

NORTHAMPTON COUNTY RECOVERY COURT
Court of Common Pleas
Third Judicial District
669 Washington Street
Easton, PA 18042

RECOVERY COURT PROGRAM APPLICATION

UPON COMPLETION, PLEASE SUBMIT TO THE NORTHAMPTON COUNTY ADULT PROBATION DEPARTMENT or
the RECOVERY COURT PROGRAM COORDINATOR

DEMOGRAPHIC INFORMATION

Applicant's Name: _____ OTN/Docket #: _____

Aliases (if any): _____ Charges: _____

Address: _____
(STREET) (CITY) (STATE) (ZIP)

United States Citizen: Y N Length of Residency in Northampton County: _____ Phone _____
(YEARS) (MONTHS)

Birthdate: ____/____/____ Birthplace: _____ Height: _____ Weight: _____

Name of Attorney, if applicable: _____ Attorney Phone _____

Sex: M F Other Race: _____ Eye Color: _____ Hair Color: _____

Social Security #: _____ - _____ - _____ Identifying Marks, Tattoos _____

DRIVING INFORMATION

Driver's License/State ID #: _____ Issuing State: _____ License Status: Valid Suspended
(CIRCLE ONE) (CIRCLE ONE)

Vehicle Make & Model: _____ Year: _____ Color: _____

FAMILY INFORMATION

Marital Status: _____ Name of Significant Other: _____

Children: Y N Child Support Obligation? Y N Amount: _____ Current? Y N

Child's Name Gender Date of Birth

_____	Full Custody	Shared Custody	No Custody	Terminated
_____	Full Custody	Shared Custody	No Custody	Terminated
_____	Full Custody	Shared Custody	No Custody	Terminated
_____	Full Custody	Shared Custody	No Custody	Terminated
_____	Full Custody	Shared Custody	No Custody	Terminated

Other Family Resources (please list name, relationship, and address): _____

PRIOR CRIMINAL RECORD

Do you have a prior criminal record? Y N Prior Record Score, if known (counsel, please calculate): _____

If "Yes," please list all prior offenses, including traffic offenses:

DATE	PLACE	CHARGE(S)	RESOLUTION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION, EMPLOYMENT and MILITARY SERVICE

Highest Level of Education Attained & Institution: _____

Present

Employer: _____
(NAME) (ADDRESS) (TELEPHONE NUMBER)

Previous

Employer: _____
(NAME) (ADDRESS) (TELEPHONE NUMBER)

Other Income Sources: _____

Private Health Insurance: Y N Public Health Insurance: Y N Insurer: _____

Military Service? Y N If "Yes," please indicate: _____
(BRANCH) (DATES OF SERVICE)

_____ (HIGHEST RANK ATTAINED) (NATURE OF DISCHARGE)

DRUG HISTORY

Drug(s) of choice, frequency of use: _____

Current and/or Past Drug Treatment:

DATES PROVIDER DISCHARGED SUCCESSFULLY? Y/N

Have you used Medication Assisted Treatment? Y N I don't know If "yes," name: _____

If you have been sober and relapsed, please identify relapse triggers: _____

VERIFICATION: I _____, being duly sworn according to law do depose and say that the facts set forth in the foregoing are true and correct to the best of my knowledge, information and belief and I acknowledge that any false statements contained herein are punishable pursuant to 18 Pa.C.S.A. §4904(b) relating to Unsworn Falsification to Authorities.

SIGNATURE OF APPLICANT

DATE

**IN THE COURT OF COMMON PLEAS OF NORTHAMPTON COUNTY,
PENNSYLVANIA
CRIMINAL DIVISION**

COMMONWEALTH OF PENNSYLVANIA	:	
	:	
v.	:	C-0048-CR-
	:	
_____	:	
Defendant.	:	

RECOVERY COURT ADMISSION COLLOQUY

I. Sentencing.

By execution of this colloquy, I am voluntarily requesting sentencing into the Northampton County Recovery Court Program as (check all that apply):

_____ a probation or parole violator

As a probation or parole violator, I understand and agree that:

_____ If I am admitted to the Recovery Court program, I will be adjudged a violator and sentenced to a term of supervision, to include successful completion of Recovery Court.

_____ While the Recovery Court program is sometimes completed in eighteen (18) to twenty-four (24) months, my supervision may be extended by one or more violation hearings during the program, to allow me to successfully complete the program.

_____ I understand and agree that if I successfully complete the program, I will be subject to period of post-program supervision.

_____ If I do not successfully complete the Recovery Court program, my unsuccessful completion will constitute a violation of my sentence, and I will be removed from the program and resentenced at a violation hearing.

_____ a TCAP applicant

As a TCAP applicant, I understand and agree that:

_____ Successful completion of the Recovery Court program is one component of my TCAP sentence.

_____ My TCAP sentence may include a period of incarceration before my active participation in Recovery Court can begin.

_____ I may complete the Recovery Court program prior to the expiration of my TCAP sentence, at which point I will still be required to participate in TCAP programming until my sentence is complete..

_____ If I do not successfully complete the Recovery Court program, my unsuccessful completion will constitute a violation of my TCAP sentence, and I will be removed from the TCAP program and resentenced at a violation hearing.

II. Rules and Rights.

By execution of this colloquy, I understand and agree to the following:

_____ I understand that the Recovery Court program is premised on open and honest communication, and I will be forthright in all of my communications with the Judge, my Specialized Probation Officer (“SPO”), all members of the Recovery Court team, and my treatment providers.

_____ I will not knowingly supply false information to my SPO or to any member of the Recovery Court Team.

_____ I will inform my SPO if I commit any infractions of Recovery Court rules and I will provide full and true information about any such infraction.

_____ I will report to my SPO as directed.

_____ I will reside at the address provided to my SPO and maintain a valid telephone number, which I will also provide to my SPO. I will not move without prior approval from my SPO and I will advise my SPO as to any changes in my telephone number within twenty-four (24) hours.

_____ I will abide by the rules of this program and I will abide by the laws of any jurisdiction where I am present. If I am arrested, questioned, or stopped by law enforcement for any reason, I will advise my SPO within forty-eight (48) hours. If arrested in another state, I agree to waive extradition back to Pennsylvania. I understand that obtaining new charges or failing to report police contact of any kind constitutes a program violation.

_____ I will authorize the Recovery Court Team to obtain information necessary to my treatment and participation in the program and complete any documentation necessary for said authorization.

_____ I will attend all scheduled appointments as required, and I will arrive on time. I understand that late appearances and missed appointments constitute program violations.

_____ I understand and agree that the primary purpose of my participation in this program is recovery, and I will dedicate myself to my recovery and be honest about it.

_____ I will dress appropriately for all court appearances. If I have questions about appropriate attire, I will ask my SPO or another member of the Recovery Court team.

_____ I will not leave the Commonwealth of Pennsylvania without first obtaining the permission of my SPO.

_____ As directed, I will maintain employment and notify my SPO within seventy-two (72) hours if I lose my job. If I am not employed, I will seek employment unless I am unable to do so (as supported by documentation). If directed to attend employment counseling or educational programming, including GED classes, I agree to do so.

_____ I will obtain permission before voluntarily changing my employment.

_____ I will abide by all Recovery Court policies, procedures, and program requirements.

_____ I understand the 5-Phase Recovery Court program structure (at Section III) and agree to abide by the requirements thereof.

_____ I understand that phase advancement is dependent upon my successful attainment of phase goals.

_____ I understand that if I fail to attain the goals of the program and satisfy requirements, I will be subject to sanction, up to and including program discharge following notice and an opportunity to be heard at a due process hearing.

_____ I will attend and participate in all referred treatment until discharged.

_____ I will support my dependents as required.

_____ I will refrain from the use of alcohol, and the use, unlawful possession, or sale of illegal drugs, or any drug that is not prescribed to me.

_____ I will take all medications as prescribed by my treating physicians, and upon request, I will submit my medications for examination by my SPO or another Recovery Court team member.

_____ I will advise my medical providers that I am in recovery both verbally and by display of the card provided to me by the Recovery Court, and I will provide all discharge summaries, treatment instructions, and other medical documentation to my SPO as requested.

_____ I understand and agree that if I am a Medical Marijuana Cardholder, I must surrender my card as a condition of enrollment in the program, and I may not possess or obtain a card during my time in the program. If I violate this policy, I understand that I Will be immediately listed for a Due Process hearing.

_____ I will submit to random urinalysis as directed.

_____ I understand that I cannot own or possess any weapons or firearms during my participation in the program.

_____ I will refrain from any assaultive or threatening behavior toward others while I am in the program.

_____ I understand and agree that I must pay my treatment costs and make payments on my fines, costs, restitution, and supervision fees, as directed, in accordance with program rules.

_____ Although friendships between and among Recovery Court participants are a natural result of participation in the program, I understand that the primary goal of my Recovery Court participation is my recovery, and my own health and welfare. For that reason, I agree that while I am a Recovery Court participant, I will refrain from engaging in intimate relationships with other Recovery Court participants, I will refrain from engaging in any activity with other Recovery Court participants that is expressly prohibited by the Recovery Court, and I will refrain from contact that although not expressly prohibited, is likely to jeopardize my recovery.

_____ I agree that if I violate any of these rules, or become aware of any violation of these rules by another Recovery Court member, I will report such violation to my SPO within twenty-four (24) hours.

_____ I understand that Recovery Court rules and requirements may change from time to time, and I agree to abide by all directives of the Recovery Court program not expressly set forth herein.

