



## DELAWARE COUNTY TREATMENT COURT PROGRAM

DELAWARE COUNTY COURTHOUSE  
MEDIA, PENNSYLVANIA 19063

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**MUST ATTACH A  
COPY OF CRIMINAL  
COMPLAINT WITH  
APPLICATION**

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\*\*\* Application **MUST** be  
submitted by **E-MAIL** (p.6)

*Delaware County's Drug Treatment Court* is a voluntary intensive drug treatment program, separated into five (5) phases of supervision, that allows non-violent offenders to address substance abuse disorder and co-occurring disorders while under the strict supervision of the Office of Adult Probation and Parole Services and the Treatment Court Judge.

Drug Treatment Court is a thirty (30) month intermediate punishment program for non-violent level one (1) through four (4) offenders (*determined by the Pennsylvania Sentencing Guidelines, 204 Pa. Code § 303, et al.*) with an alcohol and/or drug addiction that has resulted in arrest any may include a violation of county probation and/or parole. Level 1 & 2 offenders are eligible for a Track I disposition. Level 3 & 4 offenders are eligible for a Track II disposition. Additionally, 2<sup>nd</sup> offense\* DUI offenders and minimum threshold felony drug\* offenders may be eligible for a Track II disposition.

Participants (in both tracks) will be offered treatment, housing, vocational training, and relapse prevention modalities instead of jail. Participants are expected attend treatment for the entirety of the program. The participant will be expected to obtain employment and/or pursue an educational/vocational studies while in the program.

**PROCESS:** Applicants must waive preliminary hearing and immediately submit an application for the Drug Treatment Court Program. Applications with an attached copy of the criminal complaint shall be emailed to the District Attorney's Office and the Treatment Court Coordinator (email addresses located within application). Contingent offers for admission into the program will be made by the District Attorney's Office. Applicants will be scheduled for an evaluation (usually within 10 days) to determine eligibility. Accepted eligible applicants will be scheduled for an admission hearing within two (2) weeks in the Delaware County Court of Common Pleas before the Treatment Court Judge.

**TRACK I (Level 1/ Level 2 offenders) POST-PLEA & PREADJICATION:** Applicants will tender a *nolo contendere* plea to the Criminal Information that is filed by the Delaware County Office of the District Attorney. The *nolo contendere* plea held in abeyance pending the participant's enrollment and successful completion of the Program. Successful completion of the Program shall result in the dismissal of the charges and the case will be *nolle prossed*. Failure to successfully complete the program and the all the requirements for any reason shall result in the acceptance of the tendered plea and sentencing.

**TRACK II (Level 3/ 4 Offenders) INTERMEDIATE PUNISHMENT PROGRAM:** Applicants will enter a negotiated guilty plea to the Criminal Information that is filed by the Delaware County Office of the District Attorney and the offender will be sentenced to a period of thirty (30) months county intermediate punishment rather than a lengthy jail sentence as anticipated by the PA Sentencing Guidelines. Failure to successfully complete the program and all of the requirements for any reason shall result in a termination/ Gagnon II hearing before the Treatment Court Judge.

**INCENTIVE:** All participants are eligible for early graduation from Treatment Court (Tracks I & II) in twenty four (24) months if all requirements are met and the participant has been drug-free for the six (6) months leading up to the twenty-fourth (24<sup>th</sup>) month of program participation.

**ELIGIBILITY CRITERIA:** Eligibility is considered on a case by case basis. To be **eligible** to participate, the defendant **must meet the following criteria:**

- **Must be a Delaware County Resident at the time of the offense.**
- **Must have pending new criminal charges.**
- **Needs treatment for addiction and is motivated for recovery.**
- **Willingness to undergo strict court supervision for the entire program.**
- Must undergo a Biopsychosocial evaluation to assess eligibility.
- No prior participation in the Drug Treatment Court Program.
- No prior/ history of violent behavior or weapons convictions.
- Object offense may not involve the possession and/or use of a firearm or any weapon.

