



REGIONAL DRUG COURT (RDC)

Jefferson County

Referral and Application

Complete and submit this application along with a copy of the criminal complaint and affidavit (if available) by mail, fax, or email to: Chad Weaver, District Court Administrator, Jefferson County Courthouse, 200 Main Street, Brookville, PA 15825; cweaver@jeffersoncountypa.com; fax: 814-849-1649.

REFERRAL SOURCE	
Name:	Position/Title:
Phone: ())	Email:
Relationship to Applicant:	Date of Referral:

DEFENDANT INFORMATION			
Name: <small>First Middle Last</small>			Alias: <small>(or maiden name)</small>
Physical Address: <small>Street</small>		City	State Zip Code
Mailing Address: <small>Same as above <input type="checkbox"/> Street/PO Box</small>		City	State Zip Code
County of Residence:		Currently Incarcerated: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Phone: ())		Cell: ())	Email:
Work Phone: ())		Primary language spoken: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:	
Date of Birth:		Social Security Number:	
Race: <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Bi-racial <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native <input type="checkbox"/> Unknown/Unreported			
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown/Unreported			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Height:	Weight:	Hair Color:	Do you have reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Possess a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		Status: <input type="checkbox"/> Valid <input type="checkbox"/> Suspended <input type="checkbox"/> Expired	License #:
If revoked/suspended, are you ready to regain driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Prior participation in a problem-solving court? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, specify county:

LEGAL REPRESENTATION			
Select One: <input type="checkbox"/> Public Defender <input type="checkbox"/> Private Attorney <input type="checkbox"/> Public Defender Pending			
Attorney's Name:			Firm <small>(if private)</small> :
Address: <small>Street</small>		City	State Zip Code
Phone: ())		Fax: ())	Email:

CRIMINAL/CHARGE INFORMATION

Please list all pending cases. Cases not included below will not be considered for acceptance. The addition of cases at a later date will delay the application process. You may attach an additional page if necessary.

Docket Number	Offense Tracking Number (OTN)	Offense(s)	Grade

Did you use or possess a weapon? Yes No

If yes, list:

Attach an additional page if you have more cases and/or charges. Additional page attached? Yes No

SUBSTANCE ABUSE HISTORY

Have you ever abused drugs or alcohol? Yes No

Currently abusing? Yes No

Have you ever received drug or alcohol inpatient or outpatient treatment? Yes No

Currently in treatment? Yes No

Drug(s) of Choice:

1st drug of choice

2nd

3rd

Age began using drugs:

Age began alcohol use:

History of IV Drug Use? Yes No

MEDICAL/TREATMENT HISTORY

Prior psychiatric mental health inpatient/outpatient treatment? Yes No

Currently in mental health treatment? Yes No

If yes to the questions above, was the mental health diagnosis connected to military service? Yes No

Pharmacological interventions (medications) for substance abuse? Yes No

If yes, list medication(s):
(e.g., Methadone, Vivitrol, Suboxone)

Medical Insurance: Medicaid Medicare None

Private Insurance (specify):
Other (specify):

If female, are you pregnant? Yes No

If yes, indicate your due date:

List any past or present medical conditions:

List any medications you are taking:

EDUCATION, EMPLOYMENT, AND HOUSING STATUSHighest level of Education completed (select one):

- Any grade up to 11th GED High School Diploma Some Trade School
 Trade School Graduate Some College College Graduate (2 year) College Graduate (4 year)
 Some Post Graduate Advanced Degree

Employment Status (select one):

- Unemployed Employed Full-Time (35 or more hours/week)* Volunteer
 Retired Employed Part-Time (less than 35 hours/week)* Disabled
 Student Full-Time *Specify occupation:

Primary Source of Support (select all that apply):

- Adoption Subsidy Social Security (SSI) Social Security Disability (SSD) Welfare None
 Foster Care Subsidy Retirement Plan Workers Compensation Family Other
 Unemployment Veterans Benefits Salary/Wages Disability

Housing Status (select one): Independent Dependent (*incarcerated, with friends, etc.*) Homeless**FAMILY/CHILDREN INFORMATION**

Living Arrangements: Single Separated Widowed *Name of spouse
 Married* Divorced Living Together* or partner:

of Children: # of Dependent Children: Custody of all minor children: Yes No N/A

Visitation rights for all children not residing with you? Yes No N/A Child support amount: (if applicable)

Currently have contact with your primary family? Yes No N/A \$ per month

MILITARY HISTORYHave you (defendant) ever been in the military? Yes No *If yes, please answer the questions below.*

Branch: Enlistment Date: Years of Service:

Discharge Type (select one):

- Still serving Dishonorable Clemency Other than honorable General (*includes medical*)
 Honorable Bad Conduct Dismissal Entry level separation

Discharge Date: Rank at Discharge:

Any criminal convictions prior to military service? Yes No Incarcerated while in military? Yes No

Deployed abroad: Yes No If yes, specify where:

Military combat: Yes No If yes, specify the number of deployments to combat zones:

Conflict Era of Service (select all that apply): Korea ODS (*Iraq/Kuwait 1990-2003*) OIF (*Iraq 2003-2010*)
 Vietnam OEF (*Afghanistan 2001- present*) OND (*Iraq 2010-present*)

Diagnosed with (select all that apply): PTSD TBI MST Eligible for VA Benefits: Yes No

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Date(s) Distributed for Review

DA: TX/VJO: R/N: