



LEHIGH COUNTY DRUG TREATMENT COURT PRE-SCREENING FORM

Please review the Pre-Screening Instructions prior to completing this form

Applicant Name:		DOB:		SSN:	
Applicant Address: Phone Number:					
Incarcerated:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Institution:			
Current Charges(s):					
OTN:		Arresting Police Dept.:			
Defense Attorney:			Attorney's Phone #:		
Defense Attorney Email:					
Person Completing Form:					

PART A

Is the applicant at least 18 years old?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Does the applicant have an active, pending criminal case and/or a pending probation violation in Lehigh County?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is the applicant a resident of Lehigh County?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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 <input type="checkbox"/>	NO <input type="checkbox"/>
List substances:		
Does the applicant admit to having a valid medical marijuana card?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Does the applicant have pending charges/violations in another jurisdiction?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

PART B

Does the applicant have a history of violence?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Did the applicant possess or use a weapon in the commission of any offense?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Has the applicant violated a Protection from Abuse Order?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is the applicant's current charge one of the offenses listed on Part B of the instructions?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If you answered YES, please list the offense(s):		
Has the applicant ever been convicted of one of the listed offenses under Part B of the instructions?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If you answered YES, please list the offenses(s) and year of conviction.		

Applicant

Date

MEDICAL/TREATMENT HISTORY			
Prior psychiatric mental health inpatient/outpatient treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No		Currently in mental health treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Diagnosis:			
Medical Insurance:	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Private Insurance (specify)	
	<input type="checkbox"/> Medicare	<input type="checkbox"/> Other (specify):	
	<input type="checkbox"/> None		

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

MILITARY HISTORY	
Have you (defendant) ever been in the military?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please answer the questions below.</i>
Branch:	Enlistment Date:
	Years of Service:
Discharge Type:	

Please submit this form to:

Michael Zagorski
 Attn: Drug Treatment Court
 Lehigh County Courthouse, Room G 09
 455 W. Hamilton Street
 Allentown, PA 18101

Or email: michaelzagorski@lehighcounty.org

- Any applicant who does not meet the preliminary eligibility criteria based on the response on the Initial Screening Form, or based on review by the Office of the District Attorney will not be considered as a candidate for the Lehigh County Drug Treatment Court Program.
- The Office of the District Attorney will review the criminal complaint and relevant police reports for the current arrest, as well as the applicant's criminal history.

DA REVIEW:

Eligible:	<input type="checkbox"/>	Track:	
Not Eligible:	<input type="checkbox"/>	Reason:	

DA Initials:		Date:	
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