

**INTERMEDIATE PUNISHMENT PROGRAM
APPLICATION**

Chester County Adult Probation and Parole
201 West Market Street
Suite 2100
P.O. Box 2746
West Chester, PA 19380-0989

INSTRUCTIONS FOR COMPLETING THE INTERMEDIATE PUNISHMENT PROGRAM APPLICATION

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 least **30 days prior to your sentencing date.** 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 at a Department of Health Licensed Treatment Facility and be in compliance with Drug/Alcohol Treatment as a part of sentencing.
(Please see following page for facilities)
- Part 2) Completing and returning the attached application to the Adult Probation/Parole Office in *PERSON* with a copy of the Drug/Alcohol Assessment at least 30 days prior to sentencing.
- Part 3) Prior to sentencing, you **MUST** pay for and schedule your Alcohol Safe Driving Classes at COAD (610) 363-6164.

Check if Completed	Date Completed
<input type="checkbox"/> CRN Evaluation completed at C.O.A.D. 610-363-6164.	_____
<input type="checkbox"/> Alcohol Safe Driving Classes are scheduled to start:	_____
<input type="checkbox"/> Full Drug and Alcohol Assessment completed on:	_____
<input type="checkbox"/> What facility completed the D/A Assessment: _____	_____
<input type="checkbox"/> Copy of CRN and Full D/A Assessment are attached to the IPP Application.	
<input type="checkbox"/> IPP Application is thoroughly completed.	

After completing the attached application and when you are able to indicate each of the above steps is completed, bring the application and a copy of the Drug and Alcohol Assessment to the Adult Probation Department on the first floor of the Chester County Courthouse in West Chester.

THE APPLICATION MUST BE RETURNED IN PERSON BY THE APPLICANT BETWEEN THE HOURS OF 9:00 AM AND 3:00 PM. WE ARE UNABLE TO ACCEPT AN IPP APPLICATION WITHOUT A COPY OF THE DRUG/ALCOHOL ASSESSMENT.

Treatment Providers

Chester Counseling Center
701 Main Street
Phoenixville, PA 19460
(610) 933-8880

Gaudenzia, Inc.
West Chester Plaza
110 Westtown Road, Suite 115
West Chester, PA 19380
(610) 429-1414

Holcomb Counseling
920 E Baltimore Pike
Kennett Square, PA 19348
(610) 388-9225

CeJa Associates
35 N. 3rd St.
Oxford, PA. 19363
(610) 888-5001 or
(610) 344-0554

Gaudenzia Coatesville
31 South 10th Avenue Suite 8
Coatesville, PA 19320

Pathway Counseling Services
811 West Chester Pike
West Chester, PA. 19382
(610) 269-8396

Center for Addictive Diseases - Mainline Behavioral Health
Oaklands Corporate Center, Suite 800
479 Thomas Jones Way
Exton, PA 19341
610-648-1130

**** YOU MAY OBTAIN A DRUG/ALCOHOL ASSESSMENT AT ANY DEPARTMENT OF HEALTH LICENSED TREATMENT PROGRAM. THE LIST IS NOT LIMITED TO THE ABOVE!**

A REQUIREMENT OF THIS PROGRAM IS THAT YOU UNDERGO A DRUG AND ALCOHOL ASSESSMENT AT A DEPARTMENT OF HEALTH LICENSED TREATMENT PROGRAM. YOU ARE ALSO REQUIRED TO BE IN COMPLIANCE WITH THE RECOMMENDED TREATMENT AS A PART OF SENTENCING. YOU MUST SCHEDULE THIS ASSESSMENT AND HAVE IT COMPLETED PRIOR TO SUBMITTING THIS APPLICATION TO THE ADULT PROBATION AND PAROLE DEPARTMENT. A COPY OF THE ASSESSMENT MUST ACCOMPANY YOUR APPLICATION.

