

COMMONWEALTH OF PENNSYLVANIA

VS.

IN THE COURT OF COMMON PLEAS  
OF BERKS COUNTY, PENNSYLVANIA  
CRIMINAL

DOCKET NO.:

OTN:

☐ Check if Interpreter required Language:

## DRUG TREATMENT COURT APPLICATION

This form will be reviewed by the Treatment Court Application Committee to determine your eligibility for admission into Drug Treatment Court.

The Defendant hereby applies for consideration for Drug Treatment Court and represents the following:

Type of Offense: ☐ DUI Offense ☐ Non-DUI Offense

(TYPE or PRINT INFORMATION)

1. Defendant's present address and phone number:

2. Prior Arrest(s): ☐ Yes ☐ No Date of Birth: \_\_\_\_-\_\_\_\_-XXXX SSN last 4 #s: XXX-XX-

4. Date complaint filed:

5. Date of arraignment:

Assigned Judge:

6. Criminal charges:

7. Past or Present Military Service?: ☐ Yes ☐ No

8. Currently Under Supervision?: ☐ Yes ☐ No

9. If Yes; Where? Max Date?:

I desire to have my case considered for Treatment Court and hereby waive my speedy trial right pursuant to Pa. R. Crim. P. Rule 600. I certify that I am currently a Berks County resident and have been for at least 90 days, excluding time served in the Berks County Jail System. I understand that I may be required to provide written documentation of residency. Failure to provide appropriate documentation or to provide false or misleading information may result in the denial of my Treatment Court application or removal from the Treatment Court program.

Date:

(Signature of Defendant)

I am the attorney of record for the defendant in this case and I certify that I have advised the defendant of all his/her rights under Rule 600 and that I have made the defendant aware of the general guidelines/requirements for the Treatment Court Program.

Date:

(Printed Name & Signature of Defense Attorney)

- \* Application and Probable Cause must be filed with Clerk of Courts within 21 days of Preliminary Hearing
- \* Defendant must sign Release of Information at Connections Work