

**APPLICATION
LANCASTER COUNTY
FAMILY DRUG COURT**

1. APPLICANT INFORMATION

Name of applicant	Date of birth	Soc. Security #
other names used (past or present)		
Street address	Home phone #	Cell phone #
City	State	Zip code
Emergency contact name and phone #	Emergency contact name and phone #	
Name of attorney representing applicant		

2. CHILD/CHILDREN INFORMATION

child #1 (name)	date of birth & age
child #1 current placement	
child #1 mother's name	child #1 father's name
child #1 mother's address	child #1 father's address
Is paternity established? ____yes ____no If yes, how?_____	

child #2 (name) _____

date of birth & age _____

child #2 current placement _____

child #2 mother's name _____

child #2 father's name _____

child #2 mother's address _____

child #2 father's address _____

Is paternity established? ____yes ____no If yes, how? _____

child #3 (name) _____

date of birth & age _____

child #3 current placement _____

child #3 mother's name _____

child #3 father's name _____

child #3 mother's address _____

child #3 father's address _____

Is paternity established? ____yes ____no If yes, how? _____

child #4 (name) _____

date of birth & age _____

child #4 current placement _____

child #4 mother's name _____

child #4 father's name _____

child #4 mother's address _____

child #4 father's address _____

Is paternity established? ____yes ____no If yes, how? _____

child #5 (name) _____

date of birth & age _____

child #5 current placement _____

child #5 mother's name _____

child #5 father's name _____

child #5 mother's address _____

child #5 father's address _____

Is paternity established? ____yes ____no If yes, how? _____

3. COURT INFORMATION

Juvenile Court case number _____ Date adjudicated _____

Mother's attorney _____

Father's attorney _____

Guardian ad Litem _____

Other parties involved and their attorneys: _____

Are any criminal charges pending for any parent? ____yes ____no

If yes, who has charges pending? _____

What are the current charges? _____

What is the status of current charges? _____

When is the next court hearing for the current charges? _____

Who represents the individual charged? _____

Is any parent currently involved in any other Drug Court? ____yes ____no

Has any parent previously participated in any other Drug Court? ____yes ____no

Are any of the children currently in any other Drug Court? ____yes ____no

Have any of the children previously participated in any other Drug Court? _____ y e s
____no

4. TREATMENT INFORMATION

Has applicant had a recent drug/alcohol evaluation? ____yes ____no

If yes, who/what agency completed the evaluation? _____

(Please attach a copy of evaluation)

When was most recent evaluation completed? _____

What was/is the recommended level of treatment? _____

Is applicant currently in a treatment program? ____yes ____no

If yes, when did treatment start? _____

What agency is providing treatment? _____

Has applicant had prior treatment? ____yes ____no

If yes, where and when: _____

Are any other service providers working with the applicant or family? ____yes ____no

If so, who and for what purpose are they providing services?_____

By signing this application I am certifying that all of the information contained herein is true. Any information that is left out or that is incorrect may affect whether I am accepted into or allowed to stay in the Family Drug Court Program.

Dated this ____day of _____, 200____.

Applicant Signature