INITIAL_____

**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.**

INITIAL_____

DEFENDANT/FAMILY INFORMATION

NAME: LAST _____ FIRST _____ M.I. _____

ALSO KNOWN AS: _____

DATE OF BIRTH: _____ AGE: ____ SOCIAL SECURITY NO: _____

CITY/STATE OF BIRTH: _____, _____

SEX: M OR F RACE: _____ HEIGHT: _____ WEIGHT: _____

EYE COLOR: _____ HAIR COLOR: _____

SCARS: _____ MARKS: _____

TATTOOS: _____

HOME ADDRESS: _____ APT # _____ CITY: _____

TOWNSHIP: _____ STATE: _____ ZIP CODE: _____

HOME TELEPHONE #: _____ CELLULAR TELEPHONE #: _____

TELEPHONE # FOR EHC/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 OR GRADE 12 OR G.E.D. OR MORE THAN GRADE 12

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

MILITARY BRANCH: _____ NO. OF YEARS: _____ 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 BI-WEEKLY OR MONTHLY

WORK HOURS (SPECIFY DAYS AND HOURS) _____

IMMEDIATE SUPERVISORS NAME: _____

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 COURT ORDERED SUPPORT: YES OR NO AMOUNT: _____

VEHICLE INFORMATION

VEHICLE MAKE: _____ MODEL: _____ COLOR: _____

OPERATOR'S LICENSE NO.: _____ STATE: _____

LICENSE PLATE NO. _____ OWNER: _____

DEFENDANT'S FAMILY

MOTHER'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NO.: () _____

FATHER'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NO.: () _____

EMERGENCY CONTACT PERSON(S)

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

A) NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NO.: () _____

B) NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NO.: () _____

DEFENDANT'S SIGNATURE

DATE

PROBATION OFFICER

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 MEDICATION 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 AGES.

8. WAS THERE AN ACCIDENT INVOLVED IN THE INCIDENT? IF YES, EXPLAIN.

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 NAME, ALIAS, ETC.)

13. PLEASE LIST ANY ARRESTS OR CITATIONS AS A JUVENILE.

DATE	CHARGE	STATE/COUNTY	RESULT

14. PLEASE LIST ANY ARRESTS OR CITATIONS AS AN ADULT.

DATE	CHARGE	STATE/COUNTY	RESULT

15. BESIDES THE CHARGE(S) FOR WHICH YOU ARE APPLYING, DO YOU HAVE ANY OTHER PENDING CHARGES? IF YES, EXPLAIN.

16. ARE YOU CURRENTLY ON PROBATION OR PAROLE?

17. IF YES, WITH WHAT STATE OR COUNTY ARE YOU ON SUPERVISION?

18. WHO IS YOUR PROBATION/PAROLE OFFICER? (PLEASE SUPPLY PHONE NUMBER)

WARNING: FAILURE TO REPORT ALL PRIOR ARRESTS, INCLUDING SUMMARY, ARD DISPOSITION OR ANY OTHER DISPOSITION, WILL RESULT IN AUTOMATIC DENIAL OF YOUR APPLICATION.

INITIAL_____

INELIGIBLE OFFENSES

- 18 Pa. CSA sec. 901 Criminal Attempt(ineligible offense)
- 18 Pa. CSA sec. 902 Criminal Solicitation(ineligible offense)
- 18 Pa. CSA sec. 903 Criminal Conspiracy(ineligible offense)
- 18 Pa. CSA sec. 907 Possessing Instruments of Crime
- 18 Pa. CSA sec. 908 Prohibited Offensive Weapons
- 18 Pa. CSA sec. 911 Corrupt Organization
- 18 Pa. CSA sec. 2502 Murder
- 18 Pa. CSA sec. 2503 Voluntary Manslaughter
- 18 Pa. CSA sec. 2504 Involuntary Manslaughter
- 18 Pa. CSA sec. 2702 Aggravated Assault
- 18 Pa. CSA sec. 2703 Assault by Prisoner
- 18 Pa. CSA sec. 2704 Assault by Life Prisoner
- 18 Pa. CSA sec. 2709 Stalking
- 18 Pa. CSA sec. 2901 Kidnapping
- 18 Pa. CSA sec. 2910 Luring a Child into a Motor Vehicle
- 18 Pa. CSA sec. 3121 Rape
- 18 Pa. CSA sec. 3122 Statutory Rape
- 18 Pa. CSA sec. 3123 Involuntary Deviate Sexual Intercourse
- 18 Pa. CSA sec. 3124 Voluntary Deviate Sexual Intercourse
- 18 Pa. CSA sec 3124.1 Sexual Assault
- 18 Pa. CSA sec. 3125 Aggravated Indecent Assault
- 18 Pa. CSA sec. 3126 Indecent Assault
- 18 Pa. CSA sec. 3301 Arson and Related Offenses
- 18 Pa. CSA sec. 3302 Causing or Risking a Catastrophe
- 18 Pa. CSA sec. 3502 Burglary (felony 1 only)
- 18 Pa. CSA sec. 3701 Robbery
- 18 Pa. CSA sec. 3702 Robbery of a Motor Vehicle
- Chapter 39 of Crimes Code - Theft and Related Offenses (except < \$25,000)
- 18 Pa. CSA sec. 3923 Theft by Extortion
- 18 Pa. CSA sec. 4302 Incest
- Chapter 49 of Crimes Code - Falsification and Intimidation
- 18 Pa. CSA sec. 5121 Escape
- 18 Pa. CSA sec. 5122 Weapons or Implements for Escape
- 18 Pa. CSA sec. 5123 Contraband
- 18 Pa. CSA sec. 5501 Riot
- Chapter 61 of Crimes Code - Firearms and other Dangerous Articles
- 18 Pa. CSA sec. 6301 Corruption of Minors
- 18 Pa. CSA sec. 6312 Sexual Abuse of Children
- 18 Pa. CSA sec. 6314 Drug Trafficking to Minors
- 18 Pa. CSA sec. 7508 Drug Trafficking
- Any offense committed while in possession of a "Deadly Weapon" as defined in
- 18 Pa. CSA sec. 2301

