

CONSOLIDATED, ARRAIGNMENT, PLEA, AND SENTENCE

INTERMEDIATE PUNISHMENT PROGRAM

DUI OFFENDERS

APPLICATION

Pike County Probation

506 Broad Street

Milford, PA 18337

570-296-7412

EACH AND EVERY LINE MUST BE INITIALED
DRUG AND ALCOHOL ASSESSMENT AND TREATMENT

**ALL APPLICANTS MUST HAVE A DRUG/ALCOHOL ASSESSMENT AS PART OF THE
APPLICATION PROCESS**

DUI APPLICANTS

1. A COURT REPORTING NETWORK (CRN) EVALUATION MUST BE SCHEDULED WITH PIKE
COUNTY CATHOLIC SOCIAL SERVICES. INITIAL _____

2. YOU MUST SCHEDULE A DRUG AND ALCOHOL ASSESSMENT WITH PIKE COUNTY
CATHOLIC SOCIAL SERVICES. INITIAL _____

INSTRUCTIONS FOR COMPLETING THE INTERMEDIATE PUNISHMENT PROGRAM APPLICATION

D.U.I. OFFENDERS

Please read this page before completing the application!

To guarantee your application will be processed in time for court, you **MUST RETURN THIS APPLICATION** (which includes completion of all requirements listed within) at the date & time of your scheduled Pre-Sentence Investigation Interview. You may contact the Adult Probation & Parole Office at any time with questions regarding the completion of the application. Please ask to speak with an IPP Officer when you call.

The application process for the Intermediate Punishment Program consists of three parts:

- Part 1) Completing a full Drug/Alcohol Assessment and be in compliance with Drug and/or Alcohol Treatment as a part of sentencing.
- Part 2) Completing and returning the attached application to the Adult Probation/ Parole Office at the time of your Pre-Sentence Investigation Interview.
- Part 3) Prior to sentencing, you **MUST** schedule your Alcohol Safe Driving Classes.

Check list:	Date completed
_____ CRN Evaluation completed at Pike County Catholic Social Services 570-296-1054	_____
_____ Alcohol Safe Driving Classes are scheduled to start:	_____
_____ Full Drug and Alcohol Assessment completed on:	_____
_____ IPP Application is thoroughly completed.	

IN CONJUNCTION WITH THIS APPLICATION THE PIKE COUNTY PROBATION OFFICE WILL BE CONDUCTING A PRE-SENTENCE INVESTIGATION FOR THE COURT. THIS APPLICATION MUST BE RETURNED AT THE DATE & TIME OF YOUR SCHEDULED PRE-SENTENCE INVESTIGATION INTERVIEW.

DEFENDANT'S SIGNATURE DATE

In order to process your application
All Information Must Be Accurate and Complete.

Failure to provide the information
may result in a delay or denial of the application.

DEFENDANT/FAMILY INFORMATION

Name: Last _____ FIRST _____ MI _____

ALSO KNOWN AS: _____

CITY/STATE OF BIRTH _____

SEX: M OR F RACE: _____ DOB _____ SOCIAL SECURITY NO: _____

EYE COLOR: _____ HAIR COLOR: _____

SCARS: _____ MARKS: _____

TATTOOS: _____

HOME ADDRESS: _____ APT# _____ CITY: _____

TOWNSHIP: _____ STATE: _____ ZIP CODE: _____

HOME TELEPHONE#FOR EHS/GPS _____ HOW LONG AT ADDRESS _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____

(IF DIFFERENT)

MARITAL STATUS: _____ SPOUSE'S NAME _____ NO. OF CHILDREN: _____

NAME AND RELATIONSHIP OF PERSON(S) YOU RESIDE WITH (You must list everyone)