_____ I understand that if I abscond from the Recovery Court program, a bench warrant will be issued for my arrest and detention.

III. Phase Structure

Phase One GOAL: Engaging in Treatment and Establishing Initial Community Recovery Supports

(not less than 60 days in the community)

- Comply with treatments, therapies, and medications

In community:

- Electronic monitoring if not inpatient
- Attend weekly Reinforcement Hearings
- Weekly contact with SPO (office and/or home visits at discretion of SPO)
- Random drug testing a minimum of twice per week
- Attend self-help meetings
- Obtain stable and sober housing (post-inpatient, if applicable)
- Obtain photo ID and Social Security cards if needed
- Obtain medical insurance and other benefits if needed
- Be honest with self and others
- Achieve not less than fourteen (14) consecutive days of sobriety in the community
- Complete Phase Advancement Application

Essay/interview: How Drug Use Has Affected My Life

Phase Two GOAL: Establishing a Daily Routine Rooted in Recovery **(average 100-145 days)**

- Comply with all treatments, therapies, and medications
- Attend bi-weekly Reinforcement Hearings
- Weekly contact with SPO (office and/or home visits at discretion of SPO)
- Random drug testing a minimum of twice per week
- Attend self-help meetings
- Select sponsor and home group
- Obtain full-time employment or schooling, or part-time employment and schooling
- Complete fifteen (15) hours of self-directed volunteer service

- Establish relationship with primary care physician, any specialists, and dentist if not established
- Begin paying costs, fines, and restitution (if applicable)
- Identify interests and seek sober social and recreational activities (minimum 1 per month)
- Be honest with self and others
- Achieve not less than forty-five (45) consecutive days of sobriety in the community
- Complete Phase Advancement Application

Essay/interview: Triggers and Prevention Strategies

Phase Three GOAL: Developing Recovery Supports, Activities of Daily Living, and Sober Social Outlets

(average 100-145 days)

- Comply with treatments, therapies, and medications
- Attend Reinforcement Hearings every three weeks
- Weekly contact with SPO (office and/or home visits at discretion of SPO)
- Random drug testing a minimum of twice per week
- Attend self-help meetings
- Maintain employment and/or schooling
- Obtain stable, clean and sober independent housing if not previously obtained
- Complete ten (10) hours of self-directed volunteer service
- Continue paying costs fines and restitution (if applicable)
- Develop and maintain interests by engaging in sober social and recreational activities (minimum 1 per month)
- Be honest with self and others
- Identify and secure any necessary therapies, programs, or resources for or with dependents and connected family members
- Achieve not less than sixty (60) consecutive days of sobriety in the community
- Complete Phase Advancement Application

Essay/interview: My Long-term Sobriety and Lifestyle Goals

Phase Four GOAL: Developing Long-term Sober Living Goals

(average 100-145 days)

- Comply with treatments, therapies, and medications
- Attend Reinforcement Hearings every four weeks
- Bi-weekly contact with SPO (office and/or home visits at discretion of SPO)
- Random drug testing a minimum of twice per week
- Maintain stable, clean and sober independent housing
- Attend self-help meetings
- Maintain employment and/or schooling
- Complete GED (if applicable and not completed in an earlier phase)
- Complete eight (8) hours of self-directed volunteer service
- Continue developing interests and engaging in sober social and recreational activities (minimum 1 per month)

- Continue addressing relationship with connected family members and the needs of dependents
- Continue paying costs, fines, and restitution (if applicable)
- Be honest with self and others
- Achieve not less than seventy-five (75) consecutive days of sobriety in the community
- Complete Phase Advancement Application

Essay/interview: The Changes That Recovery Has Made in Me and My Life

Phase Five

**GOAL: Maintaining Sober Lifestyle, Giving Back to the Community
(average 100-145 days)**

- Attend Reinforcement Hearings every five weeks
- Bi-weekly contact with SPO (office and/or home visits at discretion of SPO)
- Random drug testing a minimum of twice per week
- Maintain stable, clean and sober independent housing
- Maintain employment and/or schooling
- Continue developing interests and engaging in sober social and recreational activities (minimum 1 per month)
- Develop written relapse prevention plan for Court approval
- Attend self-help meetings
- Continue paying costs fines and restitution (if applicable)
- Be honest with self and others
- Achieve not less than ninety (90) consecutive days of sobriety in the community
- Complete community service project
- **Alumni Ceremony Presentation**

Alumni Status Requirements

- Successfully complete all recommended treatment
- Attain a minimum of ninety (90) consecutive days of sobriety in the community
- Be engaged in a sober living lifestyle, with sober supports and activities
- Obtain gainful, consistent employment or involvement in vocational or academic program
- Maintain a clean, sober and stable living environment
- Have made regular payments on costs, fines and restitution, completing payment during your time in Recovery Court as directed, or have a payment plan set up for any outstanding balance as otherwise directed. In the final twelve (12) months of the program, make monthly payments on costs, fines, and restitution totaling not less than \$600
- Have a written relapse prevention plan
- Complete community service project
- Make Alumni Ceremony presentation

_____ I understand and agree to abide by these requirements, and I further understand that phase length is just an average provided as a guideline and I cannot rely on my phase length following this timeline, as the program is individualized and measured by needs and goal attainment.