1. HAVE YOU EVER BEEN **ARRESTED** FOR OF ANY OF THE ABOVE OFFENSES?

YES OR NO
2. IF YES, PLEASE CIRCLE WHICH OFFENSES.
3. I HAVE READ THE LIST OF OFFENSES.

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 establish 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 on the previous page.

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 minor was present in the vehicle.

INITIAL_____

THIS CHART IS EFFECTIVE FOR ALL SENTENCINGS ON OR AFTER JUNE 30, 2005.

THE MINIMUM ELEMENTS OF THE INTERMEDIATE PUNISHMENT PROGRAM ARE AS FOLLOWS:

Offense	Total Confinement Prison and/or PRP Flat Sentence	Partial Confinement	Supervised Probation Concurrent with all other sentences under this program.	Minimum Fine	Ignition Interlock	Electronic Monitoring OR Residential Treatment	Community Service	Drug & Alcohol Assessment & Treatment
SINGLE COUNT OF DUI AND DUS						INTERMEDIATE PUNISHMENT PORTION OF SENTENCE		
DUI- FIRST BAC .08 TO .099	NOT ELIGIBLE							
DUI- FIRST BAC .10 TO .159	NONE	NOT APPLICABLE	6 MONTHS	\$500.00	NO	10 DAYS	32 HOURS	YES
DUI- FIRST BAC .16 And Higher	24 HOURS	NOT APPLICABLE	6 MONTHS	\$1,000.00	NO	20 DAYS	32 HOURS	YES
DUI - SECOND BAC .08 TO .099	48 HOURS	NOT APPLICABLE	6 MONTHS	\$300.00	YES	45 DAYS	80 HOURS	YES
DUI – SECOND BAC .10 TO .159	72 HOURS	NOT APPLICABLE	6 MONTHS	\$750.00	YES	60 DAYS	80 HOURS	YES
DUI- SECOND BAC .16 and Higher	15 DAYS	NOT APPLICABLE	Up to 5 YEARS	\$1,500.00	YES	75 DAYS	80 HOURS	YES
DUI- THIRD BAC .08 TO .099	5 DAYS	NOT APPLICABLE	2 YEARS	\$500.00	YES	75 DAYS	160 HOURS	YES
DUI- THIRD BAC .10 TO .159	30 DAYS	NOT APPLICABLE	Up to 5 YEARS	\$1,500.00	YES	90 DAYS	160 HOURS	YES
DUI – THIRD BAC .16 And Higher	90 DAYS	90 DAYS Consecutive to Total Confinement	Up to 5 YEARS	\$2,500.00	YES	6 MONTHS	240 HOURS	YES
All other eligible offenses (including VOP's)	1 – 3 MONTHS	NOT APPLICABLE	2 YEARS	VARIES	NO	75 – 180 DAYS	180 HOURS	YES
DUS/DUI Related 1st offense Only	5 DAYS	NOT APPLICABLE	60 DAYS	\$500.00	NO	55 DAYS	-----	YES
DUS/DUI Related 2nd offense In last 10 years	10 DAYS	NOT APPLICABLE	90 DAYS	\$500.00	NO	80 DAYS	-----	YES

*Note: FOR THE PURPOSE OF THIS SENTENCING CHART, A MONTH EQUALS 30 DAYS.

