

**DELAWARE COUNTY MENTAL HEALTH/VETERANS COURT APPLICATION
AND REFERRAL FORM**

I am making application/ referral to the following treatment court

Mental Health Court

Veterans Treatment Court

DEFENDANT INFORMATION

Docket Number _____ **Inmate Number** _____

Request Date: _____	Social Security Number: _____
Client Name: _____	Phone Number: _____
Aliases/Maiden Name: _____	Date of Birth: _____
Current Location: _____	City: _____
Permanent (last known) address: _____	State: _____ Zip Code: _____
Sex: Male Female	Country: _____

REFERRAL SOURCE

Probation Officer: _____	Prison: _____	Judge: _____	Other: _____
Phone #: _____	Phone #: _____	Phone #: _____	Agency: _____
EMAIL: _____	EMAIL: _____	EMAIL: _____	Phone #: _____
			EMAIL: _____

IS COMPETENCY AN ISSUE: YES NO

DEFENDANT NEEDS:

Mental Health Treatment Drug and Alcohol Treatment Housing Placement

ISSUES SURROUNDING REQUEST

_____ Drugs	_____ Alcohol	_____ Mental Health	_____ Sexual Issues	_____ Abuse
_____ Medical Reasons	_____ Anger			

Briefly Explain Issues Checked Above: _____

History of Trauma? YES NO If yes, explain: _____

In a mental health crisis? YES NO If yes, explain: _____

EMERGENCY CONTACT INFORMATION

Name: _____

Address: _____

Phone: Home: _____ Cell: _____

Who else resides in the household:

NAME	RELATIONSHIP	CRIMINAL RECORD	+/- INFLUENCE

List those that are a Positive Influence in Your Life

NAME	RELATIONSHIP	ADDRESS	PHONE #

Are you a Veteran: YES NO

If yes, what were your dates of service? _____

What Branch of the Military did you serve? _____

What was your rank? _____

What was your military discharge? _____

Did you serve in combat? YES NO

Highest level of education completed:

11th Grade or below High School Grad GED College Grad

Other: _____

Current Plans for Education: _____

Need help obtaining GED: YES NO
(circle one)

Do you speak, read and write the English Language: YES NO

Are you a citizen of the United States: YES NO

Do you have a valid driver's license: YES NO

If YES, Operator's License Number: _____

If NO, has your license been suspended and why? _____

Occupation of Employee: _____

EMPLOYER	ADDRESS	PHONE #	SUPERVISOR

Are you in need of Job Training/Resume Building? YES NO

Financial Status:

DEBTS OWED	AMOUNT	ASSETS	AMOUNT

Marital Status: _____

Are you presently involved in a relationship? YES NO

If YES, with whom? _____ Date of Birth: _____

Address: _____

Are they in recovery? YES NO

How many children do you have?

NAME	AGE	PARENT OF CHILD	ADDRESS

Is the Office of Children and Youth involved? YES NO

If YES, who is your child's case worker and for which child? _____

Is there a custody order regarding your children? YES NO

If Yes, what County? _____

Do you have an AXIS I Diagnosis? YES NO

If YES, complete the following:

AXIS I DIAGNOSIS: _____ PHYSICIAN: _____

Attached Psychiatric Evaluation (completed within last 6 months is required for consideration)

Current Medications:

MEDICATION	DOSAGE	PRESCRIBING DOCTOR

CASE MANAGER

NAME: _____

AGENCY: _____

ADDRESS: _____

PHONE #: _____

Please attach (if possible) any additional Mental Health information (Psychological/Psychiatric Evaluations), Medical Report, Criminal Complaint, Court paperwork and/or other information or comments.

