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, should 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.)
hysical Address:				
•	(Number)	(Street)	(.	Apt., Room, Trailer #)
	(City)	(State)	(ZIP Code)	(County of Residence)
hone : (C) or (H)		E-mail A	ddress:	
ate of Birth:		_ Social Security N	umber:	
rimary Language:] English		Interpre	ter needed? Yes No
attorney's Name:				
are you currently invo	_	A No Ye	f yes, what type?	No 🗌 Yes
Drug and Alcohol	Mental Health	Name of Provider _		
lave you ever been co	nvicted of or have per	nding charges for a	n ineligible offense (see	below)?
If yes, list offen	se and conviction date:			
Defendant can	not have current or p	orevious convictions	s for:	
18 Pa.C	C.S.§ 2502 (murder)	1	8 Pa.C.S.§ 3301 (arson)	
18 Pa.C	S.S.§ 2503 (voluntary m	nanslaughter) 1	8 Pa.C.S.§ 3502 (burgla	ry, when graded as F1)
	C.S.§ 2702 (aggravated	,	8 Pa.C.S.§ 3701 (robber	• /
	C.S.§ 2703 (assault by p		8 Pa.C.S.§ 3923 (theft b	•
	2.S.§ 2704 (assault by li		8 Pa.C.S.§ 4302(a) (ince	· ·
	2.S.§ 2901(a) (kidnappi		8 Pa.C.S.§ 5121 (escape	:)
18 Pa.C	2.S.§ 3122.1(a)(1) (statu	utory 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.

YORK/ADAMS DRUG &ALCOHOL COMMISSION

CONSENT for RELEASE of INFORMATION

CLIEN <u>T NAME</u>		TODAY's DATE:			
CLIENT D.O.B.					
S.S.N. disclosure of your Social Security verification.)	Number is volunta		of 1974 requires that you be notified that your Social Security Number is for identity		
, 		, do hereby cons	sent to and authorize		
York/Adams Drug and Alcol	nol Commission	to release the f	ollowing information to:		
 Whether I am or a My reported trea The nature of the A brief description A short statement such relapse Other (specify) Furthermore, it has been expourpose of: Providing treatment Coordinating trea 	am not in treatment prognosis treatment prognosis treatment project of my treatment as to whether I related to me & I used to the status reports; and status report of the status	ent t t progress relapsed into drug or alcohol ab understand that the reason for	be restricted to the following: ouse while in treatment and the frequency of the release of the information is solely for the needs;		
Regulations: 42 CFR Part 2 and 4 disclosure is expressly permitted	Pa. Code § 255.5. by the written cons	Federal Regulation 42 CFR, Part 2 p	s are protected by Federal and State Confidentiality prohibits any further disclosure, unless further ains, or as otherwise permitted by such regulations for this purpose.		
the extent that action has been t which there has been a formal a that state I must be in treatment	aken in reliance of i ction by a Judge or o to continue under s late that I cannot r	my consent AND/OR, when applica documentation that the DA is putting such a disposition are in my client revoke the consent to release drug	ing) the York/Adams D&A Commission, except to ble, if I am a client of the criminal justice system in ng me on ARD AND where copies of the legal order record, then and only then, federal regulations 42 & alcohol treatment information to the criminal		
Furthermore, my signature indic	ates that I have bee	n offered a signed copy of this doc	ument.		
Client Signature Expiration Date with specific da	Date te, event, or condit	Witness Signature ions:	Date		

I accepted a copy of this document \square ; I declined a copy of this document \square