Form S-1

MONROE COUNTY TREATMENT COURT
PRE-SCREENING FORM

Please review the Pre-Screening Instructions prior to completing this form.

APPLICANT'S NAME: _____DOB: _____SSN: _____

ADDRESS: _____ Phone#: _____

If applicant is incarcerated, please identify institution: _____

Current Charges(s): _____

OTN: _____Arraignment Date:_____Arresting Police Dept.: _____

Defense Attorney: _____ Attorney's phone #: _____

Defense Attorney email: _____

Person completing form: _____ Phone#: _____

PART A

1. Is the applicant at least 18 years old? ◉ yes ○ no
2. Does the applicant have an active pending criminal case and/or a pending probation violation In Monroe County? ○ yes ○ no
3. Is the applicant a resident of Monroe County? ○ yes ○ no
4. Does the applicant admit to or appear to have a drug abuse or addiction problem, or is the offender known to have a drug abuse or addiction problem? ○ yes ○ no
5. Does the applicant admit to having a valid medical marijuana card? ○ yes ○ no
6. Does the applicant have pending charges/violations in another jurisdiction? ○ yes ○ no

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PART B

7. Does the applicant have a history of violence? ○ yes ○ no
8. Did the applicant possess or use a weapon in the commission of any offense? ○ yes ○ no
9. Has the applicant violated a Protection from Abuse Order? ○ yes ○ no
10. Is the applicant's current charge one of the offenses listed as ineligible under the Policies and Procedures of Treatment Court: ○ yes ○ no

    If you answered "yes" please list the offense(s).

_____
_____
_____
_____

11. Has the applicant ever been convicted of or adjudicated delinquent to one of the listed offenses as ineligible under the Policies and Procedures of Treatment Court?
    ◯ yes ◯ no

    If you answered "yes" please list the offense(s) and year of conviction:

    _____
    _____
    _____
    _____

_____
Defendant/Applicant Date

Please submit this form to:

Monroe County District Attorney's Office
Attn: Treatment Court
701 Main Street
Stroudsburg, PA 18360
Or email: aheller@monroecountypa.gov

w/. a copy to the Monroe County Probation Office-Attn. Treatment Court Coordinator

- Incomplete Forms will not be considered or reviewed
- Any applicant who does not meet the preliminary eligibility criteria based on the responses on the Initial Screening Form, or based on a review by the Office of the Monroe County District Attorney will not be considered as a candidate for the Monroe County Treatment Court Program.
    - The Office of the District Attorney will review the Criminal Complaint and relevant police reports for the current arrest as well as the offender's criminal history.

Note: The purpose of the initial screening form is to assist in identifying those who meet preliminary eligibility requirements prior to completion and submission of a formal application. Other eligibility criteria will still apply and be reviewed following formal application for entry into the Treatment Court program.

DA REVIEW:

Eligible: ☐ **Not Eligible:** ☐

Track: _____ **Reason:**

DA Initials: _____ **Date: _____**