**DISQUALIFICATION CRITERIA:** The following is a list that will **disqualify** an applicant from being eligible for the program. *(Note: List below and appended to application is not exhaustive and should be used only as a guide.)*

- Defendant is seriously and persistently mentally ill which renders him/her unable to participate in the structure of the Treatment Court Program.
- Defendant is unwilling/unable to terminate use of lawfully prescribed controlled substances or other substances that affect the integrity and accuracy of drug screening and program participation.
- Defendant is charged with PWID/Manufacture/Delivery of a Controlled Substance exceeding minimum threshold pursuant to the Pennsylvania Sentencing Guidelines or a 2<sup>nd</sup> offense.
- Defendant is charged with a 3<sup>rd</sup> or subsequent DUI offense or any DUI with injury.
- Defendant has been previously admitted in the Treatment Court Program.
- Defendant has a **prior conviction or pending charge for ANY of the following:**
  - Crime of Violence (including Burglary of Habitation)
  - Any case involving possession of a firearm or weapon (misdemeanor or felony)
  - Sexually based offenses and crimes against children
  - PWID/Manufacture/Delivery of a Controlled Substance

### **HOW TO APPLY:**

1. Download application and review all program requirements and eligibility criteria with defense counsel.
2. Complete the application (attached pages 4, 5 & 6) and submit via email to the District Attorney's Office and the Program Coordinator.
3. Application will be reviewed by the District Attorney's Office and defense counsel will receive a response from the District Attorney's Office advising if the applications has been accepted and if the defendant meets eligibility criteria.
4. Accepted applicants will then receive notice to appear for a biopsychosocial evaluation to determine final eligibility.
5. Eligible applicants will receive a notice to appear at an admission/plea hearing before the Treatment Court Program judge only after completing the biopsychosocial evaluation.

## Treatment Court Phases of Supervision – Track I & II

### Phase I: 90 Days

- Intensive Community Supervision
  - Random and Frequent Drug Testing/Substance Free
  - Attend Weekly Treatment Court Review Sessions
  - Complete Intake Assessment & Comply with Treatment Plan/Medication Compliance.
  - Active Participation in Community Based Support Group, i.e. AA/NA, or approved 12 step prgrm
  - Confirmed Sponsor & Home Group
- \*If sanction is given go back 30 days (applies to each phase throughout program)

### Phase II: 180 Days

- Intensive Community Supervision
- Random and Frequent Drug Testing/Substance Free
- Attend Treatment Court Review Sessions Every 2-4 Weeks
- Comply with Treatment Plan/Relapse Prevention Plan/Medication Compliance
- Active Participation in Community Based Support Group, i.e. AA/NA, or approved 12 step prgrm
- Participating in Treatment /Confirmed Sponsor & Home Group
- Integration of Skills Assessment
- Seek Employment/ Education (or other approved use of time, i.e. volunteer work)

### Phase III: 230 Days

- Report to Probation Officer as Directed
- Random and Frequent Drug Testing/Substance Free
- Attend Treatment Court Review Sessions Every 3-6 weeks
- Comply with Treatment Plan/Relapse Prevention Plan/Medication Compliance
- Actively Participate in Community Based Support Group, i.e. AA/NA, or approved 12 step prgrm
- Active with Sponsor/Taking on Commitment(s) in Support Group
- Integration Assessment
- Maintain Employment/ Education (or other approved use of time, i.e. volunteer work).
- Paying Monthly Towards Restitution, Court Costs and Fees

### Phase IV: 230 Days

- Continued Probation Supervision
  - Random and Frequent Drug Testing/Substance Free
  - Treatment Court Review Sessions Every 6-8 Weeks
  - Comply with Treatment Plan/Relapse Prevention Plan/Medication Compliance
  - Integration of Skills Assessment
  - Active Participation in Community Based Support Group, i.e. AA/NA, or approved 12 step prgrm
  - Active with Sponsor/Taking on Commitment(s) in Support Group
  - Maintain Employment/ Education (or other approved use of time, i.e. volunteer work).
  - Paying Monthly Towards Restitution, Court Costs and Fees
- \*To be eligible for graduation the client must have 6 months clean time, prior to graduation.

