

**YORK COUNTY COURT OF COMMON PLEAS
DRUG WELLNESS COURT REFERRAL FORM**

DEFENDANT: _____ OTN/CR#: _____

ADDRESS: _____

DOB: _____ SS#: _____ TELEPHONE #: _____

RACE: _____ SEX: M / F

CHARGES: _____ BAIL/YCP: (circle one)

ARE YOU IN NEED OF INTERPRETER SERVICES: Y/N IF YES PLEASE SPECIFY LANGUAGE _____

VETERAN: Y / N HAVE YOU SERVED ACTIVE COMBAT: Y / N ARE YOU A PURPLE HEART RECIPIENT: Y / N

DO YOU HAVE THE FOLLOWING?

HIGH SCHOOL DIPLOMA Y/N GED Y/N BIRTH CERTIFICATE Y/N PHOTO IDENTIFICATION Y/N

Presumptive Qualifying Characteristics.

_____ An individual charged with any criminal offense when it appears the offense is motivated by a desire to support a drug habit. Attorney must indicate client's drug of choice.

Please process the "Referral Form" as follows:

1. Check all items above that apply to the applicant.
2. Attach copies of all pending criminal complaints and probable cause affidavits to the Referral Form.
3. Referral must be filed within 30 days of arraignment.
4. A time stamped copy needs to be given to the Clerk of Courts and York County Adult Probation at 45 N. George St. York, PA 17401.
5. Any questions please call the Treatment Court Administrator at 717-771-9602.

Preparer's Name & Title: _____ Date: _____

DRUG(S) ABUSED: _____

DATE OF LAST USE/AMOUNT/FREQUENCY OF USE (estimate):

RESTITUTION: \$ _____

FOR COURT USE ONLY:

_____ Eligible _____ Ineligible due to: _____

_____ Eligible outside guidelines due to: _____

(FORWARD TO TREATMENT COURT ADMINISTRATION)