



## 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:** 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

**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 11<sup>th</sup>; 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
--------------------	--------------------	---------------------

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: **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](mailto:kcesari@luzcoadultprobation.com)**

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