SÉAN R. RYAN
Chief Adult Probation & Parole Officer

JEFFREY L. FINLEY
President Judge

ADULT PROBATION AND PAROLE DEPARTMENT
Court of Common Pleas of Bucks County
SEVENTH JUDICIAL DISTRICT OF PENNSYLVANIA
A Force for Positive CHANGE.

Docket Number(s) _____
_____

Bucks County Drug Court Program Application

Please read each question carefully before answering. Failure to complete all required Drug Court forms and questionnaires accurately will delay the processing of your application. False or misleading information will be treated as a false statement subjecting you to exclusion from the Program.

Background Information:

Full Name: _____

Maiden Name /Alias(es): _____

Home Address: _____
Street Apartment Number

_____
City State Zip Code

Phone Numbers: Home _____ Cell _____Work _____

Date of Birth: _____

Place of Birth: _____
City County State

Sex: ☐ Male ☐ Female

Are you a citizen of the United States? ☐ YES ☐ NO

Race: _____

Social Security Number: _____

Emergency Contact: _____Relationship:_____

Address: _____

Phone Numbers: Home _____ Cell _____

Who else resides with you?:

Name	Relationship	Does he/she have a Criminal Record ?	+/- Support?

List your residences within the past ten (10) years:

Address	Roommate(s)

Highest level of education completed:

☐ Highest grade completed _____ ☐ High School Grad

☐ College Grad ☐ GED ☐ Other: _____

Have you ever been told by any teachers/school you needed to attend special classes? ☐ YES ☐ NO

What are your plans for education?: _____

☐ Check here if you need help obtaining a GED.

Do you speak, read and write the English language? ☐ YES ☐ NO

Do you have a valid driver's license? ☐ YES ☐ NO

If YES, Operator's License Number: _____

If NO, has your license suspended and why? _____

List all employment during the past three (3) years. Use additional sheets if necessary.

Employer	Address	Phone #	Supervisor	Dates

Do you need Job Training and/or help with your resume? ☐ YES ☐ NO

Financial Status:

Debts		Assets	
Item	**Amount**	**Item**	**Amount**

Marital Status/Children:

☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

Other: _____

Are you presently involved in a relationship? ☐ YES ☐ NO

If YES, Name: _____ Date of Birth: _____

Address: _____

Is he/she in recovery? ☐ YES ☐ NO

Is he/she currently on probation or parole? ☐ YES ☐ NO

If YES, where? _____

For what crime(s)? _____

How many children do you have? _____

Is there a custody order regarding your children? ☐ YES ☐ NO

If YES, in what County? _____

Mental Health History:

Do you feel you need help with a mental health issue? ☐ YES ☐ NO

Have you had any treatment or been hospitalized for psychiatric reasons (excluding drug and alcohol reasons)?
☐ YES ☐ NO

If YES to either question, complete the attached Mental Health Questionnaire on page 10.

Current Medication(s):

Medication	Dosage	Date Last Taken	Prescribing Doctor

What is the name of your Health Insurance Company? _____

Insurance Policy Number _____

Representation by Counsel:

Are you represented by counsel? ☐ YES ☐ NO

If YES, Counsel's Name: _____

Counsel's Address: _____

Counsel's Phone Number: _____

Prior Contact(s) with the Criminal Justice System:

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

If YES, complete the attached Criminal History & Incarceration Questionnaire on page 11.

Do you have any prior convictions for violent offense(s)? ☐ YES ☐ NO

Violent offenses include, but are not limited to, the following offenses: Third Degree Murder, Voluntary Manslaughter, Aggravated Assault, Simple Assault, Terroristic Threats, Rape, Involuntary Deviate Sexual Intercourse, Aggravated Indecent Assault, Incest, Sexual Assault, Arson, Kidnapping, Burglary (of a structure adapted for overnight accommodation and at the time of the offense any person is present), and Robbery.

Have you ever been incarcerated, for any period of time for any reason? ☐ YES ☐ NO

If YES, complete the attached Criminal History & Incarceration Questionnaire on page 11.

Are you currently incarcerated? ☐ YES ☐ NO

If YES, date of detention: _____

Are you presently on probation or parole? ☐ YES ☐ NO

If YES, where and who is your Probation Officer (P.O.)?
State/County:_____
P.O.'s Name:_____

Are you presently on bail for a new case, including the one you are making application to Drug Court, or do you have any other outstanding criminal charges outside of Bucks County?
☐ YES ☐ NO

If YES, explain:_____

_____

_____

Substance Abuse History:

When was your first use of drugs or alcohol (age and specifics) and what led to your use?

_____

_____

_____

_____

_____

What is your drug/alcohol use history? Use additional sheets if necessary.

