child support <input type="checkbox"/> Alimony <input type="checkbox"/> Fines <input type="checkbox"/> Restitution <input type="checkbox"/> Other <input type="checkbox"/> Committed relationship <input type="checkbox"/> | | | |
| Monthly Bills/Payments: No debt <input type="checkbox"/> \$1.00 - 300.00 <input type="checkbox"/> \$301.00 - \$500.00 <input type="checkbox"/> \$501.00 - 1,000 <input type="checkbox"/> \$1,001 - 1500 <input type="checkbox"/> \$1,501 and above <input type="checkbox"/> | | | |
| Current total debt: No debt <input type="checkbox"/> \$1.00 - \$1,000 <input type="checkbox"/> \$1,000 - \$5,000 <input type="checkbox"/> \$5,001 - 10,000 <input type="checkbox"/> \$10,001 - 20,000 <input type="checkbox"/> \$20,001 and above <input type="checkbox"/> | | | |
| Current Legal Representation: Private Attorney <input type="checkbox"/> Public Defender <input type="checkbox"/> No Current Legal Representation <input type="checkbox"/> | | | |

| Vocational Information | | | |
|--|--|-------------------|--|
| Employment status: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Retired <input type="checkbox"/> Laid Off <input type="checkbox"/> Seasonal <input type="checkbox"/> Homemaker <input type="checkbox"/> Disabled <input type="checkbox"/> Unemployed <input type="checkbox"/> | | | |
| Employer name: | | Employer address: | |
| Employment duties / responsibilities: | | Employer phone #: | |
| Length of time at current employment: Less than 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 5 – 10 years <input type="checkbox"/> 10 plus years <input type="checkbox"/> | | | |

| Education/Training Status | | | |
|--|--|-----------------------------|--|
| Last grade completed: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> Beyond <input type="checkbox"/> | | | |
| Degree: NA <input type="checkbox"/> GED <input type="checkbox"/> H.S. Diploma <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/> Other <input type="checkbox"/> | | | |
| Specialized skills: | | Certificates/licenses/ #'s: | |

Attachment A
Wyoming – Sullivan County Treatment Court
Application for Admission

| Behavioral Health Information | |
|---|---------|
| Psychiatric Disorder(s): None <input type="checkbox"/> Depressive <input type="checkbox"/> Bi-Polar <input type="checkbox"/> Anxiety <input type="checkbox"/> Mood <input type="checkbox"/> Psychotic <input type="checkbox"/> Eating <input type="checkbox"/> Personality <input type="checkbox"/> Retardation <input type="checkbox"/> Other <input type="checkbox"/> | |
| Psychiatric Medications: | |
| Psychiatrist: | Phone#: |

| Psychiatric Treatment | | |
|---|---|---|
| Practitioner/Facility | Location | Dates of TX |
| | | |
| | | |
| Alcohol / Other Drug Use History (lifetime use) | | |
| Wine: Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> | Cocaine: Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> | Seroquel: Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> |
| Liquor: Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> | Crack: Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> | Quaalude: Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> |
| Beer: Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> | Meth: Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> | Suboxone: Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> |
| Heroin: Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> | Adderal: Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> | LSD: Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> |
| Oxycontin: Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> | Marijuana: Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> | Mescaline: Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> |
| Vicodin: Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> | Hashish: Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> | Mushrooms: Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> |
| Percocet: Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> | Xanax: Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> | MDMA: Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> |
| Darvicet: Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> | Valium: Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> | Ketamine: Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> |
| Dilaudid : Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> | Klonopin: Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> | PCP: Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> |
| Morphine: Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> | Ativan: Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> | Inhalants: Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> |
| Methadone: Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> | Ultram: Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> | Steroids: Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> |
| Fentanyl : Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> | Ambien: Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> | OTC Meds: Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> |

| Alcohol / Other Drug Treatment History | | |
|--|----------|-------------|
| Practitioner/Facility | Location | Dates of TX |
| | | |
| | | |

| Health Information | |
|-----------------------------------|---|
| Current medical condition(s): | Physical disability(s) /chronic illness(s): |
| Primary care physician / Phone #: | Medical specialist / Phone #: |
| Medical insurance plan: | Subscriber name: |
| Member number: | Customer service number: |

Psychiatric Disorder(s): None Depressive Bi-Polar Anxiety Mood Psychotic Eating Personality Retardation Other

Psychiatric Medications:

Psychiatrist: _____ Phone#: _____

| Psychiatric Treatment | | |
|-----------------------|----------|-------------|
| Practitioner/Facility | Location | Dates of TX |
| | | |
| | | |

Alcohol / Other Drug Use History (lifetime use)

| | | |
|---|---|---|
| Wine: Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input checked="" type="checkbox"/> | Cocaine: Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> | Seroquel: Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> |
| Liquor: Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> | Crack: Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> | Quaalude: Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> |
| Beer: Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> | Meth: Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> | Suboxone: Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> |
| Heroin: Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> | Adderal: Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> | LSD: Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> |
| Oxycontin: Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> | Marijuana: Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> | Mescaline: Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> |
| Vicodin: Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> | Hashish: Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> | Mushrooms: Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> |
| Percocet: Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> | Xanax: Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> | MDMA: Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> |
| Darvicet: Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> | Vallium: Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> | Ketamine: Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> |
| Dilaudid: Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> | Klonopin: Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> | PCP: Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> |
| Morphine: Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> | Ativan: Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> | Inhalants: Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> |
| Methadone: Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> | Ultram: Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> | Steroids: Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> |
| Fentanyl: Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> | Ambien: Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> | OTC Meds: Never <input type="checkbox"/> Infrequent <input type="checkbox"/> Frequent <input type="checkbox"/> |

Alcohol / Other Drug Treatment History

| Practitioner/Facility | Location | Dates of TX |
|-----------------------|----------|-------------|
| | | |
| | | |

BY SIGNING THIS APPLICATION, THE APPLICANT AGREES TO MODIFY HIS/HER CURRENT BAIL CONDITIONS TO INCLUDE THAT THE DEFENDANT SHALL OBTAIN A DRUG AND ALCOHOL EVALUATION FROM THE DTC TREATMENT PROVIDER AND FOLLOW ALL TREATMENT RECOMMENDATIONS. DEFENDANT TO INITIAL HERE: _____

Authorization of Application

Applicant: _____ Date: _____
 Attorney / Legal representative: _____ Date: _____

Application Processing Dates - Official Use Only

| | |
|---|--------------------------------|
| Application Received: | Application Vote / Date: / |
| Application copied to District Attorney: | Applicant AOD Assessment Date: |
| Application copied to Probation Officer(s): | Applicant Sentencing Date: |
| Application Reviewed by TX Court Team: | Applicant Program Start Date: |