What is the name of your Health Insurance Company:

Insurance Policy Number: _____

Where have you attended treatment: (please list all inpatient, outpatient facilities, and halfway houses)

AGENCY	ADDRESS	THERAPIST/DOCTOR

--	--	--

Substance Abuse:

SUBSTANCE	FREQUENCY	AGE WHEN I BEGAN USE	LAST USE

Do you use drugs or alcohol with anyone in your residence? YES NO
If so, with whom? _____

Have you engaged in Twelve Step meetings: YES NO

If YES, do you have a sponsor and home group: YES NO

Name of Sponsor: _____

Name of Home Group: _____

Are you represented by counsel? YES NO

If YES, Counsel's name: _____

Address: _____

Phone #: _____

Have you ever been arrested, charged, convicted/adjudicated, cited (including Vehicle Code violations) or held by any law-enforcement or juvenile authorities in the United States regardless of whether the citation or charge was dropped or dismissed or you were found not guilty or whether the record has been "sealed", expunged, or otherwise stricken from the court records on any occasion other than this arrest: YES NO

Are you presently on probation or parole: YES NO

If YES, where and who is your probation officer and assigned judge:

State/County: _____

P.O. Name: _____

Judge: _____

Current/Past Charges: _____

Number of violations of probation/parole/intermediate punishment: _____

Are you presently on bail or do you have any other outstanding criminal charges outside of Delaware County, what are the charges and from where: YES NO

Where do you think you would be in life (career, family, employment, etc...) if you had never had a substance abuse or mental health issue?

What do you think had lead to your most recent involvement in the criminal justice system? Any traumatic life events?

Why are you applying for a Mental Health/Veterans Court?

By signing, I have read or had read to me the Mental Health/Veterans Court description and acknowledge that I will commit my time and effort to create in me behavioral and

life change if accepted. I have been truthful, to the best of my knowledge, with regard to all my answers in this application

Signature: _____ Date: _____

If you need further assistance, please contact the following program coordinator:

Mental Health Court

Mary Ellen Hoffman
Office: 610-891-4782
Email: hoffmanm@co.delaware.pa.us

Veterans Court

Jeffrey Roney
Office: 610-891-5030
Email: RoneyJ@co.delaware.pa.us

CASE MANAGER

Name: _____ Agency: _____

Address: _____ Phone #: _____

Please attach (if possible) any additional Mental Health information (Psychological/Psychiatric Evaluations), Medical Report, Criminal Complaint, Court paperwork and/or other information or comments.

ELIGIBILITY CRITERIA

Mental Health Court is limited to residents of Delaware County who are 18 or older. In order to participate in Mental Health Court, the person must have a serious mental illness (SMI) diagnosis (schizophrenia, major mood disorder, psychoses NOS, borderline personality disorder) that contributed to the criminal behavior. Persons with co-occurring disorders (mental health and substance use disorder) will be evaluated for mental health court if they meet the criteria for serious mental illness. The court prefers to address non-violent offenses by other crimes will be taken into consideration on a case-by-case basis.

EXCLUSIONARY CRITERIA

While each case will be considered individually, the following offenses will typically be excluded from the court:

- Felony sex offenses
- Felony crimes of violence
- Felony crimes of violence committed with a firearm
- Felony drug offenses
- Defendants are considered ineligible if there are any unresolved, out of state charges. It is the responsibility of the offender's counsel to resolve any pending out of county charges or state parole violations before offenders can be accepted in the program.
- **Murder and Manslaughter will not be considered under any circumstances**

REFERRED TO MENTAL HEALTH COURT

Please notify the supervising officer immediately regarding any problems.

**Return completed forms to:
Delaware County Adult Probation and Parole Department
201 W. Front Street
Media, PA 19063
Fax 610-891-7294**

**DELAWARE COUNTY MENTAL HEALTH COURT
GRADUATION REQUIREMENTS**

I understand the following requirements are necessary for my successful completion of Mental Health Court:

1. **DRUG AND ALCOHOL TESTS:** For the last six months of Mental Health Court, I will submit only negative test results.
2. **TREATMENT:** I will be successfully engaged in treatment; working with my treatment provider and have created goals with my treatment team.
3. **MEANINGFUL ACTIVITY:** I will be involved in a productive activity (i.e. employment, education, volunteering, connecting with family/significant others) for at least the last three months of Mental Health Court.
4. **HOUSING:** For the last three months of Mental Health Court, I will reside at an approved residence.
5. **FINANCIAL OBLIGATION:** I will maintain my payment arrangement for all court costs and fines.
6. **NEW CONVICTIONS:** I will not incur any new convictions while in Mental Health Court.
7. **SPECIAL CONDITIONS:** I will complete any and all special conditions ordered by Mental Health Court.

I understand and agree that failing to complete the above requirements will delay my graduation and may lead to termination from Mental Health Court.

Adult Probation Witness

Signature of Participant

Date

Date