

DRUG COURT PROGRAM INSTRUCTIONS AND REFERRAL FORMS

THE COURT OF COMMON PLEAS DAUPHIN COUNTY, PENNSYLVANIA



**THE COURT OF COMMON PLEAS
DAUPHIN COUNTY, PENNSYLVANIA**

DRUG COURT REFERRAL FORM INSTRUCTIONS

Please process the Drug Court “Eligibility Form” as follows:

1. Check all items under step one and step two which apply to the applicant;
2. Attach copies of all pending criminal complaints and probable cause affidavits to the Drug Court Eligibility Form.
3. Forward entire completed packet via mail to: Office of the District Attorney; Attn: Heather Burd; Dauphin County Courthouse, Room 205; 101 Market Street; Harrisburg, PA 17101 as soon as possible after preliminary arraignment. (If submitting via fax or e-mail, see below.)

IF SUBMITTING BY FAX OR E-MAIL, SUBMIT TO EACH OF THE FOLLOWING:

(717) 255-1396 Attn.: Heather Burd hburd@dauphinc.org

(717) 558-1083 Attn.: Randy Mumma

(717) 635-2266 Attn.: Nitarah Iannacone

****Applicants and Attorneys – Please be Advised:**

After the drug court application packet is submitted, the applicant MUST call the Dauphin County Department of Drug & Alcohol Services to obtain a Drug & Alcohol Evaluation.

It is the applicant’s responsibility to make and keep this appointment. The Drug Court application process CANNOT move forward until this evaluation is completed.

Drug & Alcohol Services can be reached by calling: (717) 635-2254

Please ask to speak with **Ms. Nitarah Iannacone** to obtain an evaluation for the Drug Court Program. If **Ms. Nitarah Iannacone** is not available, please ask to speak with **Ms. Emily Heller**. If neither is available, please leave a message and your call will be returned as soon as possible.

If the applicant is incarcerated, please indicate this on the application. A Drug & Alcohol specialist will be sent to DCP to conduct the evaluation as soon as possible.

IF YOU HAVE NOT RECEIVED AN UPDATE REGARDING THE STATUS OF THIS APPLICATION FROM THE DRUG COURT COORDINATOR WITHIN FOUR WEEKS OF SUBMISSION OF THIS REFERRAL, PLEASE CONTACT THE OFFICE OF THE DISTRICT ATTORNEY AND ASK TO SPEAK WITH HEATHER BIRCHFIELD: (717) 780-6767

DISQUALIFYING CHARACTERISTICS

A. An Offender with a current charge OR prior conviction within the past 10 years for any of the following offenses may be ineligible for consideration:

- Murder
- Aggravated Assault
- Assault By Life Prisoner
- Rape
- Sexual Assault
- Aggravated Indecent Assault
- Arson (and related offenses)
- Theft By Extortion
- Robbery
- Voluntary Manslaughter
- Assault By Prisoner
- Kidnapping
- Statutory Sexual Assault
- Involuntary Deviate Sexual Intercourse
- Indecent Assault
- Burglary (F1)
- Incest
- Illegally Possession of a Firearm

B. Dauphin County residents will be given priority for consideration, and out-of-county residents will be considered on a case-by-case basis.

C. An individual will not be reviewed for program participation without the express consent of the District Attorney.

D. Individuals may be disqualified from the Drug Court Program if the amount of drugs possessed or delivered (per transaction) exceeds the amounts consistent with personal use.

E. Final determination of Drug Court eligibility will be decided after review of all pertinent information by the Drug Court Team.

THE COURT OF COMMON PLEAS DAUPHIN COUNTY, PENNSYLVANIA

DRUG COURT REFERRAL FORM

DATE OF REFERRAL: _____ REFERRAL SOURCE: _____

DEFENDANT INFORMATION:

DEFENDANT CURRENT LOCATION: BAIL / DCP / WRC

DID THE DEFENDANT SERVE IN THE U.S. MILITARY?: Y / N

DOES THE DEFENDANT REPORT A MENTAL HEALTH DIAGNOSIS (LIFETIME): Y / N

NAME: _____, _____
LAST FIRST M.I.

PLEASE LIST KNOWN ALIASES: _____

DOB: _____ SS#: _____ TELEPHONE #: _____
AREA CODE AND NUMBER

CURRENT ADDRESS:

STREET NUMBER AND STREET NAME

_____, _____
CITY STATE ZIP CODE

MAILING ADDRESS:

STREET NUMBER AND STREET NAME

_____, _____
CITY STATE ZIP CODE

LENGTH OF TIME AT CURRENT ADDRESS: _____

NUMBER OF TIMES MOVED IN THE PAST THREE YEARS: _____

IS THE DEFENDANT HOMELESS?: Y / N

DEFENSE ATTY.: _____ PUBLIC DEFENDER / PRIVATE ATTY.
(circle one)

DOCKET INFORMATION: Please enter the information for the applicant on all known new or revocation dockets.

