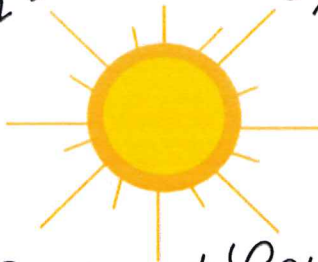


LUZERNE COUNTY



Treatment Court

“ONE DAY AT A TIME”

LUZERNE COUNTY
VETERANS TRACK



Greater Luzerne County Veterans Affairs Office



Treatment Court Application Packet

If you are reading this, ***congratulations!***
You have taken the first step in applying for Treatment Court.

What is Treatment Court?

Treatment Court, also referred to as *Diversionsary Court*, is a special Court program that uses a team approach to handle cases involving non-violent substance abusing offenders through comprehensive supervision.

What is Treatment Court "Vet Track"?

Our "Vet Track" is a division of our Treatment Court. Any current or former member of any branch of the U.S. Military, including Reserves and National Guard can apply and request to participate in the Vet Track division.

What is DUI Treatment Court?

DUI Treatment Court is a post-plea court program that offers substance base treatment as an alternative to incarceration for addicted, non-violent 2nd and 3rd Offense (10 years from date of offense) DUI offenders. *Must apply at magistrate level.*

If you would like to be considered for any of Luzerne County's Treatment Court programs, please fill out the attached application in its entirety and return to:

treatmentcourt@luzernecounty.org

Any questions about initial eligibility can be directed to:

Danielle T. Goldowski
570-408-8180



Luzerne County Adult Drug Treatment Court
Initial Screening Form

NAME: _____ DATE: _____

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 D.U.I.? Yes or No
 4. Is the offender facing revocation of a probation or parole sentence, or on probation or parole with a county other than Luzerne, or with any state? (circle which applies) Yes or No
(Note: offender must be available to participate in Treatment Court and not restricted by any other program or sentence.)
 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
 6. Does the offender 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 or No
- If numbers 1-4 are "No" and numbers 5 and 6 are "Yes", the offender is eligible to apply for admission to Treatment Court.
7. Any additional information or opinion that is pertinent to the eligible status of an offender for Treatment Court may be added below. (Include any comments from Arresting Officer and Victim).

Please include the following with the application:

Referral, Initial Screening form, & Officer Victim Input form:
Submit application to Adult Drug Treatment Court Coordinator: 570-408-8180, treatmentcourt@luzernecounty.org and/or fax: 570-706-8408

Eligible applicants will:

- be residents of Luzerne County (do not request a transfer to another county or state)
- be at least 18 years' old
- have non-violent charges that are drug related/motivated
- meet clinical criteria for substance abuse treatment
- voluntarily agree to placement into Treatment Court
- demonstrate a willingness and commitment to work on recovery
- apply during the period of time immediately after their arrest

Ineligible applicants will:

- have a present charge or past felony conviction for a crime defined as violent by federal regulations or deemed violent by the Luzerne County District Attorney's Office (including Burglary F-1, or conspiracy to same and Strangulation (F), as of 8/4/2020.)
- have a present charge or past conviction for a felony sexual offense
- have a current charge of D.U.I. (alone OR with other charges)
- Transfer cases from other counties will be **not** accepted as of ***2/2022: Luzerne County does not transfer cases to other counties for treatment court**
- have a current charge of Indirect Criminal Contempt of a PFA order (alone)
- have charges for which the mandatory minimum is being sought by the D.A.
- have additional charges or a Probation/Parole sentence outside of Luzerne County or with PA or another state
- have a pending Probation or Parole Revocation hearing
- be already serving a sentence of imprisonment (prisoners may apply 30 days prior to their minimum date, but we will not render a decision regarding acceptance until *after* parole is granted)
- have been previously terminated by any other Treatment Court, or previously participated in this program
- **fail to meet clinical criteria for substance abuse treatment *offender needs to admit to having a drug abuse problem***
- be seriously mentally ill or intellectually disabled
- ***Effective 12-1-2020** – a participate in the Luzerne County Treatment Court Program, **MAY NOT** use their MM card while in the Program nor consume any cannabis while in the program, from Phases 1 to Phase 5.
- Potential clients who are currently taking a known, addictive controlled substance, will not be eligible for Diversionary Court under Diversionary Courts new set of Policies and Procedures, **effective February 18, 2022.**



Luzerne County Diversionary Court
Adult DUI Treatment Court Track
Initial Screening Form

NAME: _____ DATE: _____

Please answer the following questions:

ARE YOU CURRENTLY ON PROBATION/PAROLE SUPERVISOR IN LUZERNE COUNTY? Y / N

If yes: Officers Name: _____

ARE YOU CURRENTLY ON PROBATION/PAROLE SUPERVISOR IN ANOTHER JURISDICTION Y / N

If yes: Where? _____ Officer/Agents name: _____

Presumptive Qualifying Characteristics:

- _____ An individual charged with any Tier Three Third Offense, Tier Three Second Offense, or Tier Two Third Offense DUI. Eligible offenses include 3802(c) BAC .16 or higher, 3802(a1) Implied Consent Violation and 3802(d) Controlled Substances.
- _____ The individual states to the police or Magisterial District Judge that he/she is an alcohol/drug abuser at the time of arrest.
- _____ The individual's family, friends, attorney, or probation officer, etc. indicated that he/she is an alcohol/drug abuser.

