

For Snyder County cases, return to:  
Snyder County DA's Office  
P.O. Box 217  
Middleburg, PA 17837

For Union County cases, return to:  
Union County DA's Office  
103 South Second Street  
Lewisburg, PA 17837

Docket No. CP- \_\_\_\_\_ -CR- \_\_\_\_\_ -20 \_\_\_\_\_

**Application for Admission to the 17<sup>th</sup> Judicial District's Treatment Court Program**

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE#: \_\_\_\_\_

Are you currently incarcerated? YES / NO (circle one) If yes, where? \_\_\_\_\_

Current charge(s)? \_\_\_\_\_ Arresting agency: \_\_\_\_\_

Are you currently on probation or parole? YES / NO (circle one) If yes, state or county? \_\_\_\_\_

Are the subject of any ongoing criminal investigations? YES / NO (circle one) If yes, where? \_\_\_\_\_

Defense Attorney: \_\_\_\_\_ Attorney's Phone#: \_\_\_\_\_

Drug of choice: \_\_\_\_\_ Length of use: \_\_\_\_\_

List any other illicit drugs you have used: \_\_\_\_\_

List any mental health diagnosis or issues: \_\_\_\_\_

List any prescribed medications for any mental/physical problems: \_\_\_\_\_

List any inpatient/outpatient treatment for drugs, alcohol and/or mental health issues (place and year attended):  
\_\_\_\_\_

**"I agree to waive any speedy trial rights under Pa.R.Crim.P. 600 for delays resulting from this application."**

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Below this line: to be completed by the District Attorney/Assistant District Attorney assigned to the Treatment Court Program.)*

**Legal Screening Form for the 17<sup>th</sup> Judicial District's Treatment Court Program**

MDJ: \_\_\_\_\_ OTN: \_\_\_\_\_ PRS: \_\_\_\_\_ OGS: \_\_\_\_\_ Offense Level: 1 2 3 4

Having reviewed and considered this applicant's eligibility status, prior criminal record, current charge(s), available statements by the arresting officer and/or victim(s), and any other pertinent information, the Commonwealth hereby RECOMMENDS / DOES NOT RECOMMEND this applicant's admission to the DRUG / DUI Court Program.

Reasons/Comments: \_\_\_\_\_

DA/ADA signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Completed forms are to be delivered by the DA's Office to the Snyder or Union County Probation Department.)*