

Intermediate Punishment Application

Criminal Docket No: _____ OTN: _____

Criminal Charges: _____

This form and the attached documents (see page 2) will be reviewed by the Adult Probation Department to determine your eligibility for admission into the Intermediate Punishment Program, if approved; a copy will be forwarded to the **District Attorney's Office for approval**.

Prior to submitting your application, please review the **Eligibility Requirements** on the Bucks County Adult Probation website at www.buckscounty.org

**PLEASE ATTACH A COPY OF THE CRIMINAL COMPLAINT, AFFIDAVIT
OF PROBABLE CAUSE AND DRUG AND ALCOHOL ASSESSMENT**

Name of Applicant: _____
(Last) (First) (Middle)

Home Address: _____
(No. & Street/Apt. No.) (Home Owner)

(City, State ZIP Code)

(Home Phone) (Cell Phone) (Email Address)

Demographics: _____
(Sex) (Date of Birth) (Age) (Social Security No.)

(Country of Citizenship) (Primary Language – if not fluent in English)

Attorney's Name/Phone: _____

Other than this case, do you have other pending charges, detainers? Yes No

If Yes, please specify: _____

Are you currently under supervision of probation or parole? Yes No

If Yes, please list where and name/phone number of officer: _____

For DUI cases please list your BAC (each offense): _____

Have you ever been arrested for an ineligible offense (refer to Eligibility Requirements) Yes No

If Yes, list offense: _____

Evaluation Instructions

The following steps must be completed before your application will be reviewed:

ALL applicants must complete a full drug and alcohol assessment at a Department of Health licensed drug and alcohol treatment facility. For a list of licensed providers in Bucks County please visit the Drug and Alcohol Commission section on the Bucks County website or <http://www.buckscounty.org/LivingAndWorking/drugandalcoholcommission>. **The assessment must be submitted with this application.**

Attach a copy of the **Criminal Complaint** and **Affidavit of Probable Cause** from your arrest.

For DUI Cases Only:

You must obtain a CRN (Court Reporting Network) Evaluation. **The evaluation must be submitted with this application.**

Scheduled and paid for Alcohol Highway Safety School at _____.

To ensure that your application will be reviewed in time for court, you must submit all documents requested at least **30 days prior to your sentencing** to the Adult Probation Department. Applications may be submitted via mail, fax 215-348-6611 or 215-348-6253, or in person at the Adult Probation Office.

Important Electronic Home Confinement (EHC) Information:

√ EHC is a GPS monitor that requires a transmitter be worn around the ankle

√ While on EHC you are permitted to leave your residence for the following: *Work, Court Ordered Conditions and Doctor's appointments.*

√ The cost of monitoring is \$5 per day which must be paid **in full prior to the equipment being issued.**

√ You are responsible for the proper use and care of all issued equipment. Please refer to the instruction sheet provided at intake.

Important Community Service Information:

√ You should have a community service site arranged and approved by Adult Probation prior to your sentencing.

√ For Community Service Information, click here <http://www.buckscounty.org/Courts/adult-probation/communityservice>