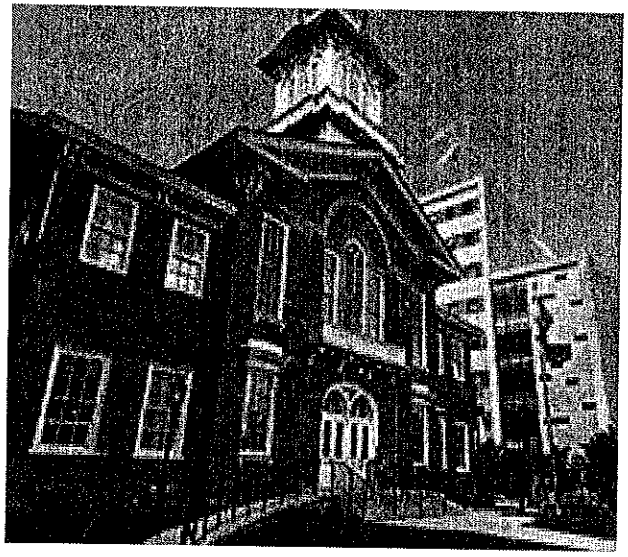


How to Apply

- Applicants will be considered on a case-by-case basis and must meet the criteria of high risk and high need to be accepted
- Additional participant information can be located on the Lehigh County website.
- Applications can be found on the Lehigh County website as well. Once completed, email the applications to:

treatmentcourtapplications@lehighcounty.org

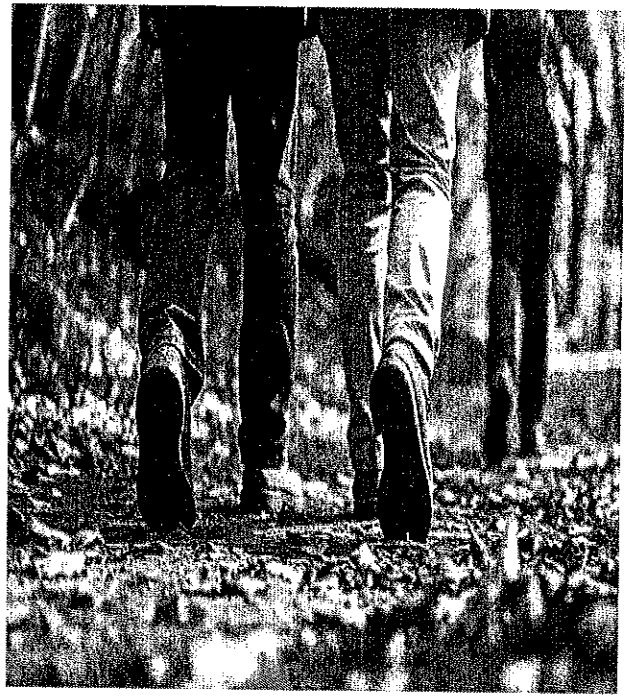
Overview

Lehigh County Recovery Courts consist of two programs. ***Treatment Court*** supports individuals with a Substance Use Disorder (SUD) and ***Wellness Court*** supports individuals with a Serious Mental Illness (SMI). These voluntary, non-adversarial court-supervised programs are designed to provide treatment, support, and judicial oversight to aid participants in meeting goals while navigating the criminal justice system.

The recovery court teams work together to address barriers and needs in the hope that participants graduate the program and return to the community as productive members of society. On average the program takes 15 – 18 months, however individual progress determines the length of the program.

LEHIGH COUNTY RECOVERY COURTS

LEHIGH COUNTY RECOVERY COURTS



Three Paths

Track 1: Diversion – Upon approval of the District Attorney's Office participants may have charges reduced or dismissed.

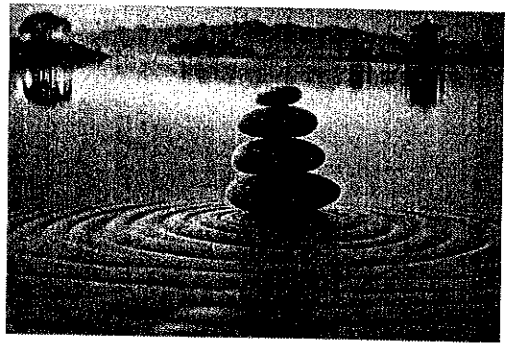
Track 2: Standard – Participants may have sentences reduced.

Track 3: Recovery – Is an alternative to a standard probation/parole violation. Participants may have sentences reduced.

"Those who move mountains begin by carrying small stones"

How can Recovery Courts help you?

- **Possible Reduction of charges/sentence**
- **Collaborative team approach**
- **Employment assistance**
- **Transportation assistance**
- **Assistance obtaining state identification and documentation**
- **Treatment**
- **A bright future**



What is expected of the participant:

- Engage in recommended treatment and programming
- Meet with you probation officer and case manager
- Attend all court dates with the Treatment Court Judge
- Undergo random drug and alcohol testing
- Successfully complete treatment plan goals
- Complete all phases

Lehigh County Recovery Courts

Track 1 – Diversion

- Post Plea pre- sentencing.
- The District Attorney's Office has discretion on Track 1 eligibility.
- Track 1 affords participants the opportunity to reduce or have charges with drawn upon successful completion.
- Participants will be required to plea guilty, complete the guilty plea colloquy and the Track 1 colloquy.

Track 2 – Standard

- Guilty plea and sentenced to Recovery Court.
- Participants must have a minimum of 12 months of supervision time. However, realistic time frames are 18-24 months.
- Standard track is an alternative to incarceration.
- Upon successful completion, participants can have the supervision time reduced.

