

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 OFFICE OF JUDGE SLETVOLD.

DEMOGRAPHIC INFORMATION

Arraignment Date (New Charges) ___ / ___ / ___

Applicant Name: _____ CP Docket #: _____

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

OWNED RENTED RESIDE WITH FAMILY OR FRIEND OTHER:

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

Birthdate: ___ / ___ / ___ Birthplace: _____ Height: _____ Weight: _____

Name of Attorney, if applicable: _____ Attorney Email _____

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

Last 4 of 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

_____	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

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): _____

EDUCATION, EMPLOYMENT AND INCOME SOURCES

Highest Level of Education Completed & Institution: _____

Employer: _____
(NAME) (ADDRESS)

Job Title: _____ FT PT SCHEDULE _____

If unemployed, please provide the following information about your most recent employer:

(NAME) (ADDRESS) DATES OF EMPLOYMENT

Income Sources other than Wages/Amount./Frequency _____

Health Insurance Provider: _____ Is this Public Health Insurance? Y N

MEDICAL HISTORY

Medical Providers

PHYSICIAN NAME	ADDRESS	TELEPHONE NUMBER	SPECIALTY

Medical diagnoses, including mental health and substance use disorder diagnoses:

MEDICAL CONDITION TREATMENT HISTORY (including inpatient and outpatient treatment, facility, dates, and indicate successful or unsuccessful completion if applicable):

FACILITY	INPATIENT/OUTPATIENT	DATES	COMPLETED?

MEDICATIONS

NAME	DOSAGE	FREQUENCY	PRESCRIBER

MEDICAL MARIJUANA CARD HOLDER? Y N

Have you used Medication Assisted Treatment? Y N I DON'T KNOW If "yes," type: _____

Describe when your substance use started, the substances you have used, the age/year you started using them, identify any periods of sobriety, and what has prevented you from staying sober:

VERIFICATION: I _____, hereby verify 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 before my sentence is complete, 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 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 any 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 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.

_____ 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:

- 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 already established
- Begin paying costs, fines, and restitution (as 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 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 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

_____ 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. Further, because programming is individualized base on need, I understand that my program requirements may be different than those stated herein.

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 QUESTIONS ABOUT IT, 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

APPLICANT RELEASE AND AUTHORIZATION

Attendant with my application in the Northampton County Recovery Court, I, _____ do hereby authorize the Northampton County Recovery Court Team to receive and review my application and any supporting material, including past treatment information that may be known or made available to the team by any source, to include:

- _____ My treatment and attendance records
- _____ My diagnosis, prognosis, and progress reports setting forth my compliance with treatment
- _____ Discharge Summary

By this Release and Authorization, I grant the Northampton County Recovery Court team, identified as the Northampton County Adult Probation Department (Cynthia Greene-Wimmer, Matthew Cwynar or their designee), TCAP personnel (Yul Heiney or their designee), Certified Recovery Specialist Personnel (Jason Moyer or their designee), Midatlantic Rehabilitation Services (Betsy Martellucci or their designee), NorthEast Treatment Centers (Ryan Flynn or their designee), Pyramid Healthcare (Andrea Smith or their designee), the Presiding Judge (Judge Jennifer Sletvold or their designee), the Problem Solving Court Coordinator (Stephanie Steward or their designee), the District Attorney’s Office (Daniel Polanski or their designee), the Public Defender’s Office (Julia Wilkins or their designee), the Northampton County Prison Recovery Court Liaison (Christopher Williamson or their designee), (collectively “Authorized Agents”) the following information relative to my request for admission to the Northampton County Recovery Court:

I understand and agree that the sole purpose of the disclosure permitted by this Release and Authorization is to inform the Authorized Entities to review my application to the Northampton County Recovery Court, and for the Presiding Judge to make a determination regarding said application to the 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 if I am admitted to the Northampton County Recovery Court program, I agree to execute a Release and Authorization involving the same “Authorized Agents,” permitting them to obtain and share with one another my treatment and program information, and the same will be a requirement of my participation in the Northampton County Recovery Court. I recognize that if I am admitted to the program, I will participate in regular review hearings which, pursuant to prevailing law, are held in an open and public courtroom. I further recognize that it is therefore possible that an observer could be made aware of my treatment and participation in the Northampton County Recovery Court and I understand that my participation in the program will be contingent upon my consent to the same. I acknowledge that I have been advised of my rights, I have been offered and refused a received a copy of this consent, I have had the benefit of legal counsel in reviewing this consent, I am not presently under the influence of any substance that would affect my judgment, I fully understand my rights, and I am voluntarily signing this Release and Authorization.

Applicant Signature _____ Date _____

Witness Signature _____ Date _____

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