

MONTGOMERY COUNTY TREATMENT COURT APPLICATION AND REFERRAL FORM

I am making an application/referral to the following Treatment Court

<input type="checkbox"/> Drug Treatment Court	<input type="checkbox"/> Behavioral Health Court	<input type="checkbox"/> Veterans Treatment Court
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(Please select only one)

DEFENDANT INFORMATION:

DATE:

Docket Number:

Inmate Number

Request Date:	Social Security Number:
Client Name:	Phone Number:
Aliases/maiden name:	Date of Birth:
Current Address:	City: State: Zip Code:
Permanent (last known) address:	County:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	

REFERRAL SOURCE:

Probation Officer: Phone #: EMAIL:	Prison: Phone #: EMAIL:	Judge: Phone #: EMAIL:	Other: Agency: Phone #: EMAIL:
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IS COMPETANCY AN ISSUE: YES NO

ISSUES SURROUNDING REQUEST:

_____ Drugs	_____ Alcohol	_____ Mental Health	_____ Sexual Issues	_____ Abuse
_____ Medical Reasons	_____ Anger	_____ Housing		
Briefly Explain Issues Checked Above:				
History of Trauma? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:				
In a mental health crisis? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:				

Emergency Contact Information:

Name: _____

Address: _____

Phone: Home _____ Cell _____

Who else resides in the household:

NAME	REALTIONSHIP	CRIMINAL RECORD	+/- INFLUENCE

Are you a Veteran: Yes No

If yes, what were your dates of service? _____

What Branch of the military did you serve? . _____

Where did you serve? _____

What was your rank? _____

What was your military discharge? _____

Did you serve in combat? _____

Highest level of education completed:

11th Grade or below High School Grad College Grad

Do you have a valid driver's license: YES NO

If YES, Operator's License Number _____

Occupation or Employer:

EMPLOYER	ADDRESS	PHONE #	SUPERVISOR

Marital Status: _____

Are you presently involved in a relationship: YES NO

If YES, with whom _____ Date of Birth _____

Address _____ Are they in recovery YES NO

How many children do you have: _____

NAME	AGE	OTHER PARENT'S NAME	ADDRESS

Do you have an AXIS I Diagnosis: Yes No

If yes, complete the following:

AXIS I DIAGNOSIS:

PHYSICIAN:

Attached Psychiatric Evaluation (completed within last 6 months is required for consideration)

Current Medications:

MEDICATION	DOSAGE	PRESCRIBING DOCTOR

CASE MANAGER:

NAME: _____
 AGENCY: _____
 ADDRESS: _____
 PHONE #: _____

Please attach (if possible) any additional Mental Health information (Psychological/Psychiatric Evaluations), Medical Report, Criminal Complaint, Court paperwork and/or other information or comments.

What is the name of your Health Insurance Company:

Insurance Policy Number: _____

Where have you attended treatment: (please list all inpatient, outpatient facilities, and halfway houses)

Agency	Address	Therapist/Doctor

Substance Abuse

Substance	Frequency	Age When I Began Use	Last Use

Have you ever been arrested, charged, convicted/adjudicated, cited (including Vehicle Code violations) or held by any law-enforcement or juvenile authorities in the United States regardless of whether the citation or charge was dropped or dismissed or you were found not guilty or whether the record has been "sealed" expunged or otherwise stricken from the court records on any occasion other than this arrest: YES NO

Are you presently on probation or parole: YES NO

If yes, where and who is your probation officer and assigned Judge

State/County _____

P.O. Name _____

Judge _____

Are you **presently** on bail or do you have any **other** outstanding criminal charges outside of Montgomery County, what are the charges and from where: : YES NO

Where do you think you would be in life (career, family, employment, etc...) if you had never had a substance abuse or mental health issue?

What do you think has lead to your most recent involvement in the criminal justice system? Any traumatic life events?

Why are you applying for a Treatment Court?

By signing, I have read or had read to me the Treatment Court description and acknowledge that I will commit my time and effort to create in me behavioral and life change if accepted. I have been truthful, to the best of my knowledge, with regard to all my answers in this application.

RULE 600 WAIVER

I understand that under Rule 600 of the Pennsylvania Rules of Criminal Procedure my trial in Montgomery County Court must begin on or before the 180th day from the filing of the Criminal Complaint if I am incarcerated. I understand that my trial must begin on or before the 365th day from filing of the Criminal Complaint if I am not incarcerated. I further understand that the charges against me may be dismissed if my trial does not commence within the time allowed under Rule 600, and that by signing this waiver I am giving up my right to be tried within the time allowed under Rule 600. I am agreeing that my time may begin after the Rule 600 time limit.

I have not been made any promises, nor have I been forced to sign this waiver. I read and write the English language, or this waiver has been explained to me in a language that I understand.

Signature

Date

If you have any questions as to the program you are applying for, please read the policy and procedure manual on our web page. If you need further assistance, please contact the following program coordinator:

Behavioral Health Court and Veteran's Court Stephanie Landes 610-992-7733	Drug Treatment Court Megan Thomas 610-992-7773
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