

26th Judicial District Intensive Supervision Court DUI Treatment Court Program Referral Form

This form must be completed by the District Attorney/Assistant District Attorney and Public Defender/Defense Counsel.

Last	First	MI	
Street	City	State	Zip
Home Telephone #	Cell Phone #		
Criminal Case #	Current Charges		

Date of Birth: / /

Social Security #: - -

OTN:

District Justice:

CR#:

Offense Grade:

STEP ONE: Presumptive Qualifying Characteristics

- An individual charged with DUI offenses to include Tier 1, 3rd and subsequent offenses; Tier 2, 3rd and subsequent offenses; and Tier 3, 2nd and 3rd offenses; Tier 3, 4th offenses considered on a case by case basis.
- The individual states to the police or Magisterial District Judge that he/she was an alcohol/drug user at the time of arrest.
- The individual's family, friends, attorney, or probation officer, etc. indicated that he/she is a alcohol/drug user.
- The individual tests positive for alcohol/drug use at the time of arrest.
- Other: _____

STEP TWO: Disqualifying Characteristics

Any item checked below disqualifies the individual unless the District Attorney and Intensive Supervision Court Team determine them to be eligible outside the guidelines and lists the reasons below.

- The individual is not a resident of Columbia/Montour County, Pennsylvania.
- The individual is precluded by Pennsylvania Sentencing Guidelines.
- The individual is charged with 3 or more Felony counts.
- The individual is currently under the supervision of the PA State Parole Board.
- The individual has another charge pending on which he/she would be deemed ineligible.
- The applicant has past convictions or current charges involving an offense deemed violent by the District Attorney.
- Other: _____

TO AVOID DELAYS IN THE PROCESSING: ALL CANDIDATES FOR DUI TREATMENT COURT WILL BE REQUIRED TO HAVE A CRN EVALUATION COMPLETED PRIOR TO THEIR ASSESSMENT WITH CMSU. PLEASE HAVE THE APPLICANT SCHEDULE THE EVALUATION AS SOON AS POSSIBLE. ALSO, PLEASE HAVE THE CANDIDATE FILL OUT ALL OF THE NECESSARY FORMS FOR WORK RELEASE BEFORE SENTENCING, IF ELIGIBLE.

ATTORNEY SIGNATURES needed for referral only and only as to (dis)qualifying characteristics.

District Attorney

Date

Public Defender/Defense Counsel

Date

FOR DRUG AND ALCOHOL CASE MANAGER USE ONLY:

Client was seen on _____ (date) at:

- CMSU
- Columbia County Prison
- Montour County Prison
- Other _____

Client **does** meet addiction criteria and is recommended for treatment at:

Admission Date and time: _____

Client **does not** meet addiction criteria due to: _____

Case Manager Signature

Date

FOR DUI TREATMENT COURT TEAM USE ONLY:

ELIGIBLE

ELIGIBLE OUTSIDE GUIDELINES DUE TO: _____

INELIGIBLE DUE TO: _____

DATE: ____ / ____ / ____