



OFFICE OF THE WARREN COUNTY DISTRICT ATTORNEY  
WARREN COUNTY COURT HOUSE  
204 Fourth Avenue  
WARREN, PENNSYLVANIA 16365  
Phone: 814-728-3460 FAX: 814-728-3483

## TREATMENT COURT APPLICATION

Treatment Court is a post plea program. The Treatment Court will screen and assess applicants who are charged with crimes that are drug/alcohol addiction driven. You must agree to placement in Treatment Court and be a resident of Warren County.

An individual with multiple pending cases will not be automatically excluded from consideration from placement in Treatment Court. Offenders facing parole or probation revocation for DUI/drug related violations are also eligible for placement in Treatment Court.

If you are charged with or have ever been convicted of any of the following offenses you are excluded from consideration: Homicide, Burglary, Robbery, Kidnapping, Aggravated Assault, Weapons Possession in the commission of an offense, Sexual offenses, Arson, Simple Assault, Recklessly Endangering Another Person, Kidnapping—Unlawful Restraint, False Imprisonment, Terroristic Threats, Riot, Stalking Witness/Intimidation, Causing/Risking Catastrophe, Escape, or other non-enumerated crime of violence.

The District Attorney's Office by law cannot give any advice to any person seeking admission to Treatment Court. Do not, under any circumstances, telephone or stop by the District Attorney's Office for help in filling out the application; please forward all questions to your attorney. If you do not have an attorney and find it absolutely necessary to communicate with the District Attorney's Office, please write a letter and we will reply, if appropriate.

You should review the Treatment Court policies and procedures handbook prior to submitting your application.

With best regards, I am

Very truly yours,

Rob Greene, Esq.  
Warren County District Attorney

APPROVED  / DENIED

Docket No(s). \_\_\_\_\_

**IT IS A CRIME TO GIVE FALSE INFORMATION ON THIS APPLICATION.**

You are advised that any false statement given to any question made with intent to mislead the District Attorney's Office or the Court is a misdemeanor of the second degree punishable by a fine not to exceed \$5,000.00 and/or imprisonment not to exceed two (2) years.

**APPLICATION FOR TREATMENT COURT**

Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ SS# \_\_\_\_-\_\_\_\_-\_\_\_\_  
(First, Middle, Last Name)

Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

\_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Driver's License  Yes;  No If yes, license # and state \_\_\_\_\_

Are you currently incarcerated?  Yes;  No Arresting agency: \_\_\_\_\_

Current charges: \_\_\_\_\_

Are you currently on Probation/Parole? \_\_\_\_\_ List State/County of supervision: \_\_\_\_\_

Are you aware if you are the subject of any ongoing criminal investigation?  Yes;  No

If yes, where? \_\_\_\_\_

District Attorney: \_\_\_\_\_ Magisterial District Judge: \_\_\_\_\_

Defense Counsel: \_\_\_\_\_ Phone #: \_\_\_\_\_

Have you served in any branch of the U.S. military \_\_\_\_ yes; \_\_\_\_ no. If yes, please describe \_\_\_\_\_

\_\_\_\_\_

Drug/Alcohol of choice: \_\_\_\_\_ Length of use: \_\_\_\_\_

List any other illicit drugs you have used: \_\_\_\_\_

\_\_\_\_\_

Do you have mental health diagnosis or any mental health issues?  Yes;  No If yes, what?

\_\_\_\_\_

\_\_\_\_\_

*Application for Treatment Court*

Do you have any ongoing medical conditions?  Yes;  No If yes, please describe: \_\_\_\_\_

Are you prescribed any medications?  Yes;  No If yes, what? \_\_\_\_\_

List past or current inpatient/outpatient treatment for drugs:

Place: \_\_\_\_\_ Year: \_\_\_\_\_

Place: \_\_\_\_\_ Year: \_\_\_\_\_

Place: \_\_\_\_\_ Year: \_\_\_\_\_

Place: \_\_\_\_\_ Year: \_\_\_\_\_

List past or current inpatient/outpatient treatment for alcohol:

Place: \_\_\_\_\_ Year: \_\_\_\_\_

Place: \_\_\_\_\_ Year: \_\_\_\_\_

Place: \_\_\_\_\_ Year: \_\_\_\_\_

Place: \_\_\_\_\_ Year: \_\_\_\_\_

List past or current inpatient/outpatient treatment for mental health issues:

Place: \_\_\_\_\_ Year: \_\_\_\_\_

Place: \_\_\_\_\_ Year: \_\_\_\_\_

Place: \_\_\_\_\_ Year: \_\_\_\_\_

Place: \_\_\_\_\_ Year: \_\_\_\_\_

**List in detail in your own words why you want to be accepted into Treatment Court and why you think you will be successful; use a separate sheet if necessary.**

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