

<b>COMMONWEALTH OF PENNSYLVANIA</b>  <b>V.</b>  <hr style="width: 30%; margin: 0 auto;"/>	<b>List Applicant Dockets</b>	
	<b>Arresting Agency</b>	<b>Docket Number</b>

**APPLICATION FOR CARBON COUNTY DRUG TREATMENT COURT**

Application is hereby made for disposition of this case under the **Carbon County Drug Treatment Court Program**. To assist the District Attorney’s Office in evaluating the suitability of this case for the Carbon County Drug Treatment Court, the following information is provided. I understand that the Treatment Court Coordinator reserves the right to administratively reject any application that is incomplete, inaccurate, or illegible. Please use the back of the application if additional space is required.

**INSTRUCTIONS:** Answer all questions that apply. If a question does not apply, answer it with **N.A.**

1. Full Name of Defendant: \_\_\_\_\_
2. Maiden Name of Defendant and/or any aliases previously used: \_\_\_\_\_
3. Are you currently incarcerated: No \_\_\_ Yes \_\_\_ Facility: \_\_\_\_\_
4. Present Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
5. Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
6. Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Gender (check one): M    F
7. Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_
8. Cell Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_ Home Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_
9. Driver’s License #: \_\_\_\_\_ State Issued: \_\_\_\_\_  
Suspended (check one): No \_\_\_ Yes \_\_\_ Eligible for reinstatement: No    Yes
10. Highest Education Completed: \_\_\_\_\_
11. Current Employment Status: \_\_\_\_\_
12. Housing Status: \_\_\_\_\_
13. Number of Children: \_\_\_\_\_ Number of Dependent Children: \_\_\_\_\_
14. Custody of All Children at time of admission: No \_\_\_ Yes \_\_\_

15. Visitation of All Children at time of admission: No Yes
16. Contact with primary family at time of admission: No Yes
17. Have you served in the Military? Y N If so, which branch? \_\_\_\_\_  
 Were you honorably discharged? Y N If NO, type of discharge: \_\_\_\_\_  
 Are you eligible for services through the VA? \_\_\_\_\_  
 Are you enrolled in services through the VA? \_\_\_\_\_

18. What are your charges for this case? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

19. Do you have an attorney representing you? If so, list name and contact information? \_\_\_\_\_  
 \_\_\_\_\_

*(Note: If you do not have an attorney and you cannot afford an attorney, it is recommended that you apply for a Public Defender).*

20. List all other pending/open criminal charge(s)? If so, provide the following:

Date of Arrest	Arresting Agency/County	Charges	Status

(Note: Pending or open charges in other counties will need to be resolved prior to admission).

21. Do you have any outstanding Magisterial District Judge/Common Pleas warrants, including summary warrants for unpaid fines? If so, provide the following:

Court/ Jurisdiction	Charges

(Note: All warrants will need to be resolved prior to admission)

22. Are you currently on supervision (probation or parole)? If so, provide the following:

County	Officer's Name	Officer's Number	Status/ Pending Violation

23. Do you have a past history of drug/alcohol abuse and/or serious mental illness treatment? If so, give details. (Use reverse side if needed):

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24. **YOU MUST SUBMIT COPY OF CRIMINAL COMPLAINT AND AFFIDAVIT WITH THIS APPLICATION.**

25. By applying for Carbon County Drug Treatment Court ("DTC") and by signing this application I acknowledge, certify, and understand each of the following rights and responsibilities:

A. I have been advised and I understand that I have a constitutional right to a speedy trial; that pursuant to Pa.R.Crim P. 600, the Commonwealth fails to bring my case to trial within 365 days from the filing of the Criminal Complaint, I understand I can ask the Court to dismiss all charges against me. Furthermore, I understand that in the event I am incarcerated on these charges, the Commonwealth must bring my case to trial within 180 days from the date of the filing of the Criminal Complaint; if the Commonwealth fails to do so, I can ask the Court for nominal bail.

I hereby waive (give up) my constitutional right to a speedy trial, as set forth, from the date I sign this application until the date I am placed into the DTC Program. In the event my Application for DTC is denied, I waive (give up) my constitutional right to a speedy trial as set forth herein, from the date I sign this Application until the next date I am scheduled for a criminal proceeding following the date of my rejection. I have been advised and I understand that by signing this waiver I am waiving (giving up) any and all rights I may have to be tried within 180 (if in jail) or 365 days following the filing of the Criminal Complaint against me. I am signing the waiver because I understand it is to my benefit to do so and to allow the District Attorney as much time as he or she needs to evaluate my suitability for the DTC Program. I have not been made any promises, nor have I been forced or coerced to sign this waiver.

B. I understand I have the right to be represented by an attorney on my charge(s) and also in connection with my DTC Application. If I cannot afford counsel, I can apply for free counsel through the Carbon County Public Defender's Office.

C. I understand that it is my responsibility and/or my attorney to resolve any outstanding matters which may interfere with my application being approved. This includes the resolution of warrants and out of County matters such as pending/open charges or violations of probation and parole.

D. It is my responsibility to notify the District Attorney's Office, in writing, of my arrest and/or conviction for any offense occurring after this Application is made and before it is rejected or I am accepted into the Program by the Court. Failure to comply with this requirement is grounds for refusal of the Application and/or may be treated as a false statement subjecting me to prosecution and/or for removal from the Program.

E. I acknowledge that I have completed (or will complete prior to my DTC hearing) all processing (e.g. Fingerprinting, etc.) required of me. I understand that failure to do so may delay my acceptance into the program.

F. The information I have provided above is true and correct. I understand if I have provided false information on this Application, that reason alone is sufficient to refuse this Application. In addition, I understand that by providing false information I can be prosecuted for offenses including, but not limited to, perjury, false swearing and/or unsworn falsification to authorities pursuant to 4904 rule 18.

DATE: \_\_\_\_\_ DEFENDANT: \_\_\_\_\_

DATE: \_\_\_\_\_ ATTY. FOR DEFENDANT: \_\_\_\_\_

**Please forward this application and any other required documents to:**

**Treatment Court Coordinator  
C/O CC APO  
P.O. Box 26  
Carbon County Courthouse  
Jim Thorpe, PA 18229**