

Mifflin County Intermediate Punishment Program Application

Supervised Bail

Intermediate Punishment

Adult Treatment Court

Personal Information

Last name _____ First name _____ M. Initial _____

D.O.B. _____ Age: _____ Social Security No. _____

Place of Birth _____ Sex _____ Race _____

Height _____ Weight _____ Eyes _____ Hair _____

Scars/Tattoos _____

Any other names you have been known by _____

Living

Address _____ City _____

State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email _____

Other People Living There:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Legal Information

Case Number _____ OTN _____

Charge(s) _____ *Codefendant(s) If NOT DUI

Arrest Date _____ Arresting Agency _____

Attorney _____

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DUI Charges

What was your Blood Alcohol Level (BAC)? _____

Any controlled substances or prescription medications in your blood: Yes or No

List _____

Do you have any other charge(s) pending against you, including lower court or other county or state? Explain _____

Are you currently on probation or parole?: Yes or No If yes, where? _____

Length of Supervision _____ Probation Officer _____

Prior Record

<u>Offense</u>	<u>County/State</u>	<u>Disposition</u>	<u>Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Vehicle Information (DUI's)

Vehicle Make _____ Model _____ Year _____ Color _____

License Plate # _____ State _____ Owner _____

Operator's License # _____

Employment/Financial

Employer _____ Occupation _____

Address _____

City _____ State _____ Zip Code _____

Phone # _____ Supervisor _____

Length of Employment _____ Net Income; weekly/yearly _____

Unemployed: How long _____

Other income _____ Amount received _____

Real Estate

<u>Location</u>	<u>Type</u>	<u>Value</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Bank Accounts

<u>Bank</u>	<u>Address</u>	<u>Type</u>	<u>Balance</u>
_____	_____	_____	_____
_____	_____	_____	_____

Financial Obligations

Rent/Mortgage _____ Car Payment _____
Fines or Restitution _____ Other _____

Education/Military

Highest grade completed _____
High School Diploma: Yes or No GED: Yes or No
Are you currently in school? _____ Where? _____
Military Branch: Yes or No Branch _____
Currently Serving: Yes or No Date of Discharge _____
Do you receive services through the VA: Yes or No
Type _____

Family

Mother's name _____ Phone # _____
Address _____
Father's name _____ Phone # _____
Address _____
Marital status _____ Spouse's name _____
Address _____
Number of Children _____ Support ordered: Yes or No Amount _____

<u>Children's names</u>	<u>Age</u>	<u>Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Contact (other than above)

Name _____ Relationship _____
Address _____ Phone # _____

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Treatment/Health

Drug and Alcohol History:

<u>Drug(s) Used (including alcohol)</u>	<u>Frequency/Amount</u>	<u>Last Used</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been assessed for a drug/alcohol problem?: Yes or No

List and any outpatient or inpatient treatment

<u>Place</u>	<u>Counselor</u>	<u>Date</u>	<u>Length of Treatment</u>
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever attended AA/NA? Yes or No Last attended _____

Any health problems resulting from your drug/alcohol use?: Yes or No

List: _____

Are you currently receiving any treatment for a medical condition?: Yes or No

<u>Diagnosis</u>	<u>Treatment</u>	<u>Doctor</u>
_____	_____	_____
_____	_____	_____

Are you currently receiving any treatment for a mental health illness?: Yes or No

<u>Diagnosis</u>	<u>Treatment</u>	<u>Provider</u>
_____	_____	_____
_____	_____	_____

Are you currently prescribed any medication for medical or mental health issues?: Yes or No

List _____

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Are there any health issues that would preclude you from gaining employment or participating in community service?:

Yes or No

Explain _____

Do you have any standing, lifting or other physical limitations?: Yes or No

Explain _____

If you qualify for the County Intermediate Punishment Program, sentencing must take place within 60 days of our receipt of this application. Once that time has passed, the recommendation to the court will be for a standard guideline sentence.

I understand that if accepted into the CIP Program, I will be sentenced the same day as my guilty plea and will be required to surrender my driver's license at that time.

Applicant

Date

I understand that any false information herein will result in automatic denial of the application.

Mifflin County Probation/ Parole Authorized Personnel

Date Received: _____

Received By: _____

RANT: _____

Approved: _____

Denied: _____

Date: _____

By: _____