### Phase V: 180 Days

- Continued Probation Supervision
- Random and Frequent Drug Testing/Substance Free
- Treatment Court Review Sessions Every 8-10 Weeks
- Comply with Treatment Plan/Relapse Prevention Plan/Medication Compliance
- Integration of Skills Assessment
- Actively Participate in Community Based Support Group, i.e. AA/NA, or approved 12 step prgrm
- Active with Sponsor/Taking on Commitment(s) in Support Group
- Maintain Employment/ Education (or other approved use of time, i.e. volunteer work).
- Paying Monthly Towards Restitution, Court Costs and Fees
- Graduation Plan and Present to Peer Panel

**DELAWARE COUNTY TREATMENT COURT APPLICATION**

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Defendant's Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Complete Docket Number: \_\_\_\_\_ OTN: \_\_\_\_\_

Defendant's Attorney: \_\_\_\_\_

Defendant's Attorney's E-mail Address: \_\_\_\_\_

Attorney's Telephone Number: \_\_\_\_\_

**BACKGROUND INFORMATION**

Defendant's Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Sex (M/F): \_\_\_\_\_ Age: \_\_\_\_\_

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

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Phone Number: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Others who reside in home: \_\_\_\_\_

Current Occupation/ Employer/ Name of School: \_\_\_\_\_

Work/School Address: \_\_\_\_\_ City/ State: \_\_\_\_\_

Highest level of School Completed? \_\_\_\_\_ Name of School? \_\_\_\_\_

Are you a United States Citizen? \_\_\_\_\_ If not, please explain: \_\_\_\_\_

What is the name of your Health Insurance Provider: \_\_\_\_\_

Insurance Policy No: \_\_\_\_\_

Name of Primary Care Physician: \_\_\_\_\_

Current Prescribed Medications: \_\_\_\_\_

What is your drug of choice? 1<sup>st</sup> \_\_\_\_\_ How much to you use? \_\_\_\_\_

2<sup>nd</sup>: \_\_\_\_\_ How much to you use? \_\_\_\_\_ 3<sup>rd</sup>: \_\_\_\_\_

Have you had prior substance abuse treatment? \_\_\_\_\_ (Y/N)

If yes, name of treatment facility (Rehab) and dates of treatment:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Have you ever pleaded guilty, or been convicted, or adjudicated as a juvenile, of any crime, including any crime involving violence?** \_\_\_\_\_ (Y/N)

As used in this section, the term "crime of violence" includes but is not limited to murder or homicide, aggravated assault, simple assault, rape, involuntary deviate sexual intercourse, arson, kidnapping, burglary of a structure adapted for overnight accommodation in which at the time of the offense any person is present, robbery, robbery of a motor vehicle, any weapons-related offense, aggravated indecent assault, indecent assault and sexual assault or criminal attempt, criminal conspiracy or criminal solicitation to commit any of the offenses listed above, or an equivalent crime under the laws of this Commonwealth in effect the time of the commission of that offense or an equivalent crime in another jurisdiction.

**If yes,** detail date and location of crime, charges, and how were those charges were resolved?  
\_\_\_\_\_  
\_\_\_\_\_

**Have you ever been placed on §117 Probation without Verdict (35 P.S. §780-117) or §118 Disposition in Lieu of Trial or Criminal Punishment (35 P.S. §780-118)?** \_\_\_\_\_ (Y/N) **If yes,** when and where did it occur? \_\_\_\_\_ Have you ever received a similar disposition to any criminal charge in any other jurisdiction? \_\_\_\_\_

