NOTICE: IF YOU WANT TO BE CONSIDERED FOR HOUSE ARREST YOU MUST COMPLETE THIS APPLICATION AND MEET DEADLINES

Adams County Probation with Restrictive Conditions (PRC) Pre-Sentence Application

If you want to be considered for a PRC sentence, this application, along with a Release of Information, must be completed and provided to the Department of Probation Services (DPS) ***within five business days of your Preliminary Hearing****. Applications can be obtained or dropped off at the following location: DPS, 525 Boyd's School Road, Suite 500, Gettysburg, PA 17325, or faxed to (717-334-1613). You will be contacted regarding the next steps in the application process*

Defendant's Name: ____
First Middle Last Suffix (Jr., 3rd, etc.)

Physical Address: ____
(Number) (Street) (Apt., Room, Trailer #)

____
(City) (State) (ZIP Code) (County of Residence)

Phone: ______________________ **E-mail Address**: ______________________

Date of Birth: ______________________ **Social Security Number**: ______________________

Primary Language: ☐ English ☐ Other: ______________ Interpreter needed? ☐ Yes ☐ No

Attorney's Name:______________________________

If you reside out-of-state and you are given a sentence that includes house arrest, do you have a residence in Adams County in which you can reside within 30-days of sentencing to complete the house arrest portion of your sentence:

☐ N/A ☐ No ☐ Yes ____

Are you currently serving a sentence of Probation or Parole? ☐ Yes ☐ No

If yes, where are you currently on supervision? ______________________________

Name / Phone Number of Supervising Officer: ______________________________

Have you ever been convicted of or have pending charges for an ineligible offense (see below)? ☐ Yes ☐ No

If yes, list offense and conviction date: ______________________________

Defendant cannot have current or previous convictions for:

18 Pa.C.S.§ 2502 (murder)
18 Pa.C.S.§ 2503 (voluntary manslaughter)
18 Pa.C.S.§ 2702 (aggravated assault)
18 Pa.C.S.§ 2703 (assault by prisoner)
18 Pa.C.S.§ 2704 (assault by life prisoner)
18 Pa.C.S.§ 2901(a) (kidnapping)
18 Pa.C.S.§ 3122.1(a)(1) (statutory sexual assault)
18 Pa.C.S.§ 3301 (arson)
18 Pa.C.S.§ 3502 (burglary, when graded as F1)
18 Pa.C.S.§ 3701 (robbery)
18 Pa.C.S.§ 3923 (theft by extortion)
18 Pa.C.S.§ 4302(a) (incest)
18 Pa.C.S.§ 5121 (escape)

A person who has been convicted or adjudicated delinquent of a crime requiring registration under Title 42 Pa. C.S.A. chapter 97, subchapter H (relating to registration of sexual offenders) is ineligible for this sentencing alternative.

Defendant does not demonstrate a present or past propensity for violent behavior.

Pennsylvania Counseling Services, Inc.

AUTHORIZATION FOR RELEASE OF INFORMATION

Patient ID: ______________________________ External Patient ID: ______________________________
Patient Name: ______________________________ Patient DOB: ______________________________

I, ______________________________ do hereby consent to authorize **Pennsylvania Counseling Services** to disclose to Probation/Parole (Adams County) ______________________________ information from my record(s). The specific information to be disclosed includes:

☑ Admission
☑ Attendance in Treatment
☑ Progress in Treatment
☑ Prognosis/Diagnosis/ Treatment Recommendations
☐ Summary of Treatment
☐ Patient Data Form
☐ Discharge Summary
☐ Progress Notes
☐ Treatment Plans/Aftercare Plans
☐ Initial Evaluation
☐ Psychiatric/Psychological Evaluation
☐ Medical History
☐ Medication Management Notes
☐ Prescription Information
☐ Other ______________________________

I, ______________________________ do hereby consent to authorize **Pennsylvania Counseling Services** to receive from Probation/Parole (Adams County) ______________________________ information from my record(s). The specific information to be received includes:

☑ Admission
☑ Attendance in Treatment
☑ Progress in Treatment
☑ Prognosis/Diagnosis/ Treatment Recommendations
☐ Summary of Treatment
☐ Patient Data Form
☐ Discharge Summary
☐ Progress Notes
☐ Treatment Plans/Aftercare Plans
☐ Initial Evaluation
☐ Psychiatric/Psychological Evaluation
☑ Social History
☐ Evaluations/Assessments
☐ Medication Management Notes
☐ Prescription Information
☐ Medical History and Physical
☐ Other ______________________________

I understand that the information is to be used for the purpose of fulfilling probation/parole requirements

This information is being disclosed from records whose confidentiality may be protected by Pennsylvania Law, Act 63, and/or Pennsylvania P.L. 817, and/or Federal Law 93-282, and/or Code of Federal Regulations, 42 (Drug and Alcohol treatment records). I understand that I have the right to request to inspect materials that shall be released. I understand that I may revoke this authorization at any time by notifying facility staff verbally or in writing. This authorization shall expire six (6) months after discharge unless an earlier date is specified.

If the patient is not in treatment at the time of signing, this authorization will expire three (3) months after signing.

Authorization was REVOKED on ______________ (DATE) at ______________ (TIME)

Facility Staff Signature ______________________________

Mental Health: Patients age 14 or older must sign. Patients under age 14, Parent/Guardian/POA must sign.
Drug and Alcohol: Patient must sign regardless of age.

⊗ ______________________________ ______________________________
Signature ☐ Patient ☐ Parent ☐ Guardian ☐ Power of Attorney Date

______________________________ ______________________________
Signature of Witness Date

Patient has ☐ accepted ☐ rejected a copy of this document.

Revised 6/17