

Problem-Solving Court Application

Mental Health Court / Veteran's Court / Drug Court

61. East Main Street

Uniontown, Pa 15401

Phone - (724) 430-1313

Fax - (724) 430-1001

Date of Application: _____ Housing Needs? Yes No

Court to which would like to be considered (circle one): Mental Health Court Veteran's Court Adult Drug Court

Defendant's Name: _____ DOB: ____/____/____

Gender: M F Race: _____ Social Security Number: _____ - _____ - _____

Address: _____

Phone Number: _____

Criminal Charge(s): _____

Case #(s) _____

Trial Status: Preliminary Hearing Formal Arraignment Pre-trial Conference Trial Date: _____

Is client currently receiving treatment? Y N If yes, where: _____

Drug and Alcohol Use: Y N

Alleged Mental Health Dx: _____ Alleged Substance Abuse Dx: _____

Referral Source: _____ Referral Source Phone #: _____

Branch of Service (if applicable): _____ Length of Service: _____

Type of Discharge: _____

History of VA services: _____

I wish to be considered or to refer the above individual for the Fayette County Problem-Solving Court Program. The following must be attached: **Criminal or MDJ Docket, Criminal Complaint, Affidavit of Probable Cause.**

Applicants Signature: _____

Or

Referral Source Signature: _____