

# 26<sup>th</sup> Judicial District Intensive Supervision Court Drug Treatment Court Program Referral Form

This form must be completed by the District Attorney/Assistant District Attorney and Public Defender/Defense Counsel.

Last		First		MI	
Street		City		State Zip	
Home Telephone #			Cell Phone #		
Criminal Case #		Current Charges			

Date of Birth: \_\_\_/\_\_\_/\_\_\_

Social Security #: \_\_\_-\_\_\_-\_\_\_

OTN: \_\_\_\_\_

District Justice: \_\_\_\_\_

CR#: \_\_\_\_\_

Offense Grade: \_\_\_\_\_

**STEP ONE: 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 a alcohol/drug user at the time of arrest.
- The individual's family, friends, attorney, or probation officer, etc. indicated that he/she is a 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.
- Other: \_\_\_\_\_

**STEP TWO: Disqualifying Characteristics**

Any item checked below disqualifies the individual unless the District Attorney and Intensive Supervision Court Team determine them to be eligible outside the guidelines and lists the reasons below.

- The individual is not a resident of Columbia/Montour County, Pennsylvania.
- The individual is precluded by Pennsylvania Sentencing Guidelines.
- 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.
- The applicant has past convictions or current charges involving an offense deemed violent by the District Attorney.
- Other: \_\_\_\_\_

**ATTORNEY SIGNATURES needed for referral only and only as to (dis)qualifying characteristics.**

\_\_\_\_\_  
District Attorney

\_\_\_\_\_  
Date

\_\_\_\_\_  
Public Defender/Defense Counsel

\_\_\_\_\_  
Date

**FOR DRUG AND ALCOHOL CASE MANAGER USE ONLY:**

Client was seen on \_\_\_\_\_ (date) at:

- CMSU
- Columbia County Prison
- Montour County Prison
- Other \_\_\_\_\_

Client **does** meet addiction criteria and is recommended for treatment at:

Admission Date and time: \_\_\_\_\_

Client **does not** meet addiction criteria due to: \_\_\_\_\_

\_\_\_\_\_  
Case Manager Signature

\_\_\_\_\_  
Date

**FOR DRUG COURT TEAM USE ONLY:**

\_\_\_\_\_  
ELIGIBLE

\_\_\_\_\_  
ELIGIBLE OUTSIDE GUIDELINES DUE TO: \_\_\_\_\_

\_\_\_\_\_  
INELIGIBLE DUE TO: \_\_\_\_\_

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_