EDUCATION: LESS THAN GRADE 12 GRADE 12 OR G.E.D MORE THAN GRADE 12

ARE YOU IN SCHOOL: YES OR NO, IF YES WHERE _____

MILITARY BRANCH: _____ NO. OF YEARS: _____ DISCHARGED: _____

ACTIVE _____ INACTIVE _____ TYPE OF DISCHARGE _____

FINANCIAL/EMPLOYMENT

UNEMPLOYED: YES OR NO _____ LENGTH OF TIME UNEMPLOYED: _____

OCCUPATION: _____ COMPANY NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE NO. _____ HOW LONG EMPLOYED _____

NET INCOME: \$ _____ WEEKLY OR BIWEEKLY OR MONTHLY _____

WORK HOURS: _____ (SPECIFY DAYS AND HOURS) _____

IMMEDIATE SUPERVISORS NAME: _____

WORK PERFORMED IS: IN STATE _____ OUT OF STATE _____ BOTH _____

OTHER FINANCES

SOCIAL SECURITY: YES OR NO AMOUNT: _____ EVERY MONTH
WELFARE: YES OR NO AMOUNT: _____ EVERY MONTH

DO YOU RECEIVE SPOUSAL/CHILD SUPPORT: YES OR NO AMOUNT: _____
DO YOU PAY YOUR COURT ORDERED SUPPORT: YES OR NO AMOUNT: _____
NAME OF CREDIT CARDS IN YOUR NAME: _____
DO YOU HAVE A CHECKING ACCOUNT: YES OR NO & NAME OF BANK _____

VEHICLE INFORMATION

VEHICLE MAKE: _____ MODEL: _____ COLOR _____
OPERATORS LICENSE _____ STATE _____
LICENSE PLATE NO. & STATE _____ OWNER: _____

DEFENDANT'S FAMILY

FATHER'S NAME: _____
MOTHERS MAIDEN NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE _____
TELEPHONE: _____

EMERGENCY CONTACT PERSON(S)

YOU MUST LIST TWO (OTHER THEN THOSE ALREADY LISTED ABOVE)

1 NAME: _____ RELATIONSHIP: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE _____

2 NAME: _____ RELATIONSHIP _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE _____

DEFENDANT'S SIGNATURE DATE

INFORMATION SHEET

1. WHAT CRIMINAL OFFENSE(S) ARE YOU CHARGED WITH? (YOU MUST LIST ALL)
2. WHAT DATE(S) WERE YOU ARRESTED?
3. WHAT POLICE DEPARTMENT ARRESTED YOU?
4. IF DUI, WHAT WAS THE BLOOD ALCOHOL LEVEL FOR EACH OFFENSE? IF THIS WAS A REFUSAL, PLEASE NOTE REFUSAL. THIS QUESTION IS MANDATORY.
5. WAS IT A BLOOD TEST OR BREATHALYZER?
6. WERE THERE ANY CONTROLLED SUBSTANCES OR PRESCRIPTION MEDICATIONS IN YOUR BLOOD?
7. WHO WAS IN THE CAR WITH YOU AT THE TIME OF THIS DUI? YOU MUST LIST ALL OCCUPANT'S NAMES AND MINORS AGES.
8. WAS THERE AN ACCIDENT INVOLVED IN THE INCIDENT? IF YES, EXPLAIN AND DESCRIBE ANY INJURIES.
9. WHO IS YOUR ATTORNEY OF RECORD? (NAME, ADDRESS, PHONE NUMBER)
10. HAVE YOU EVER LIVED IN ANOTHER STATE? IF YES, WHERE AND WHEN.
11. HAVE YOU EVER LIVED IN ANOTHER COUNTRY? IF YES, WHERE AND WHEN.
12. LIST ANY OTHER NAMES YOU HAVE BEEN KNOWN BY (MAIDEN, PREVIOUS MARRIED NAMES, ALIAS, ETC)
13. BESIDES THE CHARGE(S) FOR WHICH YOU ARE APPLYING, DO YOU HAVE ANY OTHER PENDING CHARGES? IF YES, EXPLAIN.
14. ARE YOU CURRENTLY ON PROBATION OR PAROLE?
15. IF YES, WITH WHAT STATE OR COUNTY ARE YOU ON SUPERVISION?
16. WHO IS YOUR PROBATION/PAROLE OFFICER? (PLEASE SUPPLY PHONE NUMBER)

