

Applications are to be submitted to the DA's Office in the county where your case/detainer was filed AND a copy to the Treatment Court Coordinator:

Snyder County DA's Office  
Snyder County Courthouse  
9 West Market Street

Middleburg, PA 17837  
FAX: 570-837-2528

Union County DA's Office  
Union County Courthouse  
103 South Second Street

Lewisburg, PA 17837  
FAX: 570-524-8799

Treatment Court Coordinator  
c/o Union County Probation  
103 South Second Street

Lewisburg, PA 17837  
FAX: 570-524-8745

**APPROVED/DENIED**

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

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

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

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

Defense attorney (if any): \_\_\_\_\_ Attorney's phone #: \_\_\_\_\_

\_\_\_\_\_

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

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

\_\_\_\_\_

List current charge(s) or VOP: \_\_\_\_\_ Arresting agency: \_\_\_\_\_

How many DUI priors (including ARD cases)? \_\_\_\_\_ How many drug priors? \_\_\_\_\_

Drug of choice: \_\_\_\_\_ Length of use: \_\_\_\_\_ Amount of clean time to date (if any):

\_\_\_\_\_

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

List any mental health diagnosis / issues / treatment: \_\_\_\_\_

List any prescribed meds 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 DA/ADA assigned to the Treatment Court Program & delivered to their respective probation department.)*

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

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MDJ: \_\_\_\_\_ OTN: \_\_\_\_\_ OGS: \_\_\_\_\_ PRS: \_\_\_\_\_ 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 consideration for the DRUG / DUI / Mental Health Court Program.*

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

Date: \_\_\_\_\_

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