APPLICATION FOR:
DUI TREATMENT COURT
Fee due with application - $ 300
Criminal complaint must be attached

Name: ______________________ Maiden Name/other ______________

Address: ____
Street City State Zip Code

Email Address: ____

County where you reside: ☐ Blair Other: ____________ Telephone #: ______________

Date of Birth: ______________ Social Security Number: ______________

Case Number: ______________ Date of Offense: ______________

Attorney: ☐ Public Defender Private Attorney: ____________ Telephone: ____________

Employer: ______________ Employer Address: ______________

I plan to request work release while incarcerated at Blair County Prison ☐ Yes ☐ No

D.U.I. OFFENSE		FEE
☐ 2ND .25 or higher/Refusal of Breath/Refusal of Blood with Warrant/Drugs		$300 with application
After sentencing:		
10 days jail	80 days electronic monitoring (EM)	$100/month EM administration fee
☐ 3RD .16 or higher/Refusal of Breath/ Refusal of Blood with Warrant/Drugs		$300 with application
After sentencing:		
90 days jail	275 days electronic monitoring (EM)	$100/month EM administration fee

Electronic Monitoring is required as part of your sentence. Telephone service must be installed and functioning at least 15 days prior to your court date. Failure to have telephone service at the time of scheduled monitoring will constitute cause for arrest and confinement to the Blair County Prison for violating conditions of the program.

I verify that the statements made in the foregoing application are true and correct to the best of my knowledge, information and belief. I understand that false statements herein are made subject to the penalties of 18 PA C.S.A. SEC. 4909 relating to Unsworn Falsification to Authorities.

______________________ ______________
DEFENDANT'S SIGNATURE DATE

Bring application with fee to your Preliminary Conference or mail to:
Blair Drug & Alcohol Partnerships, 3001 Fairway Drive, Suite D, Altoona, PA 16602
(in Fairway Centre between Pennsylvania Department of Environmental Protection & CareerLink)

Blair County Drug and Alcohol Program, Inc.
PATIENT CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, ____ authorize
(NAME OF PATIENT)

Blair County Drug and Alcohol Program, Inc.
(NAME OR GENERAL DESIGNATION OF PROGRAM MAKING DISCLOSURE)

to disclose to: DUI Program Application – check all that apply:
(NAME OF PERSON OR ORGANIZATION TO WHICH DISCLOSURE IS TO BE MADE)

☒ Blair County Probation and Parole
☒ Blair County Judges
☒ Other: Sgt oldham
☒ Blair County District Attorney Office
☒ Blair County Public Defender's Office
☒ Blair County Specialty Court Coordinator

the following information: (NATURE OF THE INFORMATION, AS LIMITED AS POSSIBLE) **Please check the appropriate box(s)**

	ASAM Summary		Psychosocial/Diagnostic Summary
	Progress on Objectives		Liability Information and Funding
	Medical Information		Preliminary Diagnosis
X	Attendance in Services	X	Summary of Progress in services
	Frequency of relapse and prognosis		Emergency Contact
	Legal System (Type of program/summary of progress, Type/Frequency of relapse and prognosis)		Other: specify

The purpose of the disclosure (as specific as possible) authorized herein is to: **Check one or both:**

	Coordination of Care	✓	Other: This section must be completed with specific reason if checked: DUI Program Requirements

I understand that my records are protected under the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

____
(SPECIFICATION OF THE DATE, EVENT, OR CONDITION UPON WHICH THIS CONSENT EXPIRES)

____
(Date) **(Print Name)** **(Signature of Participant)**

____
(Date) (Print Name) (Signature of Parent, Guardian or Authorized Rep. when required)

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

I have been offered and ☐ accepted ☐ refused a copy of this form.

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I, ____ authorize
(NAME OF PATIENT)

Blair County Drug and Alcohol Program, Inc.
(NAME OR GENERAL DESIGNATION OF PROGRAM MAKING DISCLOSURE)

to disclose to: DUI Program – check all that apply:
(NAME OF PERSON OR ORGANIZATION TO WHICH DISCLOSURE IS TO BE MADE)

☒ Court Reporting Network ☒ Pennsylvania Department of Transportation
☒ Other: ____________

the following information: (NATURE OF THE INFORMATION, AS LIMITED AS POSSIBLE) **Please check the appropriate box(s)**

	ASAM Summary		Psychosocial/Diagnostic Summary
	Progress on Objectives		Liability Information and Funding
	Medical Information		Preliminary Diagnosis
X	Attendance in Services	X	Summary of Progress in services
	Frequency of relapse and prognosis		Emergency Contact
	Legal System (Type of program/summary of progress, Type/Frequency of relapse and prognosis)		Other: specify

The purpose of the disclosure (as specific as possible) authorized herein is to: **Check one or both:**

	Coordination of Care	✓	Other: This section must be completed with specific reason if checked: DUI Program Requirement

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