

SÉAN R. RYAN  
Chief Adult Probation  
& Parole Officer

**ADULT PROBATION AND PAROLE DEPARTMENT**

Court of Common Pleas of Bucks County  
SEVENTH JUDICIAL DISTRICT OF PENNSYLVANIA

A Force for Positive  
CHANGE.



SUSAN DEVLIN SCOTT  
President Judge

Docket  
Number(s) \_\_\_\_\_  
\_\_\_\_\_

**Bucks County Drug Court Program Application**

Please read each question carefully before answering. Failure to complete all required Drug Court forms and questionnaires accurately will delay the processing of your application. False or misleading information will be treated as a false statement subjecting you to exclusion from the Program.

**Background Information:**

Full Name: \_\_\_\_\_

Maiden Name /Alias(es): \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Apartment Number  
\_\_\_\_\_  
City State Zip Code

Phone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
City County State

Sex:  Male  Female

Are you a citizen of the United States?  YES  NO

Race: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_

**Who else resides with you?:**

Name	Relationship	Does he/she have a Criminal Record ?	+/- Support?

**List your residences within the past ten (10) years:**

Address	Roommate(s)

Highest level of education completed:

Highest grade completed \_\_\_\_\_  High School Grad

College Grad  GED  Other: \_\_\_\_\_

Have you ever been told by any teachers/school you needed to attend special classes?  YES  NO

What are your plans for education?: \_\_\_\_\_

Check here if you need help obtaining a GED.

Do you speak, read and write the English language?  YES  NO

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

If YES, Operator's License Number: \_\_\_\_\_

If NO, has your license suspended and why? \_\_\_\_\_

List all employment during the past three (3) years. Use additional sheets if necessary.

Employer	Address	Phone #	Supervisor	Dates

Do you need Job Training and/or help with your resume?  YES  NO

**Financial Status:**

Debts		Assets	
Item	Amount	Item	Amount

**Marital Status/Children:**

Single     Married     Divorced     Separated     Widowed

Other: \_\_\_\_\_

Are you presently involved in a relationship?  YES     NO

If YES, Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Is he/she in recovery?  YES     NO

Is he/she currently on probation or parole?  YES     NO

If YES, where? \_\_\_\_\_

For what crime(s)? \_\_\_\_\_

How many children do you have? \_\_\_\_\_

Is there a custody order regarding your children?  YES     NO

If YES, in what County? \_\_\_\_\_

**Mental Health History:**

Do you feel you need help with a mental health issue?  YES     NO

Have you had any treatment or been hospitalized for psychiatric reasons (excluding drug and alcohol reasons)?   
YES     NO

If YES to either question, complete the attached Mental Health Questionnaire on page 10.

**Current Medication(s):**

Medication	Dosage	Date Last Taken	Prescribing Doctor

What is the name of your Health Insurance Company? \_\_\_\_\_

Insurance Policy Number \_\_\_\_\_

**Representation by Counsel:**

Are you represented by counsel? YES NO

If YES, Counsel's Name: \_\_\_\_\_

Counsel's Address: \_\_\_\_\_

Counsel's Phone Number: \_\_\_\_\_

**Prior Contact(s) with the Criminal Justice System:**

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

If YES, complete the attached Criminal History & Incarceration Questionnaire on page 11.

Do you have any prior convictions for violent offense(s)? YES NO

Violent offenses include, but are not limited to, the following offenses: Third Degree Murder, Voluntary Manslaughter, Aggravated Assault, Simple Assault, Terroristic Threats, Rape, Involuntary Deviate Sexual Intercourse, Aggravated Indecent Assault, Incest, Sexual Assault, Arson, Kidnapping, Burglary (of a structure adapted for overnight accommodation and at the time of the offense any person is present), and Robbery.

Have you ever been incarcerated, for any period of time for any reason? YES NO

If YES, complete the attached Criminal History & Incarceration Questionnaire on page 11.

Are you currently incarcerated? YES NO

If YES, date of detention: \_\_\_\_\_

Are you presently on probation or parole? YES NO

If YES, where and who is your Probation Officer (P.O.)?

State/County: \_\_\_\_\_

P.O.'s Name: \_\_\_\_\_

Are you presently on bail for a new case, including the one you are making application to Drug Court, or do you have any other outstanding criminal charges outside of Bucks County?

YES NO

If YES, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Substance Abuse History:**

When was your first use of drugs or alcohol (age and specifics) and what led to your use?

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**What is your drug/alcohol use history? Use additional sheets if necessary.**

Substance	Frequency	Amount	At What Ages?	Date of Last Use

Have you and/or do you use drugs or alcohol with anyone in your residence?  YES  NO

If YES, with whom? \_\_\_\_\_

Have you engaged in Twelve Step meetings (AA, NA, etc.)?  YES  NO

If YES, do you have a sponsor?  YES  NO and/or a Home Group?  YES  NO

If YES, name of Home Group: \_\_\_\_\_

What is your longest period of sobriety and how did you maintain it? \_\_\_\_\_

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Have you had or been in any treatment/hospitalizations/detox/rehab for drug and/or alcohol use?

YES     NO

If YES, please list the facility, length of stay and outcome (if treatment was completed successfully, therapeutic discharge, left against medical advice) with approximate dates. Also list sobriety time after treatment discharge took place.