**Are you presently on probation or parole?** \_\_\_\_\_ (Y/N) **If yes, where?** \_\_\_\_\_

**Do you have ANY OTHER pending criminal charges in Delaware County or other jurisdiction?** \_\_\_\_\_ (Y/N)

**If yes, where?** \_\_\_\_\_

**Do you understand that this program prohibits the use and/or possession of alcohol, controlled substances (including prescribed controlled substances), certain prescribed medications/ substances as well as synthetic controlled substances (i.e. "Spice") and any other unlawful substances? (Yes or No)** \_\_\_\_\_

**Are you willing to terminate use of all illegal substances and all lawfully prescribed controlled substances and over-the-counter medications that affect the integrity and accuracy of drug screening and program participation as determined by the treatment court team? (Yes/No)** \_\_\_\_\_

### APPLICANT'S VERIFICATION

I hereby swear or affirm that I have read the foregoing application and that each and every answer to the above questions is true and accurate. I also understand that if any of the information provided above is false or misleading then: (i) my application for admission to the Delaware County Treatment Court Program (hereinafter "Program") will be denied; (ii) I will be removed from the Program and sentenced as provided by law; and/or (iii) I may be charged and prosecuted for additional crimes including but not limited to perjury, false swearing and/or unsworn falsification to authorities.

I also swear or affirm that I have read and understand the description of the Treatment Court Program Requirements and List of Ineligible Offenses attached to this application. I have also had an opportunity to review this material and my application decision with my attorney.

I knowingly, voluntarily and intelligently waive my right to a preliminary hearing; I understand that to apply for the Program I must waive my right to a preliminary hearing; such waiver, however, is not contingent upon my acceptance into the Program.

I understand that if this application is rejected for any reason, then I will be formally arraigned on all pending charges in the Court of Common Pleas of Delaware County as scheduled. I understand that

while this application is pending, all such time is waived by me for purposes of my speedy trial rights under Rule 600.

I understand that if this application is accepted, then I can either (i) agree to be admitted into the program, or (ii) decline admission and proceed directly to formal arraignment.

I understand that if I fail to complete the Treatment Court Program for any reason, then (i) I will be removed from the program; and (ii) I will be sentenced in accordance with applicable laws.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### ATTORNEY'S VERIFICATION

As attorney for the defendant-applicant or counsel advising the defendant on the application process, I have advised the defendant of his/her rights with respect to the charges against him/her. I have also advised the defendant of the content and meaning of the application, Treatment Court Program and waiver of rights.

I verify that it is my belief that the defendant understands the rights, which he/she is, waiving; understands the contents and meaning of this application; and understands the requirements of the Treatment Court Program.

Signature of Attorney: \_\_\_\_\_ Date: \_\_\_\_\_

### SUBMITTING THE APPLICATION:

1. Application (pages 4, 5 & 6 only) shall be completed by the applicant and defense counsel.
2. Application must include an attached **copy of the criminal complaint** of the pending criminal case for which the defendant is seeking admission into the Treatment Court Program.
3. Application submitted without the criminal complaint and supporting affidavit of probable cause attached **will not** be considered.
4. Application **SHALL** be **submitted by e-mail** to the attention of each person listed below:
  - Sharon H. McKenna, Deputy District Attorney, Delaware County District Attorney's Office  
[mckennas@co.delaware.pa.us](mailto:mckennas@co.delaware.pa.us)
  - Linda Barbera, Program Coordinator, Delaware County Probation and Parole Services  
[barberal@co.delaware.pa.us](mailto:barberal@co.delaware.pa.us)
5. Application will be reviewed by the District Attorney's Office to determine eligibility. Defense counsel will receive a response from the District Attorney's Office advising if the applications has been accepted and if the defendant meets eligibility criteria.
6. If the application is accepted, then the candidate will be immediately scheduled for a biopsychosocial evaluation for the program through the Office of Adult Probation & Parole Services.
7. Eligible candidates with approved evaluations will be scheduled for a plea/admission hearing before the Common Pleas Treatment Court Judge.

\_\_\_\_\_ **End of Application** \_\_\_\_\_