Track 3 - Recovery

- Probation violation track. Upon admitting to the violation.
- Recovery track is an alternative to incarceration on for probation violations.
- Participants must have a minimum of 12 months supervision time. Again, realist time frames are between 18-24 months.
- Upon successful completion, participants can have their supervision time reduced.

Admission into either Recovery Court is subject to discretion on a case-by-case basis. Participants must meet the criteria of High Risk and High Need. Individuals who are charged with or have a history of serious violent crimes may not be eligible for the Recovery Courts programs.

LEHIGH COUNTY TREATMENT COURTS
APPLICATION FORM

Please check the treatment court for which you are applying.

☐ **RECOVERY COURT** ☐ **WELLNESS COURT**

APPLICANT INFORMATION					
Applicant Name:		DOB:		SSN:	
Race:	☐ AA/Hisp ☐ AA/Non Hisp ☐ Amer Indian ☐ Arabic ☐ Asian ☐ Cauc/Hisp ☐ Cauc/Non Hisp ☐ Biracial ☐ Unknown				
Gender:	☐ Male ☐ Female ☐ non-binary ☐ Transgender				
Address and phone #:					
Incarcerated:	Yes ☐	No ☐	Institution:		
Emergency Contact Name:			Phone #:		

CRIMINAL/CHARGE INFORMATION			
Case Number(s):			
Current Charge(s):			
OTN(s):		Arresting Agency:	

LEGAL REPRESENTATION			
Defense Attorney:		Attorney's Phone #:	
Defense Attorney Email:			
Person Completing Form:			

PART A		
Is the applicant at least 18 years old?	YES ☐	NO ☐
Does the applicant have an active, pending criminal case and/or a pending probation violation in Lehigh County?	YES ☐	NO ☐
Is the applicant a resident of Lehigh County? If no, county of residence? _____	YES ☐	NO ☐
Does the applicant admit to or appear to have a drug abuse or addiction problem, or is the individual known to have a drug abuse or addiction problem?	YES ☐	NO ☐
List substances:		
Does the applicant have a valid medical marijuana card?	YES ☐	NO ☐
Is the applicant currently involved in Medication-Assisted Treatment (MAT)?	YES ☐	NO ☐
List MAT Rx and provider:		
Does the applicant have pending charges/violations in another jurisdiction?	YES ☐	NO ☐

PART B		
Does the applicant have a history of violence?	YES ☐	NO ☐
Did the applicant possess or use a weapon in the commission of any offense?	YES ☐	NO ☐
Has the applicant violated a Protection from Abuse Order?	YES ☐	NO ☐
Is the applicant's current charge a crime of violence or of sexual nature?	YES ☐	NO ☐
If answered YES, please list the offense(s):		
Has the applicant ever been convicted of a crime of violence or of sexual nature?	YES ☐	NO ☐
If answered YES, please list the offenses(s) and year of conviction.		

MEDICAL/TREATMENT HISTORY			
Prior mental health **inpatient** treatment? ☐ Yes ☐ No Prior mental health **outpatient** treatment? ☐ Yes ☐ No		Currently in mental health treatment? ☐ Yes ☐ No If yes, where? _____	
Diagnosis:	☐ Schizophrenia/ Psychotic Disorder ☐ Bipolar Disorder ☐ Major Depressive Disorder ☐ Other: _____		
Medical Insurance:	☐ Medicaid ☐ Medicare ☐ None	☐Private Insurance (specify)	
		☐Other (specify):	
Pregnant?	☐ Yes ☐ No ☐ N/A	List history of medical conditions (if none, mark none):	

EDUCATION, EMPLOYMENT, AND HOUSING STATUS			
Highest level of Education <u>completed</u> (select one):			
☐ Any grade up to 11th	☐ GED	☐ High School Diploma	☐ Some Trade School
☐ Trade School Graduate	☐ Some College	☐ College Graduate (2 year)	☐ College Graduate (4 year)
☐ Some Post Graduate	☐ Advanced Degree		
Employment Status (select one):			
☐ Unemployed	☐ Employed Full-Time (35 or more hours/week) *		☐ Volunteer
☐ Retired	☐ Employed Part-Time (less than 35 hours/week) *		☐ Disabled
☐ Student Full-Time			
Occupation:			
Housing Status (select one):	☐ Independent ☐ Dependent (*incarcerated, with friends, etc.*) ☐ Homeless		

MILITARY HISTORY					
Have you (defendant) ever been in the military?	☐ Yes ☐ No *If yes, please answer the questions below.*				
Branch:		Enlistment Date:		Years of Service:	
Discharge Type:					

Please submit this form via email to: treatmentcourtapplications@lehighcounty.org

I understand that the information contained in this application is confidential and will be used solely by the Lehigh County Treatment Court team to determine my eligibility for the Treatment Court program. No information contained within this application may be used in any proceeding against me.

I further understand that I have a right to a speedy trial under the U.S. and Pennsylvania constitutions and that by applying for participation in the Treatment Court program I am waiving my speedy trial rights between the date of this application and either the date of my entry into the program or the date of my arraignment if my application is denied.

This is only an application for Treatment Court. I understand I will not be accepted into Treatment Court until the Lehigh County Treatment Court team determines I am an acceptable candidate, and I agree to be under Treatment Court Supervision.

_____ _____

Applicant Signature **Date**

****

FOR OFFICIAL USE ONLY:

Eligible:	☐		
Not Eligible:	☐	Reason(s):	

DA Initials:		Date:	