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., 3 rd , 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:		Interpre	eter needed? Yes No
Attorney's Name:				
If you reside out-of-star	te and you are given a	sentence that incl	ludes house arrest, do y	ou have a residence in Adams
County in which you ca	an reside within 30-da	ys of sentencing to	o complete the house ar	rest portion of your sentence:
□ N/A □ No □ Y	⁷ es			
			 	
Are you currently servi	ing a sontange of Drob	ation or Paralo?	☐ Yes ☐ No	
Are you currently servi	ing a sentence of 1 100	ation of Tarole:		
If yes, where are	you currently on super	vision?		
Name / Phone N	Sumber of Supervising (Officer:		
Have you ever been cor	nvicted of or have pen	ding charges for a	n ineligible offense (see	e below)?
If yes, list offens	se and conviction date:			
Defendant can	not have current or pi	revious conviction	s for:	
	.S.§ 2502 (murder)		18 Pa.C.S.§ 3301 (arson))
	.S.§ 2503 (voluntary ma		18 Pa.C.S.§ 3502 (burgla	
	.S.§ 2702 (aggravated a		18 Pa.C.S.§ 3701 (robbe	
	.S.§ 2703 (assault by pr		18 Pa.C.S.§ 3923 (theft l	
	S.§ 2704 (assault by lif		18 Pa.C.S.§ 4302(a) (inc	
	.S.§ 2901(a) (kidnappin		18 Pa.C.S.§ 5121 (escap	
18 Pa.C.	.S.§ 3122.1(a)(1) (statu	tory sexual assault		

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:	ent ID: External Patient ID:				
Patient Name: Patient DOB:					
I,	do hereby con	sent to authorize Pennsylvania Couns	eling Services to disclose to		
Probation/Parole (Adams County) information from my record(s). The speci					
information to be disclosed	· ·		•		
 ☑ Admission ☑ Attendance in Treatment ☑ Progress in Treatment ☑ Prognosis/Diagnosis/ Treatment Recommendations ☐ Other 	 ☐ Summary of Treatment ☐ Patient Data Form ☐ Discharge Summary ☐ Progress Notes 	☐ Psychiatric/Psychological Evaluation	☐ Medication Management Note		
		sent to authorize Pennsylvania Couns information from m	_		
information to be received in	• /		y receru(s). The specific		
 ☑ Admission ☑ Attendance in Treatment ☑ Progress in Treatment ☑ Prognosis/Diagnosis/ Treatment Recommendations ☐ Other 	 ☐ Summary of Treatment ☐ Patient Data Form ☐ Discharge Summary ☐ Progress Notes 	 ☐ Initial Evaluation ☐ Psychiatric/Psychological Evaluation ☑ Social History 	 □ Evaluations/Assessments □ Medication Management Note □ Prescription Information □ Medical History and Physical 		
This information is being Pennsylvania P.L. 817, a records). I understand the this authorization at any discharge unless an earling of the patient is not in tree. Authorization was REVO Facility Staff Signature	g disclosed from records whose cound/or Federal Law 93-282, and/or at I have the right to request to instime by notifying facility staff verer date is specified. Examinent at the time of signing, this occurrence on the state of the state		a Law, Act 63, and/or leohol treatment and that I may revoke bire six (6) months after		
Drug and Alcohol: Patient must s	-	age 14, Parent/Guardian/POA must sign Date			
Signature of Witness Patient has □ accepted □ rejected a	copy of this document.	Date			