17. LIST ALL PRIOR JUVENILE & ADULT ARRESTS :

DATE	OFFENSE	STATE/COUNTY	DISPOSITION

INITIAL _____

**CIRCUMSTANCES UNDER WHICH YOU WILL BE DENIED THE
INTERMEDIATE PUNISHMENT PROGRAM**

Reasons the Program staff will recommend DISAPPROVAL of the Intermediate Punishment Program include, but are not limited to the following.

1. The defendant's failure to follow through with efforts to implement the Intermediate Punishment Program.
INITIAL_____

2. The defendant's failure to comply with previous periods of Probation/Parole to the extent that compliance with the terms of the Intermediate Punishment Program is unlikely.
INITIAL_____

3. The current offense involves serious injury to another person.
INITIAL_____

4. The defendant has been convicted of a violent offense within the last 10 years, as defined by statute: 42 Pa. C.S.A. 9802.
INITIAL_____

5. The defendant committed the current offense while on supervised parole or while serving an Intermediate Punishment Sentence.
INITIAL_____

6. The defendant exhibits violent propensities.
INITIAL_____

7. At the time of this offense a defined minor was present in the vehicle.
INITIAL_____

8. Your residence is not equipped with a land-line telephone.
INITIAL_____

INTERMEDIATE PUNISHMENT PROGRAM ELECTRONIC/GPS MONITORING

ELECTRONIC /GPS MONITORING CONSISTS OF A MONITOR THAT IS CONNECTED TO THE TELEPHONE LINE AND A TRANSMITTER WORN ONLY AROUND THE ANKLE. THE UNIT WILL MONITOR THE DEFENDANTS ACTIVITY.

1. WHILE ON ELECTRONIC /GPS MONITORING YOU ARE PERMITTED TO LEAVE YOUR RESIDENCE FOR THE FOLLOWING REASONS ONLY, AND ONLY WITH PRIOR AUTHORIZATION FROM YOUR PROBATION OFFICER.
 - A: WORK (EXCEPTION: WORKING AS A BARTENDER OR IN ANY POSITION REQUIRING THE DIRECT SERVING OF ALCOHOL IS PROHIBITED WHILE ON I.P. ELECTRONIC/GPS MONITORING. YOU MAY CONTINUE YOUR EMPLOYMENT, BUT YOU MUST BE MOVED TO ANOTHER POSITON FOR THE DURATION OF THE PROGRAM).
 - B: DRUGS/ALCOHOL AND /OR MENTAL HEALTH TREATMENT.
 - C: DOCTOR'S APPOINTMENTS FOR YOURSELF OR A MINOR IN YOUR CUSTODY AND ONLY WHEN YOU ARE THE ONLY ADULT IN THE HOME.
 - D: ALCOHOL SAFE DRIVING PROGRAM
 - E: WEEKLY APPOINTMENTS WITH YOUR PROBATION OFFICER. INITIAL _____

2. WHILE ON ELECTRONIC/GPS MONITORING YOU MUST REPORT AS DIRECTED BY YOUR SUPERVISING PROBATION OFFICER. INITIAL _____

3. YOU MUST REMAIN WITHIN THE INTERIOR OF THE DWELLING WHEN NOT AT ONE OF THE ABOVE APPROVED LOCATIONS. THIS MEANS NO PORCH, DECK, YARD, ETC. INITIAL _____

4. WHILE ON ELECTRONIC/GPS MONITORING YOU MUST PAY A ELECTRONIC/GPS MONITORING FEE OF \$10.00 PER DAY. INITIAL _____

5. YOU MUST COMPLY WITH THE SET SCHEDULE, (WHICH IS INTENDED TO BE PERMANENT), INCLUDING THE FOLLOWING:
 - A) THE APPROVED LEAVE AND RETURN TIMES
 - B) THE DESIGNATED LOCATION INITIAL _____

