LACKAWANNA COUNTY MENTAL HEALTH COURT APPLICATION

Please read and complete this form in its entirety. This information will be used to determine the applicant's eligibility for the Lackawanna County Mental Health Court Program. An incomplete application or missing mental health records may result in applicant's denial for Mental Health Court.

A copy of the current Criminal Complaint MUST be attached.

It is the responsibility of the attorney submitting the referral to provide all information/records regarding the applicant's psychiatric history including treatment and/or hospitalizations. **Records MUST be submitted with referral, or shortly thereafter.**

A copy of the **Frequently Asked Questions** form **MUST** be read and signed by **BOTH** the applicant and the defense attorney.

Submit completed application to:

Julie K. Zaleski Esq.
Deputy Criminal Court Administrator
Lackawanna County Courthouse
200 N. Washington Avenue, 1st floor
Scranton, PA 18503
570-963-6773
Email: zaleskij@lackawannacounty.org or

Lori Sullivan, Court Administrator Assistant
sullivanl@lackawannacounty.org

Please contact Colleen Phillips at 570-496-1736 or phillipsc@lackawannacounty.org for any questions or concerns.

LACKAWANNA COUNTY MENTAL HEALTH COURT

REFERRED BY _____
ADDRESS _____
PHONE _____
FAX _____
EMAIL _____

IS THIS APPLICATION FOR **MENTAL HEALTH COURT** OR FOR **INTERCEPT II**? _____

ARE MENTAL HEALTH RECORDS ATTACHED? _____
IF NOT, HAVE MENTAL HEALTH RECORDS BEEN REQUESTED BY ATTORNEY? _____

NAME OF APPLICANT _____ DATE _____

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

PRESENT LEGAL ADDRESS _____
_____

PHONE NUMBER _____

ALTERNATE PHONE NUMBER _____

RESIDES WITH WHOM _____

HOW LONG AT THIS ADDRESS _____

COUNTY OF RESIDENCE _____

CURRENTLY IN LACKAWANNA COUNTY PRISON? _____

CURRENTLY HAVE A PROBATION OFFICER? _____
IF YES, WHO? _____

MARITAL STATUS _____ CHILDREN _____

OCCUPATION _____ VETERAN _____

DATE OF ARREST _____

CURRENT CHARGES _____
_____
_____

NEXT COURT DATE _____

EXPLAIN HOW MENTAL HEALTH FACTORED INTO ARREST _____
_____
_____

CURRENTLY RECEIVING MH TREATMENT? _____

IF YES, WHERE? _____

MENTAL HEALTH DIAGNOSES _____

CURRENT TREATING PSYCHIATRIST _____

CURRENT TREATING THERAPIST_____

CURRENT PSYCHIATRIC MEDICATIONS AND DOASGES _____

PREVIOUS MENTAL HEALTH TREATMENT AND/OR PSYCHIATRIC HOSPITALIZATIONS: (PROVIDE LOCATIONS & DATES) _____

CURRENT ISSUES WITH SUBSTANCE ABUSE? _____

PAST ISSUES WITH SUBSTANCE ABUSE? _____

CURRENTLY RECEIVING TREATMENT FOR SUBSTANCE ABUSE? _____

IF YES, PROVIDE LOCATION & DATES OF TREATMENT _____

PRIMARY CARE PHYSICIAN _____
MEDICAL ISSUES _____

MEDICATION FOR MEDICAL ISSUES _____