



CHESTER COUNTY DRUG COURT APPLICATION

The Chester County Drug Court Program is available to offenders who meet the following minimum requirements:

1. The client must be charged with any drug offense, any nonviolent offense, or a first offense DUI. A first offense DUI will also need to apply for ARD.
2. The client must have a substance use problem.
3. The client may have a prior criminal record, but may not have a record for a crime of violence (see attached list of ineligible offenses).
4. The client may not be currently on probation or parole.
5. The client must legally reside in the United States.
6. The client must waive their right to a Preliminary Hearing and apply at the earliest opportunity.

The District Attorney’s Office retains full discretion in approving offenders for Drug Court.

This application is being made with regard to the following cases:

OTN: _____; OFFENSES CHARGED: _____

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Please return the completed application to the:
Chester County District Attorney’s Office
201 W. Market Street, Suite 4450
West Chester, PA 19380

All applicants must call
Chester County Pretrial Services (610-344-6886)
within **48 hours** to schedule a drug and alcohol assessment.

1. PERSONAL INFORMATION

Name(s): _____

Maiden name: _____

Date of Birth: ____/____/____ Social Security Number: ____-____-____

Address: _____

With whom do you live and what is their relationship to you? _____

Driver's License/Photo ID state: _____ Number: _____

Previous driver's license state: _____ Number: _____

Home Phone: (____) ____-____ Cell Phone: (____) ____-____

Email address: _____

Do you have health insurance? YES NO

Insurance company: _____ Policy Number: _____

Instead of filling out the above line, you may attach a copy of your insurance card

Are you a citizen of the United States? YES NO

If no, what is your residency status? _____

****ATTACH DOCUMENTATION OF YOUR RESIDENCY STATUS TO THIS APPLICATION ****

What is your highest level of education completed? _____

Do you require an interpreter? Yes No

Language: _____

2. EMPLOYMENT/SCHOOL INFORMATION

Are you currently employed? Yes No

Employer name: _____ Occupation: _____

Full time Part time

Are you currently a student? Yes No

University/School: _____ Graduation Date: _____

Full time Part time

3. LEGAL INFORMATION

Are you represented by counsel? Yes No

Attorney Name: _____

Address: _____

Phone Number: (_____) _____-_____

Are you currently in prison? Yes No If yes, where? _____

Are there other charges pending against you including those in other counties or states? Yes No

Where and what charge? _____

List all prior criminal history regardless of how the case was resolved, including juvenile, summary, and traffic offenses:

| Date of case | Location (County/State) | Charges | How was the case resolved? |
|--------------|----------------------------|---------|----------------------------|
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*Attach additional paper if more space is needed

Are you on probation or parole? Yes No If yes, where? _____

Probation/parole officer name & phone number? _____

4. MILITARY STATUS:

Have you ever served in any branch of the military, including Reserves or National Guard? Yes No

In what branch did you serve? _____

When did you serve? _____

Did you serve in combat? Yes No Where: _____

Are you eligible to receive VA benefits? Yes No

5. SUBSTANCE USE INFORMATION

Have you ever participated in substance use treatment? Yes No

| Name of provider/facility | Dates attended | Outcome (successful or unsuccessful) | Level of care (inpatient or outpatient) |
|---------------------------|----------------|--------------------------------------|---|
| | | | |
| | | | |
| | | | |
| | | | |

*Attach additional paper if more space is needed

Are you currently receiving substance use treatment? Yes No

Where and what level of treatment: _____

Are you currently taking medication to assist with your treatment? Yes No

Medication: _____

Dose & frequency: _____

Prescribing doctor/agency: _____

6. MENTAL HEALTH HISTORY

Have you ever been diagnosed with a mental illness? Yes No

Diagnosis: _____

Have you ever received mental health services/treatment? Yes No

Type/When/Where: _____

Are you currently prescribed medications for your mental illness? Yes No

Medication: _____

Dose & frequency: _____

Prescribing doctor/agency: _____

List any mental health hospitalization(s):

| Name of provider/facility | Dates attended | Outcome (successful or unsuccessful) | Level of care (inpatient or outpatient) |
|---------------------------|----------------|--------------------------------------|---|
| | | | |
| | | | |
| | | | |

Name of your current mental health case manager: _____

VERIFICATION

I understand that I must complete this Drug Court Application truthfully, completely, and accurately to the best of my ability. I understand that my failure to do so will result in my Drug Court application being denied or my removal from the Drug Court Program.