6. YOU MUST HAVE AND MAINTAIN A WORKING LAND-LINE TELEPHONE IN THE RESIDENCE THROUGHOUT THE PERIOD OF ELECTRONIC/GPS MONITORING. THIS NUMBER MAY NOT BE CHANGED INITIAL _____

7. YOU MUST HAVE AND MAINTAIN A LEGAL RESIDENCE THROUGHOUT THE PERIOD OF ELECTRONIC/GPS MONITORING. THIS RESIDENCE MAY NOT BE CHANGED. INITIAL _____

8. PHONE LINES MAY NOT HAVE ANY ENHANCEMENTS SUCH AS:
- A. CALL WAITING, CALL FORWARDING
 - B. ANSWERING MACHINE, ANSWERING SERVICE , ANSWERING SERVICE THROUGH THE TELEPHONE COMPANY.
 - C. FAX MACHINE
 - D. COMPUTER MODEM
 - E. COMPUTER
 - F. CALLER ID, CALLER ID BLOCK, LINE BLOCKING
 - G. MULTIPLE LINE PHONE
 - H. SPLITTER, MULTIPLE LINE JACK
 - I. VERIZON DSL
 - J. SATELLITE EQUIPMENT, ALARM SYSTEM,AND/OR SIMILAR DEVICE
 - K. OR ANY OTHER ENHANCEMENT THAT WILL INTERFERE WITH THE OPERATION AND FUNCTION OF THE ELECTRONIC HOME CONFINEMENT EQUIPMENT.
- INITIAL_____
9. THE PHONE LINE MUST BE EQUIPPED WITH A MODERNIZED PHONE JACK (NOT HARD WIRED)
- INITIAL_____
10. THE TRANSMITTER CANNOT BE SUBMERGED IN WATER (BATHTUB,WHIRLPOOL,JACUZZI, ETC)
- INITIAL_____
11. IF YOU ARE ON ELECTRONIC/GPS MONITORING OVER A MAJOR HOLIDAY YOU WILL BE ON A 24 HOUR CURFEW UNLESS YOU PROVIDE WRITTEN VERIFICATION THAT WORK IS MANDATORY.
- INITIAL_____
12. THE ELECTRONIC/GPS MONITORING UNIT WILL NOT BE REMOVED UNTIL THE MINIMUM NUMBER OF ELECTRONIC/GPS MONITORING DAYS ORDERED HAVE BEEN SERVED.
- INITIAL_____
13. YOU ARE NOT TO POSSESS OR CONSUME ANY ALCOHOL AND ALL ALCOHOL AND NON-PRESCRIBED DRUGS MUST BE REMOVED FROM THE RESIDENCE.
- INITIAL_____
14. NO FIREARMS OR OFFENSIVE WEAPONS ARE PERMITTED IN THE RESIDENCE UNDER ANY CIRCUMSTANCES. YOU AND PROPERTY UNDER YOUR CONTROL WILL BE SUBJECT TO WARRANTLESS SEARCH FOR REASONABLE CAUSE.
- INITIAL_____

15. YOU MAY BE SUBJECT TO ARREST WITH OR WITHOUT A WARRANT IMMEDIATELY FOLLOWING A VIOLATION OF ELECTRONIC/GPS MONITORING.

INITIAL _____

16. YOU WILL BE HELD RESPONSIBLE FOR ANY DAMAGE OTHER THAN NORMAL WEAR TO THE ELECTRONIC/GPS MONITORING EQUIPMENT AND COMPONENTS. IF THE EQUIPMENT IS NOT RETURNED IN GOOD CONDITION YOU MAY BE CHARGED FOR THE REPLACEMENT/REPAIR AND YOU MAY BE SUBJECT TO CIVIL AND /OR CRIMINAL PENALTIES.

INITIAL _____

NAME: _____ SIGNATURE: _____

DATE: _____