

**BUTLER COUNTY COURT OF COMMON PLEAS
DRUG TREATMENT COURT
REFERRAL FORM**

DEFENDANT: _____ OTN/CR#(s): _____

ADDRESS: _____

DOB: _____ SSN# _____ TELEPHONE # _____

Have you ever served in the military: Y/N Have you served active combat: Y/N Are you a Purple Heart recipient: Y/N

MAY WE SHARE YOUR NAME AND CONTACT INFORMATION WITH THE VETERAN'S ADMINISTRATION: Y/N

CHARGES: _____ DETAINED: Y/N WHERE: _____

Presumptive Qualifying Characteristics

1. Is the defendant a resident of Butler County? (Y)___ (N)___
2. Does the arrest or charge involve a crime of violence against a person? (Y)___ (N)___
3. Does the arrest or charge involve a sex crime? (Y)___ (N)___
4. Does the defendant have any felony convictions for a violent crime in Pennsylvania or another state? (Y)___ (N)___
5. Does the new arrest or charge involve a drug trafficking? (Y)___ (N)___
6. Does the defendant admit to or appear to have a drug and/or alcohol abuse problem? (Y)___ (N)___

If questions # 2, 3, 4, and 5 are NO, and #1 and 6 are YES, the defendant is eligible to apply for the Adult Treatment Drug Court Program.

7. Please provide any other information you feel would be helpful in determining the defendant's eligibility for the Drug Treatment Court Program.

_____ Date: _____

Signature of Magisterial District Judge,
Assistant District Attorney, Arresting Officer,
Prison Official or Defense Counsel

**Please return form to: Adam Kummer
Drug Treatment Court Coordinator/Probation Officer
P.O. Box 1208
Butler, PA 16003
akummer@co.butler.pa.us**

<p>FOR DRUG TREATMENT COURT USE ONLY:</p> <p>___ Eligible ___ Ineligible due to: _____</p> <p>___ Eligible outside guidelines due to: _____</p>
