

## Intermediate Punishment Pilot Application

Criminal Docket No: \_\_\_\_\_ OTN: \_\_\_\_\_

Criminal Charges: \_\_\_\_\_

This form and the attached documents (see page 2) will be reviewed by the Adult Probation Department to determine your eligibility for admission into the Intermediate Punishment Program, if approved; a copy will be forwarded to the **District Attorney's Office for approval**.

Prior to submitting your application, please review the **Eligibility Requirements** on the Bucks County Adult Probation website at [www.buckscounty.org](http://www.buckscounty.org)

---

**PLEASE ATTACH A COPY OF THE CRIMINAL COMPLAINT, AFFIDAVIT  
OF PROBABLE CAUSE AND DRUG AND ALCOHOL ASSESSMENT**

Name of Applicant: \_\_\_\_\_  
(Last) (First) (Middle)

Home Address: \_\_\_\_\_  
(No. & Street/Apt. No.) (Home Owner)

\_\_\_\_\_  
(City, State ZIP Code)

\_\_\_\_\_  
(Home Phone) (Cell Phone) (Email Address)

Demographics: \_\_\_\_\_  
(Sex) (Date of Birth) (Age) (Social Security No.)

\_\_\_\_\_  
(Country of Citizenship) (Primary Language – if not fluent in English)

Attorney's Name/Phone: \_\_\_\_\_

Other than this case, do you have other pending charges, detainers?  Yes  No

If Yes, please specify: \_\_\_\_\_

\_\_\_\_\_  
Are you currently under supervision of probation or parole?  Yes  No

If Yes, please list where and name/phone number of officer: \_\_\_\_\_

For DUI cases please list your BAC (each offense): \_\_\_\_\_

Have you ever been arrested for an ineligible offense (refer to Eligibility Requirements)  Yes  No

If Yes, list offense: \_\_\_\_\_

Bucks County Adult Probation & Parole Department  
• 55 E. Court Street • 7<sup>th</sup> Floor • Doylestown • PA • 18901 •  
Phone 215 • 348 • 6640 Fax 215 • 348 • 6691

## Evaluation Instructions

The following steps must be completed before your application will be reviewed:

ALL applicants must complete a full drug and alcohol assessment at a Department of Health licensed drug and alcohol treatment facility. For a list of licensed providers in Bucks County please visit the Drug and Alcohol Commission section on the Bucks County website or <http://www.buckscounty.org/LivingAndWorking/drugandalcoholcommission>. **The assessment must be submitted with this application.**

Attach a copy of the **Criminal Complaint** and **Affidavit of Probable Cause** from your arrest.

For DUI Cases Only:

You must obtain a CRN (Court Reporting Network) Evaluation. **The evaluation must be submitted with this application.**

Scheduled and paid for Alcohol Highway Safety School at \_\_\_\_\_.

To ensure that your application will be reviewed in time for court, you must submit all documents requested at least **30 days prior to your sentencing** to the Adult Probation Department. Applications may be submitted via mail, fax 215-444-2601, or in person at the Adult Probation Office.

### Important Electronic Home Confinement (EHC) Information:

√ EHC is a GPS monitor that requires a transmitter be worn around the ankle

√ While on EHC you are permitted to leave your residence for the following: *Work, Court Ordered Conditions and Doctor's appointments.*

√ The cost of monitoring is \$5 per day which must be paid **in full prior to the equipment being issued.**

√ You are responsible for the proper use and care of all issued equipment. Please refer to the instruction sheet provided at intake.

### Important Community Service Information:

√ You should have a community service site arranged and approved by Adult Probation prior to your sentencing.

√ For Community Service Information, click here <http://www.buckscounty.org/Courts/adult-probation/communityservice>