Please process the "Application" as follows:

1. Check all items above that apply to the applicant.
2. Attach copies of all pending criminal complaints and probable cause affidavits to the DUI Treatment Court Track Application.
3. Attach the CRN evaluation, which will be done by the Case Manager of DUI Treatment Court
4. Application must be submitted within 30 days of arraignment to: *DUI Treatment Court Coordinator -- Danielle Goldowski -- 570-408-8180; Fax: 570-706-8408; or email: treatmentcourt@luzernecounty.org
5. Any questions please call the DUI Treatment Court Track Coordinator at 570-408-8180.

Eligible applicants will:

- be residents of Luzerne County (do not request a transfer to another county or state)
- be at least 18 years' old
- have non-violent charges that are drug related/motivated
- meet clinical criteria for substance abuse treatment
- voluntarily agree to placement into Treatment Court
- demonstrate a willingness and commitment to work on recovery
- apply during the period of time immediately after their arrest
- Current DUI offense is a Second Offense Third Tier: Third offense Second Tier or a Third Offense Third Tier within ten years.

Ineligible applicants will:

- All Sex offenses under Pa 3104 chapter 31 will not be considered. Indecent Exposure and Open Lewdness will be considered on an individual case basis at the discretion of the District Attorney's Office.
- An accident occurred in connection with the events surrounding the current offense and an individual other than the applicant was killed or suffered serious bodily injury as a result of the crash will not be considered.
- Passenger under the age of 14 in the applicant's motor vehicle.
- No other pending charges, which would deem an individual ineligible.
- Crimes committed with a firearm will not be considered under any circumstances.
- Felony crimes of violence (i.e. Aggravated Assault, Arson, Robbery) will be excluded
- Other crimes that include threat and/or violence against another individual not listed as a mandatory exclusion will be considered on an individual case basis at the discretion of the District Attorney's office.
- Possession of controlled substances in amounts exceeding the mandatory amounts will be considered on an individual case basis at the discretion of the District Attorney's office.
- Persons who are classified as "violent offenders" under Federal Guidelines. have a present charge or past conviction for a felony sexual offense
- have a current charge of Indirect Criminal Contempt of a PFA order (alone)
- have charges for which the mandatory minimum is being sought by the D.A.
- have additional charges or a Probation/Parole sentence outside of Luzerne County or with PA or another state
- fail to meet clinical criteria for substance abuse treatment *offender needs to admit to having a drug abuse problem*
- be seriously mentally ill or intellectually disabled
- *Effective 12-1-2020 -- a participate in the Luzerne County Treatment Court Program, MAY NOT use their MM card while in the Program nor consume any cannabis while in the program, from Phases 1 to Phase 5.
- Potential clients who are currently taking a known, addictive controlled substance, will not be eligible for Diversionary Court under Diversionary Courts new set of Policies and Procedures, effective February 18, 2022.



Luzerne County Diversionary Courts Referral and Application Form

The filing of this application is to be considered for the following Diversionary Court:

- Luzerne County Adult Treatment Court
- Luzerne County Adult DUI *Treatment Court* Track
- Luzerne County Veterans Track Treatment Courts (Drug *DUI)

DATE OF APPLICATION/REFERRAL: _____

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 **Must reside in Luzerne County**

Home Address: _____ County: _____

Home Phone (____) _____

EMAIL Address: _____

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 license: 1. Expired 2. Not Valid 3. Valid

Ready to re-gain 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

ONLY FILL THESE PART OF THE APPLIATION IF YOU ARE A VETERAN

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: _____

- | | | |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Public
Defender | PD App.
Pending | Private
Attorney |

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
_____	_____	_____
Name	Phone Number	Relationship

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: **Danielle T. Goldowski, Adult Drug & DUI Treatment Court Coordinator**
Luzerne County Courthouse
200 North River Street, 1st Floor
Wilkes-Barre, PA 18701
Phone: (570) 408-8180
Fax: (570) 706-8408
e-mail: danielle.goldowski@luzernecounty.org
treatmentcourt@luzernecounty.org

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