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

DUI OFFENSE	**FEE**	
	$300 Due with Application AND $100 per month EM Administration Fee	
2nd Offense		
☐.16 or higher/Refusal of breath/ Refusal of blood with warrant/Drugs	10 days jail	80 days electronic monitoring (EM)
3rd Offense		
☐.16 or higher/Refusal of breath/ Refusal of blood with warrant/Drugs	90 days jail	275 days electronic monitoring (EM)

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.

Defendants Signature _____ Date _____

Bring application with fee to your Preliminary Conference or drop off at:
Blair Drug & Alcohol Partnerships. 3001 Fairway Drive, Suite D, Altoona, PA 16602; (814) 381-0921
(in Fairway Centre beside Pennsylvania Department of Environmental Protection)

6/6/2024

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 – 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
✓	Attendance in Services	✓	Summary of Progress in services
	Frequency of relapse and prognosis		Emergency Contact
			Other: specify

The purpose of the disclosure authorized herein is to:
Legal Case Management
(PURPOSE OF DISCLOSURE, AS SPECIFIC AS POSSIBLE)

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:

365 days post close of care coordination
(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.

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: Blair County Adult Specialty Court Team
(NAME OF PERSON OR ORGANIZATION TO WHICH DISCLOSURE IS TO BE MADE)

- ☑ Blair County Adult Probation and Parole
- ☑ Blair County Judges
- ☐ Blair County Juvenile Probation
- ☑ Blair County Prison
- ☐ James E. Van Zandt VA Medical Center
- ☑ Administrative Office of PA Courts
- ☐ Hollidaysburg Police Department
- ☐ Other: _____
- ☑ Blair County Specialty Court Coordinator
- ☑ Blair County District Attorney Office
- ☑ Blair County Public Defender's Office
- ☑ Blair County Sherriff Department
- ☑ Blair Health Choices
- ☑ Drug Court Case Management
- ☑ Freedom Township Police Department

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
✓	Attendance in Services	✓	Summary of Progress in services
	Frequency of relapse and prognosis		Emergency Contact
	Other: specify		

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365 days post close of care coordination
(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)

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