**Form G**

# MONROE COUNTY TREATMENT COURT

## *Formal Application and Coordinator Screening*

| **DEFENDANT INFORMATION** | | | |
|---|---|---|---|
| Name: *First Middle Last* | | | Alias: *(or maiden name)* |
| Physical Address: *Street* | *City* | *State* | *Zip Code* |
| Home Phone: | Cell: | Email: | |
| Work Phone: | Primary language spoken: ☒English ☒Spanish ☐Other: | | |
| Date of Birth: | Social Security Number: | | |
| Race: ☐Asian/Pacific Islander ☐Bi-racial ☐Black ☐White ☒Native ☐Unknown/Unreported | | | |
| Ethnicity: ☐Hispanic ☐Non-Hispanic ☐Unknown/Unreported | Gender: ☐Male ☐Female ☐Other | | |
| Do you have reliable transportation? ☐Yes ☐No | Possess a driver's license? ☐Yes ☒No | | |
| Status: ☐Valid ☐Suspended ☐Expired | License #: | | |
| If revoked/suspended, are you ready to regain driver's license? ☐Yes ☐No | | | |
| Prior participation in a problem-solving court? ☐Yes ☐No | If yes, specify county: | | |

| **LEGAL REPRESENTATION** | | | |
|---|---|---|---|
| Select One: ☐Public Defender ☐Private Attorney ☐Public Defender Pending | | | |
| Attorney's Name: | Firm *(if private)*: | | |
| Address: *Street* | *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* |
|---|---|---|---|
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| | |
|---|---|
| Did you use or possess a weapon? ☐Yes ■No | If yes, list: |
| Currently on Supervision ■Yes ☐No | County: |
| Currently on Bail ☐Yes ■No | Currently under Pretrial Supervision ☐Yes ☐No |
| Case #: Charge(s): | Probation/Parole/ARD |
| *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 | # Treatment Experiences Inpatient Outpatient | 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 | | |
| History of Trauma ☐Yes ☐No | Explain: | |
| In Mental Health Crisis ☐Yes ☐No | Explain: | |
| Mental Health Diagnosis: ☐Yes ■No | List: | |
| 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 STATUS

Highest 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 ☐Married* | ☐Separated ☐Divorced | ☐Widowed ☐Living Together* | *Name of spouse 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 HISTORY

Have 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 |

## DO NOT COMPLETE THIS SECTION - OFFICIAL COORDINATOR USE ONLY

*Date(s) Distributed for Review*

| Judge | DA | PD | PO | SCA | CW | LE | R/N: |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

*****Return this form to the Monroe County Probation Office as set forth on the next page*****

**Deliver this completed form or bring with you to the initial screening with the Treatment Court Coordinator to:**

**Monroe County Probation Office**
**Attention: Treatment Court Coordinator**
**Monroe County Courthouse**
**610 Monroe Street**
**Stroudsburg, PA. 18360**

**Telephone: 570-517-3098**
**Fax: 570-517-3869**
**Email: jpeters@monroepacourts.us**