

APPLICATION FOR YORK COUNTY ADULT WELLNESS COURT

Name: _____

This Application is being made with regard to the following cases:

OTN: _____ Case No. CP-67-CR-_____

Offenses Charged: _____

OTN: _____ Case No. CP-67-CR-_____

Offenses Charged: _____

OTN: _____ Case No. CP-67-CR-_____

Offenses Charged: _____

I am filing this Application to be **considered** or **reconsidered** for the following York County Treatment Court Program:

- York County Heroin/Opioid Wellness Court
- York County Mental Health Wellness Court
- York County DUI Wellness Court
- Veterans Wellness Court
- Drug Wellness Court

I understand and acknowledge that by filing this Application, I am expressly waiving my right to a speedy trial and to be tried within the time limits set forth in Pennsylvania Rule of Criminal Procedure (Pa.R.Crim.P.) 600. I hereby waive my right (1) to have my case or cases tried within 365 days of the filing of the Complaint if I am at liberty on bail on such a case, or (2) to have my case or cases tried within 180 days of the filing of the Complaint if I am incarcerated on that case. I am specifically agreeing to extend the Rule 600" date in my case or cases by the period of time covered from the date this Application is filed with the Clerk of Courts to the date upon which the Notice of Rejection/Acceptance is filed of record.

I understand and acknowledge that I must, in addition to filing this Form with the Clerk of Court's Office, complete and submit the appropriate Referral Form to the Program for which I am requesting admittance. I understand that it is my responsibility to promptly submit a copy of this Application and the Appropriate Referral Form to the Treatment Court Coordinator in the Adult Probation Department located on the 2nd Floor of the York County Judicial Center.

_____ Defendant's Initials

I understand and acknowledge that I will be advised if I am accepted or rejected into a Wellness Court Program. If accepted, I will be required to report to a Treatment Court Session as directed, at which time the conditions of my bail will be modified to include the conditions of Treatment Court. If my Application to a Treatment Court is rejected, I understand that my case(s) will proceed through the normal criminal process and that I will have to follow and comply with all Court notices and procedures, including the requirement that I attend my pre-trial conference.

I understand that upon the **FILING** of this original application to the Clerk of Courts, I do not need to appear for any scheduled Court appearances (Pretrial Conferences, etc) until such time as I am accepted into a Treatment Court or I am denied entrance into a Treatment Court.

I further understand that if I am filing for my application to be **RECONSIDERED** for admission into a Wellness Court, I **must** continue to attend all scheduled Court appearances (Pretrial Conferences, etc) before the Judge assigned to my case.

Mailing Address of Defendant:

_____ Street City County State Zip

Defendant's Date of Birth: _____

Defendant's Social Security Number: _____

Defendant's Telephone No. : _____

Signature of Defendant: _____ Date: _____

Signature of Defense Counsel: _____ Date: _____

Is the Defendant incarcerated? No/Yes (Circle one)

If so, where? _____

(Original Application shall be filed with the Clerk of Courts by the Defendant and/or their Attorney. Defendant/Attorney shall provide copies to the Wellness Court Administrator at York County Probation 45 N. George St. York, PA 17401)