Substance	Frequency	Amount	At What Ages?	Date of Last Use

Have you and/or do you use drugs or alcohol with anyone in your residence? ☐ YES ☐ NO

If YES, with whom? _____

Have you engaged in Twelve Step meetings (AA, NA, etc.)? ☐ YES ☐ NO

If YES, do you have a sponsor? ☐ YES ☐ NO and/or a Home Group? ☐ YES ☐ NO

If YES, name of Home Group: _____

What is your longest period of sobriety and how did you maintain it? _____

_____

_____

_____

Have you had or been in any treatment/hospitalizations/detox/rehab for drug and/or alcohol use? ☐ YES ☐ NO

If YES, please list the facility, length of stay and outcome (if treatment was completed successfully, therapeutic discharge, left against medical advice) with approximate dates. Also list sobriety time after treatment discharge took place.

What is your substance abuse treatment history? Use additional sheets if necessary.

Facility	Level of care	Dates	Completed Successfully?/ Sobriety Time

List individuals that are a positive influence in your life:

Name	Relationship	Address	Phone #

Have you ever had a Drug and Alcohol Intensive Case Manager (ICM)? ☐ YES ☐ NO

How would you describe your childhood? For example: healthy, chaotic, abusive. Is there anything about your childhood you feel important Drug Court should be aware of so proper treatment can be recommended? If so, please explain below.

Have you ever been asked to attend anger management therapy or experienced anger which led you to hurt someone, yourself, or destroy property? If so, explain circumstances.

Why are you applying for Drug Court?

By signing, I have read or had read to me the Drug Court Program description and acknowledge that I will commit my time and effort to create in me behavioral and life changes if accepted into Drug Court. I have been truthful, to the best of my knowledge, with regard to all my answers in this application, and if applicable, the attached Mental Health Questionnaire and/or Criminal History & Incarceration Questionnaire.

_____ _____

Signature Date

_____ _____

Attorney Signature Date

_____

Attorney (Print Name)

Mental Health Questionnaire

List **ALL** mental health treatment and/or assessments. Use as many copies of this form as necessary.

1. Facility/Doctor:_____
   Date(s) of assessment/treatment:_____
   What type of treatment (inpatient/outpatient):_____
   Diagnosis:_____
   Medications Prescribed:_____
   Did you take medication and did it help?_____
   _____
   If you didn't take the medication or stopped taking the medication, why?_____
   _____
   Did you have a Mental Health Intensive Case Manager? ☐ YES ☐ NO

2. Facility/Doctor:_____
   Date(s) of assessment/treatment:_____
   What type of treatment (inpatient/outpatient):_____
   Diagnosis:_____
   Medications Prescribed:_____
   Did you take medication and did it help?_____
   _____
   If you didn't take the medication or stopped taking the medication, why?_____
   _____
   Did you have a Mental Health Intensive Case Manager? ☐ YES ☐ NO

3. Facility/Doctor:_____
   Date(s) of assessment/treatment:_____
   What type of treatment (inpatient/outpatient):_____
   Diagnosis:_____
   Medications Prescribed:_____
   Did you take medication and did it help?_____
   _____
   If you didn't take the medication or stopped taking the medication, why?_____
   _____
   Did you have a Mental Health Intensive Case Manager? ☐ YES ☐ NO

Criminal History & Incarceration Questionnaire

List **ALL** prior convictions and prior periods of incarceration. Include any prior conviction(s) you have- even if you were not incarcerated on that case. Also, include any period of incarceration related to child/spousal support and Protection From Abuse (PFA) contempt matters. Use as many copies of this form as necessary.

1. Criminal Offense(s):_____
   Docket Number(s):_____
   Date(s):_____
   Prison: _____

2. Criminal Offense(s):_____
   Docket Number(s):_____
   Date(s):_____
   Prison: _____

3. Criminal Offense(s):_____
   Docket Number(s):_____
   Date(s):_____
   Prison: _____

4. Criminal Offense(s):_____
   Docket Number(s):_____
   Date(s):_____
   Prison: _____

5. Criminal Offense(s):_____
   Docket Number(s):_____
   Date(s):_____
   Prison: _____

6. Criminal Offense(s):_____
   Docket Number(s):_____
   Date(s):_____
   Prison: _____

7. Criminal Offense(s):_____
   Docket Number(s):_____
   Date(s):_____
   Prison: _____

FOR OFFICIAL USE ONLY:

Date Application Submitted to Drug Court Coordinator:
Date Application Referred from Coordinator to District Attorney for Approval:
Date Application Referred from Coordinator to Treatment Coordinator for Approval:
Approved by District Attorney: ☐ YES ☐ NO Date: If NO, explanation:
Recommended Sentence if Terminated/Fails to Complete Drug Court Program:
District Attorney's Agreement (if any) for Successful Completion of Drug Court Program:
Date Referred for Drug and Alcohol Assessment: Assessment Referred to:
Date of Assessment: Assessment Completed by:
Date/Time Scheduled to Observe Drug Court Program:
Date/Time Scheduled to Start Drug Court Program: