

DELAWARE COUNTY TREATMENT COURT APPLICATION

After completing form, please forward to Linda Barbera, Coordinator at barberal@co.delaware.pa.us

Defendant's Name: _____ **Complete Docket No(s):** _____

****MUST ATTACH COPY OF CRIMINAL COMPLAINT(S) WITH THIS APPLICATION****

Date of Application: _____ **OTN:** _____ **Attorney Phone No:** _____

Defendant's Attorney: _____ **E-mail:** _____

OVERVIEW: Delaware County's Drug Treatment Court is an intensive drug treatment program that allows offenders to address substance addiction while under the strict supervision of the Office of Adult Probation and Parole and Treatment Court Judge. Treatment Court is a thirty (30) month intermediate punishment program for non-violent level one through four (1-4) offenders with an alcohol and/or drug addiction that has resulted in arrest or a violation of county probation.

TRACK I: Level 1/ Level 2 Offenders: Targets non-violent Level 1/ 2 offenders with substance addiction and/or co-occurring disorders who have been arrested on new criminal charges and/or violation of county probation/parole. Participants tender a *nolo contendere* plea that is held in abeyance. Participants are then offered treatment, housing, vocational training, and relapse prevention instead of jail. Successful completion of the Program shall result in the dismissal of charges and expungement. Failure to complete the program for any reason shall result in the acceptance of the tendered plea and sentencing.

TRACK II: Level 3/ Level 4 Offenders: Targets non-violent Level 3/ 4 offenders with substance addiction and/or co-occurring disorders who have been arrested on new criminal charges and/or violation of county probation/parole. Participants enter a guilty plea and are sentenced to a term of thirty (30) months of intermediate punishment and are offered the opportunity to undergo treatment through the benefit of an individualized treatment plan, housing, vocational training, and relapse prevention and avoid incarceration.

ELIGIBILITY: Eligibility is considered on a case by case basis. However, below is a list that will exclude a defendant from being eligible for the program. (Note: List is not exhaustive and should be used only as a guide.)

- **Must be a Delaware County Resident**
- **Must have pending new criminal charges and/or Delco violation of probation/parole**
- **Needs treatment for addiction and is motivated for recovery**
- **Willingness to undergo strict court supervision**

INELIGIBILITY: (Note: List is not exhaustive and should be used only as a guide.)

Defendant has a **prior conviction or pending charge for ANY of the following:**

- Crime of Violence (including Burglary of Habitation)
- Any case involving a firearm and/or weapon (misdemeanor or felony)
- Sexually based offenses
- Crimes against children
- Manufacture/Delivery of a Controlled Substance with a weight mandatory minimum
- Prior conviction for Manufacture/Delivery of a Controlled Substance.
- Defendant is seriously and persistently mentally ill which renders him/her unable to participate in the structure of the Treatment Court Program.
- Defendant is unwilling/unable to terminate use of lawfully prescribed controlled substances or over-the-counter medications that affect the integrity and accuracy of drug screening and program participation.
- Defendant has been previously admitted in the Treatment Court Program.

BACKGROUND INFORMATION

Name (First/ Middle/ Last): _____

Maiden Name: _____

Date of Birth: _____ Place of Birth: _____

Sex (M/F): _____ SSN: _____

Address: _____ City/State: _____

Phone Number: (Home) _____ (Cell) _____

Occupation/ Employer: _____

Work Address: _____ City/ State: _____

Are you a United States Citizen? _____ If not, please explain: _____

What is the name of your Health Insurance Provider: _____

Insurance Policy No: _____

Have you ever served in the Military? _____ (Y/N). Dates of Service: _____

Military Branch: _____ Type of discharge: _____

Type of Service (i.e. combat): _____

What is your drug of choice? 1st _____ 2nd _____

How much to you use? _____ Prior substance abuse treatment: _____ (Y/N).

Name of treatment facility (Rehab) and dates of treatment :

Have you ever pleaded guilty, or been convicted, or adjudicated as a juvenile, of any crime, including any crime involving violence? _____

As used in this section, the term “**crime of violence**” includes but is not limited to murder or homicide, aggravated assault, simple assault, rape, involuntary deviate sexual intercourse, arson, kidnapping, burglary of a structure adapted for overnight accommodation in which at the time of the offense any person is present, robbery, robbery of a motor vehicle, any weapons-related offense, aggravated indecent assault, indecent assault and sexual assault or criminal attempt, criminal conspiracy or criminal solicitation to commit any of the offenses listed above, or an equivalent crime under the laws of this Commonwealth in effect the time of the commission of that offense or an equivalent crime in another jurisdiction.

If yes, detail date and location of crime, charges, and how were those charges were resolved?

As a result of any criminal charges have you ever been placed on §117 Probation without Verdict (35 P.S. §780-117) or §118 Disposition in Lieu of Trial or Criminal Punishment (35 P.S. §780-118)? If yes, when and where did it occur? Have you ever received a similar disposition to any criminal charge in any other jurisdiction?

Are you presently on probation or parole? _____ (Y/N) If yes, where? _____

Are you **presently** on bail or do you have ANY OTHER pending criminal charges? ____ (Y/N)

Do you understand that this program prohibits the use and/or possession of alcohol, narcotics (prescribed or otherwise) and any other unlawful substances? _____ (Y/N)

APPLICANT'S VERIFICATION

I hereby swear or affirm that I have read the foregoing application and that each and every answer to the above questions is true and accurate. I also understand that if any of the information provided above is false or misleading then: (i) my application for admission to the Treatment Court Program will be denied; (ii) I will be removed from the Program and sentenced as provided by law; and/or (iii) I may be charged and prosecuted for additional crimes including but not limited to perjury, false swearing and/or unsworn falsification to authorities.

I also swear or affirm that I have read and understand the description of the Treatment Court Program, Phases and List of Ineligible Offenses attached to this application. I have also had an opportunity to review this material and my application decision with my attorney.

I knowingly, voluntarily and intelligently waived my right to a preliminary hearing; I understand that to apply for the Treatment Court I must waive my right to a preliminary hearing; such waiver, however, is not contingent upon my acceptance into the Treatment Court Program.

I understand that if this application is rejected for any reason, then I will be formally arraigned on all pending charges in the Court of Common Pleas of Delaware County as scheduled. I understand that while this application is pending, all such time is waived by me for purposes of my speedy trial rights under Rule 600.

I understand that if this application is accepted, then I can either (i) agree to be admitted into the program, or (ii) decline admission and proceed directly to formal arraignment.

I understand that if I fail to complete the Treatment Court Program for any reason, then (i) I will be removed from the program; and (ii) I will be sentenced in accordance with applicable laws.

Signature of Applicant: _____ Date: _____

ATTORNEY'S VERIFICATION

As attorney for the defendant-applicant or counsel advising the defendant on the application process, I have advised the defendant of his/her rights with respect to the charges against him/her. I have also advised the defendant of the content and meaning of the application, Treatment Court Program and waiver of rights.

I verify that it is my belief that the defendant understands the rights, which he/she is, waiving; understands the contents and meaning of this application; and understands the requirements of the Treatment Court Program.

Signature of Attorney: _____ Date: _____

****** Must attach copy of criminal complaint for any and all pending criminal cases.**
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LIST OF INELIGIBLE OFFENSES:

A person is not eligible for treatment court if he/she has any of the offenses listed below, EITHER as an open charge, prior adult conviction or prior juvenile adjudication. Also, the client is ineligible for the listed offense OR for a charge of Attempt, Solicitation and/or Conspiracy to Commit the listed offense. (18 Pa.C.S. 901, 902 or 903).

**Limited exceptions are noted where the DA MAY allow Applicant to enter Treatment Court.*

CRIMES OF VIOLENCE

Murder, 18 Pa. C. S. 2502; Voluntary Manslaughter, 18 Pa. C. S. 2503; Involuntary Manslaughter, 18 Pa. C. S. 2504; Aggravated Assault, 18 Pa.C.S. 2702; Assault by Prisoner, 18 Pa.C. S. 2704; Assault by Life Prisoner, 18 Pa. C.S. 2704; Kidnapping, 18 Pa.C.S. 2901; Arson, 18 Pa.C.S. 3301; Intimidation of Witnesses or Victims, 18 Pa. C.S. 4952; Retaliation Against Witnesses or Victims, 18 Pa. C.S. 4953; Causing or Aiding Suicide, 18 Pa. C.S. 2505; Drug Delivery Resulting in Death, 18 Pa. C.S. 2506; Robbery, 18 Pa.C.S. 3701*; Simple Assault, 18 Pa.C.S. 2701*

- **Limited Exception: Any simple assault or robbery generally renders a client ineligible. However, an exception MAY be made for a prior simple assault or F-3 Robbery that is at least 3 years old and is considered "minor" in the discretion of the DA.*

SEXUAL OFFENSES

Rape, 18 Pa.C.S. 3121; Statutory Sexual Assault, 18 Pa.C.S. 3121.1; Involuntary Deviate Sexual Intercourse, 18 Pa.C.S. 3123; Sexual Assault, 18 Pa.C.S. 3124.1; Aggravated Indecent Assault, 18 Pa.C.S. 3125; Indecent Assault, 18 Pa.C.S. 3126; Incest, 18 Pa.C.S. 4302; Sexual Abuse of Children, 18 Pa. C.S. 6312; Indecent Exposure, 18 Pa.C.S. 3127*

- **Client is ineligible only where defendant knows or should know victim is less than 16.*

THEFT OFFENSES

Any Vehicular Theft/RSP; Any Theft where value is equal or greater than \$25,000; Deceptive Business Practices, 18 Pa.C.S. 4107 (*where theft value is equal or greater than \$25,000, or victim is sixty (60) years of age or older*); Theft by Extortion, 18 Pa.C.S. 3923; Burglary, 18 Pa.C.S. 3502*

- **Limited Exception: Client is still eligible if offense is burglary of a non-residence and no one else is present*

WEAPON OFFENSES & EXPLOSIVES

Persons not to Possess, Use, Manufacture, Control, Sell, or Transfer Firearms, 18 Pa.C.S. 6105; Firearms not to be Carried without a License, 18 Pa.C.S. 6106; Sale or Transfer of Firearms, 18 Pa.C.S. 6111; Weapons or Implements for Escape, 18 Pa.C.S. 5122; Threat to Use Weapons of Mass Destruction, 18 Pa. C.S. 2715; Weapons of Mass Destruction, 18 Pa.C.S. 2716; Carrying Explosives on Conveyances, 18 Pa.C.S. 6161; Shipping Explosives, 18 Pa.C.S. 6162

OFFENSES INVOLVING CHILDREN

Interference with Custody of Children, 18 Pa.C.S. 2904; Concealment of Whereabouts of a Child, 18 Pa.C.S. 2909; Endangering Welfare of Children, 18 Pa.C.S. 4304 (*course of conduct endangering child's welfare*); Dealing in Infant Children, 18 Pa.C.S. 4305; Corruption of Minors, 18 Pa.C.S. 6301 (*where of a sexual nature*)

OTHER OFFENSES

Escape, 18 Pa.C.S. 5121; Stalking, 18 Pa.C.S. 2709 (b); Causing or Risking Catastrophe, 18 Pa.C.S. 3302; Perjury, 18 Pa.C.S. 4902; Impersonating a Public Servant, 18 Pa.C.S. 4912; Contraband, 18 Pa.C.S. 5123; Prostitution, 18 Pa.C.S. 5902, ONLY IF promoting prostitution of a juvenile.

Pennsylvania Motor Vehicle Code

Driving Under the Influence, 75 Pa. C. S. 3802; Fleeing or Attempting to Elude Police Officer, 75 Pa.C.S. 3733 (*when graded as a felony of the 3rd degree*); Homicide by Vehicle, 75 Pa. C.S. 3732; Homicide by Vehicle While Driving Under the Influence, 75 Pa. C.S. 3735; Aggravated Assault by Vehicle While Driving Under the Influence, 75 Pa. C.S. 3735.1; Accidents Involving Death or Personal Injury, 75 Pa.C.S. 3742 (*Resulting in serious bodily injury or death*); Accidents Involving Death or Personal Injury While Not Properly Licensed, 75 Pa. C.S. 3742.1 (*Resulting in serious bodily injury or death*); Removal or Falsification of Identification Number, 75 Pa. C.S. 7102; Dealing in Vehicles with Removed or Falsified Numbers, 75 Pa. C.S. 7103; Dealing in Titles and Plates for Stolen Vehicles, 75 Pa. C.S. 7111; False Application for Certificate of Title or Registration, 75 Pa. C. S. 7121; Altered, Forged or Counterfeit Documents and Plates, 75 Pa. C.S. 7122