IV. Affirmation and Certification

I HEREBY AFFIRM THAT I HAVE READ OR HAD THIS DOCUMENT READ TO ME, I UNDERSTAND IT, I HAVE A FULL AND FAIR OPPORTUNITY TO ASK ALL QUESTIONS I HAVE, I AGREE TO ITS TERMS, AND I AM KNOWINGLY, INTELLIGENTLY, AND VOLUNTARILY SEEKING ADMISSION INTO THE NORTHAMPTON COUNTY RECOVERY COURT PROGRAM.

APPLICANT

DATE

WITNESS (ATTORNEY, IF APPLICABLE)

DATE

NORTHAMPTON COUNTY RECOVERY COURT
Court of Common Pleas
Third Judicial District
669 Washington Street
Easton, PA 18042

RELEASE AND AUTHORIZATION

Attendant with my application to the Northampton County Recovery Court, I, _____ do hereby authorize the Northampton County Recovery Court Team, by and through Northampton County Adult Probation CYNTHIA WIMMER and FRANK TOTO or their designee, Northampton County Drug & Alcohol ERICK BALL or MARY LOU FIGUEROA or their designee, and TCAP personnel (check if applicable) JENNY DUVAL and JORDAN SCOTT or their designee, ("Authorized Entities") to communicate with, receive from and disclose information to the following assessment or treatment provider(s) (list assessing agency and any past treatment providers):

and to share with one another and the rest of the members of the Northampton County Recovery Court team, inclusive of the Presiding Judge, the Problem Solving Court Coordinator, the Public Defender, representatives from Lehigh Valley Drug and Alcohol Intake, Northeast Treatment Centers, Midatlantic Rehabilitation Services, and Treatment Trends, Inc., the following information relative to my participation in the Northampton County Recovery Court:

- _____ My urinalysis results
- _____ My treatment attendance records
- _____ My diagnosis, prognosis, and progress reports setting forth my compliance with treatment
- _____ Discharge Summary
- _____ Other _____
(please specify)

I understand and agree that the sole purpose of the disclosure permitted by this Release and Authorization is to inform the Authorized Entities and their agents of eligibility for participation in the Northampton County Recovery Court. I understand that my treatment records are protected under state law at The Pennsylvania Drug and Alcohol Abuse Control Act (71 P.S. § 1690.101 et seq.) and 4 Pa. Code § 255.5, as well as by federal regulations governing confidentiality of alcohol and drug abuse patient records at 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. Parts 160 & 164. I understand that this consent satisfies the requirements of 42 C.F.R. § 2.31 and 2.35. I also understand that I may revoke this Release and Authorization at any time except to the extent that action has been taken in reliance on it. I further acknowledge that my entry into the Northampton County Recovery Court is contingent upon the continued validity of this Release and Authorization. I further acknowledge that this Release and Authorization will expire upon my admission to or denial from this program. I recognize that pursuant to prevailing law, review hearings are held in an open and public courtroom. I further recognize that it is therefore possible that an observer could be made aware of application to the Northampton County Recovery Court and I specifically consent to disclosure by such means. I acknowledge that I have been advised of my rights, I have received a copy of this consent, I have had the benefit of legal counsel and I am not under the influence of drugs or alcohol. I fully understand my rights and I am voluntarily signing this Release and Authorization.

Participant Signature _____ Date _____

Witness Signature _____ Date _____

THIS RELEASE EXPIRES UPON MY ADMISSION TO OR DENIAL FROM THE NORTHAMPTON COUNTY RECOVERY COURT.

**NORTHAMPTON COUNTY PROBLEM SOLVING COURT
MILITARY QUESTIONNAIRE**

(to be completed by Mental Health and Recovery Court applicants who have served in the Armed Forces)

Name _____ Docket #(s) _____

Branch of Service _____ Enlistment Date _____

Discharge Date _____ Discharge Reason _____

Military Rank _____ Combat Experience Y N

Criminal Convictions Prior to Military Service Y N

If "yes," please list _____

Military Incarceration Y N

If "yes," please list _____

Exposed to Military Sexual Trauma Y N

Other Military Trauma Y N

Suffering from Traumatic Brain Injury Incident to Service Y N

Eligible for VA Benefits Y N If "yes," Receiving VA Benefits Y N

Participating in VA Services Y N If "yes" please list _____

Additional Information _____

(Please attach a copy of your DD214 to this form.)

Signature _____ Date _____