



Luzerne County Treatment Court Referral and Application Form

*****INITIAL SCREENING FORM MUST BE ATTACHED*****

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

OTN: _____

Criminal Case #: _____

REFERRAL SOURCE:

Name: _____ **Relationship to applicant:** _____

Phone: _____

DEFENDANT: _____ **Alias**(or maiden name): _____
 First Middle Last

Incarcerated in Luzerne County Correctional Facility

Home Address: _____ **County:** _____

Home Phone (____) _____

Cell / Pager (____) _____

Race (circle number) 1. Pacific Islander 2. Bi-racial 3.Black 4.Native 5. Unknown/Unreported 6. White

Ethnicity: 1 Hispanic 2. Non-hispanic 3. Unknown/Unreported

Gender: (circle one): M F

Date of Birth: _____

Social Security Number: _____

Have driver's license? YES NO **Status of driver's licence:** 1.Expired 2. Not Valid 3. Valid

Ready to regain driver's license (if revoked/suspended)? YES NO

Have you ever received prior Drug & Alcohol Inpatient and/or Outpatient Treatment? YES NO

Drugs of choice: 1st _____ 2nd _____ 3rd _____

Age began drug use: _____

Age began alcohol use: _____

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

Pharmacological Interventions for Substance Abuse? (ex. Methadone, Vivitrol, Suboxone) _____

If female, are you pregnant? YES NO

Medical insurance: 1. Medicaid 2. Medicare 3. None 4. Private Insurance (list provider): _____

5. Other (specify): _____

List medical conditions: _____

List any prescribed medications you are taking: _____

Highest level of education completed (circle one): Any grade up to 11th; GED; High School Diploma; Some Trade School;
Trade School Graduate; Some College; College Graduate 2 yr program; College Graduate 4 yr program;
Some Post Grad Advanced Degree

Employment Status (circle one): Unemployed; Employed less than 35 hours/week; Employed 35 or more hours/week; Retired;
Student-Full Time; Volunteer; Disabled

Primary Source of Support (circle one): Adoption Subsidy; Disability; Family; Foster Care Subsidy; Retirement Plan;
Salary/Wages; Social Security; SSD; Unemployment; Vet Benefits; Welfare; Workers Comp.; Other

Housing Status: 1. Dependent (ex. living with friends or relatives, institutionalized, incarcerated, etc.)
(circle number) 2. Independent (ex. own home, paying mortgage or rent, etc.)
3. Homeless (ex. incarcerated with no outside residence; shelter, car, moving around between friends or relatives, etc.)

Your current family structure:

Number of children: _____ Number of dependent children:

Do you currently have custody of all of your minor children? YES NO N/A

Do you currently have visitation rights for all of your minor children who do not reside with you? YES NO N/A

Do you currently have contact with your primary family? YES NO

Have you ever been in the Military, US National Guard or Reserves? YES NO

Branch of Service: _____

Enlistment or Commissioning Date: _____

Military Discharge Date: _____

Years of Service (total): _____

Military Discharge Reason: _____

Military Rank: _____

Additional Relevant Information from DD214 or other source: YES NO **comments:** _____

Any criminal convictions prior to military service: YES NO **highest offense grading:** _____

Any convictions during military service: YES NO **details:** _____

Military Incarceration: YES NO

Deployed Abroad: YES NO **total months:** _____ **locations:** _____

Have you been exposed to military combat? YES NO **# of deployments to a combat zone:** _____
Conflict eras of service: _____

PTSD (Post Traumatic Stress Disorder): YES NO **details:** _____

TBI (Traumatic Brain Injury): YES NO **details:** _____

MST (Military Sexual Trauma): YES NO **details (optional):** _____

Date referral sent to VA/VJO _____ **Date assessment received from VA/VJO** _____

Veteran Eligible for VA Benefits YES NO

Have you ever received services at any V.A. Hospital? YES NO

Are you currently receiving any services from a V.A. Hospital? YES NO

If yes, then where, and what type (medical, mental health, drug/alcohol, other): _____

Where did you serve if other than being deployed abroad? _____

Attorney's name: _____ phone: _____

Office Address: _____

Public Defender	PD App. Pending	Private Attorney
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Please list alternate names and phone numbers of people who can contact you for us if we miss you at home:

Name	Phone number	Relationship
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Name	Phone Number	Relationship
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INSTRUCTIONS

Send your Application Packet including the following 3 completed forms:

- Referral and Application Form
- Initial Screening Form
- *Officer and Victim Input form- if possible. ***Inclusion of this form will expedite application processing.**

To: **Kelly J. Cesari, Treatment Court Coordinator**
Luzerne County Adult Probation and Parole Dept.
Penn Place Suite 302
20 N. Pennsylvania Ave.
Wilkes-Barre, PA 18701
Phone: (570) 408-8180
Fax: (570)822-7866
e-mail: kcesari@luzcoadultprobation.com

You may submit your Application Packet by mail, email, or fax.