APPROVED/DENIED

DOCKET NO.: CP _____CR-0000_____-20____

# APPLICATION F0R TREATMENT COURT

NAME _____ DATE OF BIRTH_____ S.S.# _____

ADDRESS _____ PHONE _____

CITY _____ STATE_____ PHONE _____

Are you currently incarcerated? _____ Arresting Agency: _____

Current Charges? _____

Are you currently on Probation/Parole? _____ List State or County: _____

Are you aware if you are the subject of any ongoing criminal investigation? _____ If Yes, Where: _____

_____

District Attorney: _____ Magisterial District Judge: _____

Defense Counsel: _____ Phone: _____

Drug of Choice: _____ Length of use: _____List any other illicit drugs you have used: _____

_____

_____

Do you have mental health diagnosis or any mental health issues? _____ If Yes, What?_____

_____

Are you prescribed any medications for any mental or physical problems? _____ If Yes, What? _____

_____

List any inpatient/outpatient treatment for drugs, alcohol, and/or mental health issues:

| PLACE | YEAR |
|---|---|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |