

YORK COUNTY WELLNESS COURT



Request For Reconsideration Form

Offender Name: _____ DOB: _____

OTN/Case Number: _____

Type of Crime: Felony Crime of Violence Felony Drug DUI

Non-Violent Felony Violent Misdemeanor Non-Violent
Misdemeanor

Heroin/Opioid Wellness Program Mental Health Court
 DUI Court Veterans Court Drug Court

Charges as Filed:

Person Requesting Reconsideration: _____

Please Include Supportive Reasoning for Reconsideration (This is defined as mitigating circumstances pertaining to the crime that may not have been available for the initial consideration):

Reconsiderations may be filed one time only and must be filed within 30 days of the original rejection. Please attach all supportive documentation, file a new application with the Clerk of Courts and forward all information to the Treatment Court Administrator.