**What is your substance abuse treatment history? Use additional sheets if necessary.**

Facility	Level of care	Dates	Completed Successfully?/ Sobriety Time

**List individuals that are a positive influence in your life:**

Name	Relationship	Address	Phone #

Have you ever had a Drug and Alcohol Intensive Case Manager (ICM)?  YES     NO

How would you describe your childhood? For example: healthy, chaotic, abusive. Is there anything about your childhood you feel important Drug Court should be aware of so proper treatment can be recommended? If so, please explain below.

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Have you ever been asked to attend anger management therapy or experienced anger which led you to hurt someone, yourself, or destroy property? If so, explain circumstances.

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Why are you applying for Drug Court?

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By signing, I have read or had read to me the Drug Court Program description and acknowledge that I will commit my time and effort to create in me behavioral and life changes if accepted into Drug Court. I have been truthful, to the best of my knowledge, with regard to all my answers in this application, and if applicable, the attached Mental Health Questionnaire and/or Criminal History & Incarceration Questionnaire.

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Signature

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Date

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Attorney Signature

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Date

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Attorney (Print Name)

**Mental Health Questionnaire**

List **ALL** mental health treatment and/or assessments. Use as many copies of this form as necessary.

1. Facility/Doctor: \_\_\_\_\_  
Date(s) of assessment/treatment: \_\_\_\_\_  
What type of treatment (inpatient/outpatient): \_\_\_\_\_  
Diagnosis: \_\_\_\_\_  
Medications Prescribed: \_\_\_\_\_  
Did you take medication and did it help? \_\_\_\_\_  
\_\_\_\_\_  
If you didn't take the medication or stopped taking the medication, why? \_\_\_\_\_  
\_\_\_\_\_

Did you have a Mental Health Intensive Case Manager?  YES  NO

2. Facility/Doctor: \_\_\_\_\_  
Date(s) of assessment/treatment: \_\_\_\_\_  
What type of treatment (inpatient/outpatient): \_\_\_\_\_  
Diagnosis: \_\_\_\_\_  
Medications Prescribed: \_\_\_\_\_  
Did you take medication and did it help? \_\_\_\_\_  
\_\_\_\_\_  
If you didn't take the medication or stopped taking the medication, why? \_\_\_\_\_  
\_\_\_\_\_

Did you have a Mental Health Intensive Case Manager?  YES  NO

3. Facility/Doctor: \_\_\_\_\_  
Date(s) of assessment/treatment: \_\_\_\_\_  
What type of treatment (inpatient/outpatient): \_\_\_\_\_  
Diagnosis: \_\_\_\_\_  
Medications Prescribed: \_\_\_\_\_  
Did you take medication and did it help? \_\_\_\_\_  
\_\_\_\_\_  
If you didn't take the medication or stopped taking the medication, why? \_\_\_\_\_  
\_\_\_\_\_

Did you have a Mental Health Intensive Case Manager?  YES  NO

**Criminal History & Incarceration Questionnaire**

List **ALL** prior convictions and prior periods of incarceration. Include any prior conviction(s) you have- even if you were not incarcerated on that case. Also, include **any** period of incarceration related to child/spousal support and Protection From Abuse (PFA) contempt matters. Use as many copies of this form as necessary.

1. Criminal Offense(s): \_\_\_\_\_  
Docket Number(s): \_\_\_\_\_  
Date(s): \_\_\_\_\_  
Prison: \_\_\_\_\_
  
2. Criminal Offense(s): \_\_\_\_\_  
Docket Number(s): \_\_\_\_\_  
Date(s): \_\_\_\_\_  
Prison: \_\_\_\_\_
  
3. Criminal Offense(s): \_\_\_\_\_  
Docket Number(s): \_\_\_\_\_  
Date(s): \_\_\_\_\_  
Prison: \_\_\_\_\_
  
4. Criminal Offense(s): \_\_\_\_\_  
Docket Number(s): \_\_\_\_\_  
Date(s): \_\_\_\_\_  
Prison: \_\_\_\_\_
  
5. Criminal Offense(s): \_\_\_\_\_  
Docket Number(s): \_\_\_\_\_  
Date(s): \_\_\_\_\_  
Prison: \_\_\_\_\_
  
6. Criminal Offense(s): \_\_\_\_\_  
Docket Number(s): \_\_\_\_\_  
Date(s): \_\_\_\_\_  
Prison: \_\_\_\_\_
  
7. Criminal Offense(s): \_\_\_\_\_  
Docket Number(s): \_\_\_\_\_  
Date(s): \_\_\_\_\_  
Prison: \_\_\_\_\_

**FOR OFFICIAL USE ONLY:**

Date Application Submitted to Drug Court Coordinator:
Date Application Referred from Coordinator to District Attorney for Approval:
Date Application Referred from Coordinator to Treatment Coordinator for Approval:
Approved by District Attorney: <input type="checkbox"/> YES <input type="checkbox"/> NO      Date:
If NO, explanation:
Recommended Sentence if Terminated/Fails to Complete Drug Court Program:
District Attorney's Agreement (if any) for Successful Completion of Drug Court Program:
Date Referred for Drug and Alcohol Assessment:
Assessment Referred to:
Date of Assessment:
Assessment Completed by:
Date/Time Scheduled to Observe Drug Court Program:
Date/Time Scheduled to Start Drug Court Program: