

**NORTHUMBERLAND COUNTY  
TREATMENT COURT APPLICATION**

**Submit application to the  
Adult Probation & Parole Department**

Name (last, first, middle): \_\_\_\_\_

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

Home phone: (\_\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_\_) \_\_\_\_\_

Date of birth: \_\_\_\_\_ Social Security number: \_\_\_\_\_

Docket Numbers & charges: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you are incarcerated, list the facility name: \_\_\_\_\_

Are you on county supervision? \_\_\_\_\_ Are you on state supervision? \_\_\_\_\_

If you are a US Veteran, list branch and years of service: \_\_\_\_\_

Have you been diagnosed with a mental health illness? \_\_\_\_\_

Approximate date of diagnosis: \_\_\_\_\_ Doctor who diagnosed you: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Medications currently prescribed to you: \_\_\_\_\_

\_\_\_\_\_

Drug of choice & length of use: \_\_\_\_\_

Other drugs you use: \_\_\_\_\_

List any treatment (inpatient or outpatient) you received for drug or alcohol abuse or mental health issues, including approximate dates of attendance:

\_\_\_\_\_

\_\_\_\_\_

**I am aware that I have a right to trial within 365 days of the filing of the criminal complaint (PA.R.Crim.P.600). By submitting this application, I hereby expressly waive Rule 600 for the period of time between the date listed below and the date of my placement in treatment court or denial of said placement.**

\_\_\_\_\_  
Defendant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Defense Attorney (print name)

Received at NCAPP: \_\_\_\_\_ Record check done: \_\_\_\_\_

Copy to D&A, DA, VJO: \_\_\_\_\_ Date of Team review: \_\_\_\_\_

Team recommendation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_