DRUG COURT DOCKET# 1: CP – 22 – CR – 000 _____ - 20 _____ OTN: _____

CHARGE(S): _____

DRUG COURT DOCKET# 2: CP – 22 – CR – 000 _____ - 20 _____ OTN: _____

CHARGE(S): _____

DRUG COURT DOCKET# 3: CP – 22 – CR – 000 _____ - 20 _____ OTN: _____

CHARGE(S): _____

DRUG COURT DOCKET# 4: CP – 22 – CR – 000 _____ - 20 _____ OTN: _____

CHARGE(S): _____

DRUG COURT DOCKET# 5: CP – 22 – CR – 000 _____ - 20 _____ OTN: _____

CHARGE(S): _____

PLEASE LIST ADDITIONAL ACTIVE OR REVOCATION DOCKET NUMBERS HERE: _____

DOES THE DEFENDANT HAVE ANY ADDITIONAL CHARGES PENDING AT THE MDJ COURT LEVEL: Y / N

LOWER COURT DOCKET# 1: _____ MDJ: _____

DATE OF PRELIMINARY HEARING: _____

CHARGE(S): _____

LOWER COURT DOCKET# 2: _____ MDJ: _____

DATE OF PRELIMINARY HEARING: _____

CHARGE(S): _____

LOWER COURT DOCKET# 3: _____ MDJ: _____

DATE OF PRELIMINARY HEARING: _____

CHARGE(S): _____

DOES THE APPLICANT HAVE CHARGES PENDING IN ANOTHER COUNTY

IS THE APPLICANT CURRENTLY UNDER ACTIVE PROBATION/PAROLE SUPERVISION IN DAUPHIN COUNTY?: Y / N

IF YES, PLEASE NAME THE APPLICANT'S COUNTY PROBATION OFFICER: _____

IS THE APPLICANT CURRENTLY UNDER ACTIVE PROBATION/PAROLE SUPERVISION WITH THE PA BOARD OF PROBATION & PAROLE?: Y / N

IF YES, PLEASE NAME THE APPLICANT'S STATE PROBATION OFFICER: _____

DOES THE APPLICANT CURRENTLY HAVE A VALID PA DRIVER'S LICENSE?: Y / N

IF YES, PLEASE PROVIDE THE LICENSE NUMBER: ____ - ____ - ____

DOES THE DEFENDANT HAVE RELIABLE TRANSPORTATION?: Y / N

ADDITIONAL DEMOGRAPHIC INFORMATION

RACE: _____ ETHNICITY (Please circle one): Hispanic / Non-Hispanic

GENDER: _____ MARITAL STATUS: _____

HIGHEST EDUCATIONAL DEGREE OBTAINED: _____

CURRENTLY EMPLOYED?: Y / N IF YES, HOW MANY HOURS PER WEEK?: _____

PLEASE LIST THE APPLICANT'S OCCUPATION: _____

FAMILY

HOW MANY CHILDREN DOES THE APPLICANT HAVE?: _____

HOW MANY DEPENDENT CHILDREN DOES THE APPLICANT HAVE?: _____

DOES THE DEFENDANT HAVE CUSTODY OF THE CHILDREN?: Y / N

DOE THE DEFENDANT HAVE VISITATION RIGHTS WITH THE CHILDREN?: Y / N

DOES THE DEFENDANT HAVE ANY CONTACT WITH HIS FAMILY AT THIS TIME?: Y / N

**THE COURT OF COMMON PLEAS
DAUPHIN COUNTY, PENNSYLVANIA**

DRUG COURT REFERRAL FORM

Presumptive Qualifying Characteristics:

- _____ An individual charged with any criminal offense when it appears the offense is motivated by a desire to support an alcohol/ drug habit (Please see instruction sheet for disqualifying offenses.)
- _____ The individual states to the police or Magisterial District Judge that he/she is an alcohol/drug user at the time of arrest.
- _____ The individual's family, friends, attorney, or probation officer, etc. indicated that he/she is an alcohol/drug user.
- _____ The individual tests positive for alcohol/drug use at the time of arrest.

_____ The individual tests positive for alcohol/drug use while on pre-trial release.

Presumptive Disqualifying Characteristics:

Any item checked below disqualifies the individual unless the Drug Court Coordination Team determines them to be eligible outside the guidelines and lists the reasons below.

_____ The individual is not a resident of Dauphin County, Pennsylvania.

_____ The individual is precluded by Pennsylvania Sentencing Guidelines.

_____ The individual is charged with Delivery of a Controlled Substance within 1000 feet of a school.

_____ The individual is charged with 3 or more Felony counts.

_____ The individual is currently under the supervision of the PA State Parole Board.

_____ The individual has another charge pending on which he/she would be deemed ineligible.

_____ The amounts possessed or delivered are excessive.

COMMONWEALTH OF PENNSYLVANIA

IN THE COURT OF COMMON PLEAS
DAUPHIN COUNTY, PENNSYLVANIA

VS.

NO(S). CR, 20

CHARGE(S):

**DRUG COURT REQUEST FOR CONTINUANCE AND
WAIVER OF RIGHT TO A SPEEDY TRIAL**

AND NOW, this _____ day of _____, 20____

the undersigned defendant in the above-captioned matter(s) requests that these matters be continued for the purpose of being considered for entry into the Drug Court Program. I am aware of my rights to a speedy trial pursuant to Rule 600 which requires that the above-captioned matters be brought to trial within 365 days of the filing of the criminal complaint, and that if I am not brought to trial within that period, I have the right to have the criminal charges dismissed. Understanding the above, I agree to waive or give up my rights under Rule 600 for that period of time between the date of initial Drug Court consideration, as noted below, and 120 days after final disposition of the matter by the Drug Court Program of the Dauphin County Court of Common Pleas.

*Date of Initial
Drug Court Request*

Defendant

Attorney for Defendant

Witness

Date