*DUS/DUI Related are **SUMMARY Offenses ONLY**.

The above chart indicates **SINGLE OFFENSES ONLY**. When sentencing a defendant for multiple Driving Under the Influence charges, multiple Driving Under Suspensions charges, or any combination of eligible offenses, such as DUI and DUS charges, **ALL** prison days and/or hours are consecutive sentences, all Electronic Monitoring days are consecutive sentences, and all Community Service hours are totaled together.

Example: A 2nd Offense DUI (BAC range .10 to .159) and a DUS 1543 (B) (1st Offense).

Sentence: Incarceration is 5 days for the DUS, 72 hours consecutive for the DUI; 55 days Electronic Monitoring for the DUS, 60 days consecutive for the DUI (total of 115 days of EHC); and 80 hours of Community Service.

Example: A 2nd offense DUI (BAC .10 to .159), a 3rd Offense DUI (BAC .08 to .099), and DUS 1543 (B) (2nd Offense).

Sentence: Incarceration is 10 days for the DUS, 72 hours consecutive for the 2nd offense DUI, and 5 days consecutive for the 3rd offense DUI; 80 days Electronic Monitoring for the DUS, 60 days consecutive for the 2nd DUI, and 75 days consecutive for the 3rd DUI (total of 215 days of EHC); and 240 hours of Community Service (80 for the 2nd DUI and 160 for the 3rd DUI).

**** Eligibility is not an entitlement to this Program. The Court may exercise its discretion to disapprove any offender who otherwise is eligible.**

INITIAL _____

EACH AND EVERY LINE MUST BE INITIALED

ELECTRONIC HOME CONFINEMENT

ELECTRONIC HOME CONFINEMENT CONSISTS OF A MONITOR THAT IS CONNECTED TO THE TELEPHONE LINE AND A TRANSMITTER WORN ONLY AROUND THE ANKLE. THE UNIT WILL MONITOR THE CLIENT'S ACTIVITY.

1. WHILE ON ELECTRONIC HOME CONFINEMENT 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 EHC. YOU MAY CONTINUE YOUR EMPLOYMENT, BUT YOU MUST BE MOVED TO ANOTHER POSITION FOR THE DURATION OF EHC.)
 - B) COMMUNITY SERVICE
 - C) DRUG/ALCOHOL, MENTAL HEALTH, DOMESTIC VIOLENCE, AND SEX OFFENDER TREATMENT.
 - D) DOCTOR'S APPOINTMENTS FOR YOURSELF OR A MINOR IN YOUR CUSTODY **AND ONLY** WHEN YOU ARE THE ONLY ADULT IN THE HOME
 - E) ALCOHOL SAFE DRIVING PROGRAM
 - F) WEEKLY APPOINTMENTS WITH YOUR PROBATION OFFICER

INITIAL_____

2. WHILE ON ELECTRONIC HOME CONFINEMENT YOU MUST REPORT **AT LEAST ONCE PER WEEK IN PERSON.**

INITIAL_____

3. THE DEFENDANT 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. THE COST OF ELECTRONIC HOME CONFINEMENT IS \$10.00 PER DAY, WHICH MUST BE PAID IN WEEKLY INSTALLMENTS OF \$70.00 UNTIL PAID IN FULL.

INITIAL_____

5. THE DEFENDANT 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. THE DEFENDANT MUST HAVE AND MAINTAIN A WORKING TELEPHONE LINE IN THE RESIDENCE THROUGHOUT THE PERIOD OF ELECTRONIC HOME CONFINEMENT. THIS NUMBER MAY NOT BE CHANGED.