I understand that I have a continuing obligation to report any contacts with the criminal justice system or the police that occur after the filing of my Drug Court application, and my failure to do so will result in my Drug Court application being denied or my removal from the Drug Court Program.

I hereby swear or affirm that I have reviewed the application and that each answer is true and accurate. I also swear and affirm that I have read and understand the Drug Court Brochure and Participant Handbook. I have reviewed this material and application with my attorney.

I understand and acknowledge that by filing this application, I am expressly waiving my right to a speedy trial and to be tried within the time limits set forth in the Pennsylvania Rule of Criminal Procedure 600. I hereby waive the following rights: (1) to have my case or cases tried within 365 days of the filing of the Complaint if I am at liberty on bail on such a case, and (2) to have my case or cases tried within 180 days of the filing of the Complaint if I am incarcerated on that case. I am specifically agreeing to extend the Rule 600 date in my case or cases by the period of time covered from the date this application is filed to the date upon which the Notice of Rejection is filed of record.

I understand that I will be required to admit to the factual basis supporting the charge(s) against me which may be used against me if I withdraw or am removed from the Drug Court Program.

Defendant

Date

SWORN TO AND SUBSCRIBED BEFORE ME THIS

_____ DAY OF _____, 20_____.

As attorney for the above defendant, 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 contents and meaning of this application. I verify that it is my belief that the defendant understands the rights which (he/she) is waiving. I also verify that it is my belief that the defendant understands the contents and meaning of this application for admission into the Drug Court Program and the requirements of the Drug Court Program.

Defense Counsel

Date

INELIGIBLE OFFENSES

Generally, a defendant who is **currently charged with or has ever been convicted** of the following offenses (including attempt, solicitation, or conspiracy to any of these offenses) will be ineligible for participation in Drug Court. However, the District Attorney has discretion to allow a Defendant meeting these criteria to participate in Drug Court if the Defendant demonstrates a compelling reason why an exception should be made in his/her case.

- Any offense requiring registration as a sexual offender (Megan's Law registration)
- Any offense involving children under 18 years of age
- Any offense involving a firearm
- 18 Pa.C.S.A. § 907 Possessing Instruments of Crime
- 18 Pa.C.S.A. § 908 Prohibited Offensive Weapons
- 18 Pa.C.S.A. § 911 Corrupt Organization
- 18 Pa.C.S.A. § 2502 Murder
- 18 Pa.C.S.A. § 2503 Voluntary manslaughter
- 18 Pa.C.S.A. § 2504 Involuntary Manslaughter
- 18 Pa.C.S.A. § 2702 Aggravated Assault
- 18 Pa.C.S.A. § 2703 Assault by Prisoner
- 18 Pa.C.S.A. § 2704 Assault by Life Prisoner
- 18 Pa.C.S.A. § 2709 Stalking
- 18 Pa.C.S.A. § 2718 Strangulation
- 18 Pa.C.S.A. § 2901 Kidnapping
- 18 Pa.C.S.A. § 2910 Luring a Child into a Motor Vehicle
- 18 Pa.C.S.A. § 3122.1(a)(1) Statutory sexual assault
- 18 Pa.C.S.A. § 3301 Arson and related offenses
- 18 Pa.C.S.A. § 3302 Causing or Risking Catastrophe
- 18 Pa.C.S.A. § 3502 Burglary
- 18 Pa.C.S.A. § 3701 Robbery
- 18 Pa.C.S.A. § 3702 Robbery of a Motor Vehicle
- Chapter 39 of Crimes Code - Theft and Related Offenses if the amount stolen is \geq \$15,000
- 18 Pa.C.S.A. § 3923 Theft by Extortion
- Chapter 49 of Crimes Code - Falsification and Intimidation
- 18 Pa.C.S.A. § 5121 Escape
- 18 Pa.C.S.A. § 5122 Weapons or Implements for Escape
- 18 Pa.C.S.A. § 5123 Contraband
- 18 Pa.C.S.A. § 5501 Riot
- 18 Pa.C.S.A. § 6301 Corruption of Minors
- 18 Pa.C.S.A. § 6312 Sexual abuse of children
- Person demonstrates a present or past history of violence
- Person commits the current offense while on probation/parole supervision