



LUZERNE COUNTY SPECIALTY COURTSCREENING AND REFERRAL FORM

Specialty Court DA Senior Trial Assistant: Mollie Katrenicz

Phone: (570) 825-1579 Fax: (570) 825-1572

DATE OF REFERRAL: _____

Client's Name: _____ AKA _____

DOB: ____/____/____ Age: _____ Gender: Male or Female Race: _____

Social Security Number: _____

Luzerne County Correctional Facility (LCCF): YES or NO If yes, Date of Admission ____/____/____

If not incarcerated, where do you reside? _____

Phone Number: _____ Cell Number: _____

tatus of Case: _____ Preliminary Hearing _____ Formal Arr. _____ Pre-trial List _____ Post-trial _____

Probation Officer: _____ Phone Number: _____ Detainers: Yes or No

Have you ever received Psychiatric Mental Health Inpatient and/or Outpatient Treatment Services: YES or NO

If Yes,
Where/When: _____

Psychiatric Diagnosis: _____

Prescription Psychiatric Medication (s): _____

Have you ever received Drug & Alcohol Inpatient and/or Outpatient Treatment Services: YES or NO

If Yes, Where: _____

When: _____

Drug(s) of Choice: _____ Last Use: _____

A. Who is ELIGIBLE for Luzerne County Specialty Court?

- * Any client who voluntarily expresses an interest in Specialty Court.
- * Any client who resides in Luzerne County.
- * A client who is currently charged with committing a misdemeanor and/or felony in Luzerne County.
- * Any ARD eligible offense except DUI's.
- * Any client facing probation/parole revocation.
- * A client who has a documented diagnosis of a mental illness, mental disability or is dually diagnosed with a mental illness in conjunction with drugs and alcohol., but mental health being primary.

B. Who is NOT ELIGIBLE for Luzerne County Specialty Court?

- * Those who have committed the following crimes:

| | | |
|--|---------------------------|-------------------------|
| *Assault by Prisoner | *Drug Trafficking | *DUI |
| *Homicide Offenses | *Crimes of Violent Nature | *Sexual Offenses |
| *Any person with an out of County or out of State Detainer | | *Attorney General cases |

(Aggravated Assault, Arson, Burglary, Robbery, and VUFA offenses may be reviewed on a case by case basis.)

Referral Source: _____ Relationship to Client: _____

Referral Source Phone Number: _____



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This form must be attached to application.

OTN: _____

Criminal Case #: _____

1. Does the arrest or charge involve a crime of violence against a person? Yes or No
If yes, what is the charge? _____

2. Does the Offender have any prior felony convictions for a violent offense in this or any other state? Yes or No If yes, convicted of what?

3. Does the new arrest or current charge involve drug trafficking or D.U.I.?
Yes or No (except 1st Offense ARD eligible DUI)

4. Is the offender facing Revocation of a current Probation or Parole sentence?
Yes or No

5. Is the offender at least 18 years old, a resident of Luzerne County, and charged with commission of a misdemeanor or felony? Yes or No

If numbers 1 is "No" and numbers 5 and 6 are "Yes", the offender is eligible to apply for admission to Specialty Court.

6. Any additional information or opinion that is pertinent to the eligible status of an offender for Specialty Court may be added below. (Include any comments from Arresting Officer and Victim).

7. What does the offender say is his/her strongest influence as a reason to apply for Specialty Court?

(Choose One) _____ Treatment _____ Freedom _____ Family/Friend

Pressure _____ Other. Explain: _____