INITIAL_____

7. THE DEFENDANT MUST HAVE AND MAINTAIN A LEGAL RESIDENCE THROUGHOUT THE PERIOD OF ELECTRONIC HOME CONFINEMENT. 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 PHONE 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) VONAGE
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.
L) DIAL-UP SERVICE INITIAL_____
9. PHONE LINE MUST BE ESTABLISHED BY DAY OF SENTENCING INITIAL _____
10. THE PHONE LINE MUST BE EQUIPPED WITH A MODERNIZED PHONE JACK (NOT HARD WIRED). INITIAL_____
11. THE ELECTRONIC HOME CONFINEMENT UNIT SHOULD BE INSTALLED IN THE BEDROOM. INITIAL_____
12. THE ELECTRONIC HOME CONFINEMENT UNIT **WILL NOT** BE INSTALLED IN THE KITCHEN. INITIAL_____
13. THE TRANSMITTER CANNOT BE SUBMERGED IN WATER (BATHTUB, WHIRLPOOL, JACUZZI, ETC.). SHOWERS ARE ACCEPTABLE. INITIAL_____
14. IF YOU ARE ON ELECTRONIC HOME CONFINEMENT OVER A MAJOR HOLIDAY YOU WILL BE ON A 24-HOUR CURFEW UNLESS YOU PROVIDE WRITTEN VERIFICATION THAT WORK IS MANDATORY. INITIAL_____
15. THE ELECTRONIC HOME CONFINEMENT UNIT WILL NOT BE REMOVED UNTIL THE COMMUNITY SERVICE IS COMPLETED AND THE MINIMUM NUMBER OF ELECTRONIC HOME CONFINEMENT DAYS ORDERED HAVE BEEN SERVED. INITIAL_____

EACH AND EVERY LINE MUST BE INITIALED

COMMUNITY SERVICE

- 1. COMMUNITY SERVICE SHOULD BE ARRANGED PRIOR TO SENTENCING.

INITIAL_____

- 2. COMMUNITY SERVICE **CANNOT** BE STARTED PRIOR TO THE INSTALLATION OF ELECTRONIC HOME CONFINEMENT.

INITIAL_____

- 3. COMMUNITY SERVICE MUST BE PERFORMED AT AN AGENCY APPROVED BY THE ADULT PROBATION & PAROLE DEPARTMENT. A LIST OF APPROVED AGENCIES WILL BE PROVIDED WHEN THE APPLICATION IS RETURNED OR IS AVAILABLE ONLINE AT <http://dsf.chesco.org/adprob/cwp/view.asp?a=3&q=612237>.

INITIAL_____

- 4. YOU MUST PERFORM COMMUNITY SERVICE WITH THE CHESTER COUNTY ADULT PROBATION COMMUNITY SERVICE DETAIL AS FOLLOWS: (THESE HOURS ARE 9AM TO 3PM)

OFFENSE	MANDATORY HOURS WITH COMMUNITY SERVICE DETAIL
FIRST	32 HOURS
SECOND	12 HOURS (2 DAYS)
THIRD	12 HOURS (2 DAYS)
MULTIPLE (1 ST & 2 ND OR 2 ND & 3 RD)	12 HOURS (2 DAYS)

INITIAL_____

- 5. COMMUNITY SERVICE MUST BE COMPLETED WITHIN THE MINIMUM NUMBER OF ELECTRONIC HOME CONFINEMENT DAYS ORDERED.

INITIAL_____

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 COAD. THE PHONE NUMBER IS ON THE INSTRUCTION SHEET.

INITIAL_____

2. YOU MUST SCHEDULE A DRUG AND ALCOHOL ASSESSMENT WITH A DEPARTMENT OF HEALTH LICENSED TREATMENT PROGRAM AND COMPLETE ANY AND ALL RECOMMENDED TREATMENT. SEE TREATMENT PROVIDER PAGE FOR AGENCIES.

INITIAL_____

3. FOLLOWING THE ASSESSMENT A TREATMENT RECOMMENDATION WILL BE MADE. THIS RECOMMENDATION BECOMES AN ORDER OF THE COURT WITH WHICH COMPLIANCE IS **MANDATORY AS A PART OF SENTENCING**.

INITIAL_____

4. ALL APPLICANTS **SHOULD** BEGIN TREATMENT AS SOON AS A RECOMMENDATION IS RECEIVED FROM THE EVALUATING FACILITY AND BE IN COMPLIANCE AS A PART OF SENTENCING.

INITIAL_____

NON-DUI APPLICANTS

1. AN EVALUATION MUST BE SCHEDULED WITH A CERTIFIED ADDICTIONS TREATMENT PROGRAM. PHONE NUMBERS ARE ON THE INSTRUCTION SHEET.

INITIAL_____

2. FOLLOWING THE EVALUATION A TREATMENT RECOMMENDATION WILL BE MADE. THIS RECOMMENDATION BECOMES AN ORDER OF THE COURT WITH WHICH COMPLIANCE IS **MANDATORY**.

INITIAL_____

3. ALL APPLICANTS **SHOULD** BEGIN TREATMENT AS SOON AS A RECOMMENDATION IS RECEIVED FROM THE TREATMENT AGENCY.

INITIAL_____