

## LACKAWANNA COUNTY MENTAL HEALTH COURT APPLICATION

Please read and complete this form in its entirety. This information will be used to determine the applicant's eligibility for the Lackawanna County Mental Health Court Program. An incomplete application or missing mental health records may result in applicant's denial for Mental Health Court.

**A copy of the current Criminal Complaint MUST be attached.**

It is the responsibility of the attorney submitting the referral to provide all information/records regarding the applicant's psychiatric history including treatment and/or hospitalizations. **Records MUST be submitted with referral, or shortly thereafter.**

**A copy of the Frequently Asked Questions form MUST be read and signed by BOTH the applicant and the defense attorney.**

Submit completed application to:

Frank Castellano, Esq.  
Court Administrator  
Lackawanna County Courthouse  
200 N. Washington Avenue, 1st floor  
Scranton, PA 18503  
Fax: 570-963-6477

Please contact Colleen Phillips at 570-496-1736 or [phillipsc@lackawannacounty.org](mailto:phillipsc@lackawannacounty.org) for any questions or concerns.

## Lackawanna County Mental Health Court

### Frequently Asked Questions

#### What is Mental Health Court?

According to the Center for Court Innovation, Mental Health Court's purpose is to "link offenders who would ordinarily be prison-bound to long-term community-based treatment. They rely on thorough mental health assessments, individualized treatment plans, and ongoing judicial monitoring to address both the mental health needs of offenders and public safety concerns of communities."

#### Will my charges be dismissed or expunged if I complete Mental Health Court?

Charges are seldom dismissed or expunged in Mental Health Court. The goals of Mental Health Court are to assure that offenders with mental illness receive treatment as early as possible and to maximize their chances of becoming productive, law-abiding citizens.

#### Who is eligible for Mental Health Court?

- An adult residing in Lackawanna County
- With a documented diagnosis of severe and persistent mental illness (Axis I)
- Who is willing to comply with prescribed treatment/medication and Court requirements
- Who is charged with committing a misdemeanor and/or felony in Lackawanna County and/or
- violated the conditions of Lackawanna County Adult Probation and has at least 12 months remaining on probation

#### What charges are not eligible for Mental Health Court?

Ineligible charges include homicide offenses, sexual offenses, drug trafficking, and arson. Charges of a violent nature will be reviewed on a case-by-case basis.

#### What is expected of me in Mental Health Court?

To some extent your requirements are individualized based on a number of factors, including your offense and mental health treatment needs. Requirements include meeting with your probation officer on a regular basis, attending all appointments, and actively participating in your mental health treatment. Active participation in treatment includes taking medication as prescribed. Failure to meet these requirements can result in sanctions such as imprisonment or even expulsion from the Mental Health Court Program.

#### How long will I be in Mental Health Court?

Length of time in Mental Health Court is based on your individual goals and needs. Program participation usually lasts between 1-3 years.

#### Can I be forced to participate in Mental Health Court?

No, participation is voluntary.

**I have read, understand, and agree to all of the above requirements and information.**

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of applicant's attorney \_\_\_\_\_ Date \_\_\_\_\_

#### For more information, please contact:

Colleen Phillips, Mental Health Court Coordinator, 130 N. Washington Ave. Scranton, PA 18503  
 Phone: 496-1736 Fax: 496-1737 [phillips@lackawannacounty.org](mailto:phillips@lackawannacounty.org)

# LACKAWANNA COUNTY MENTAL HEALTH COURT

REFERRED BY \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE \_\_\_\_\_  
FAX \_\_\_\_\_  
EMAIL \_\_\_\_\_

IS THIS APPLICATION FOR MENTAL HEALTH COURT OR FOR INTERCEPT II? \_\_\_\_\_

ARE MENTAL HEALTH RECORDS ATTACHED? \_\_\_\_\_  
IF NOT, HAVE MENTAL HEALTH RECORDS BEEN REQUESTED BY ATTORNEY? \_\_\_\_\_

NAME OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

PRESENT LEGAL ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

ALTERNATE PHONE NUMBER \_\_\_\_\_

RESIDES WITH WHOM \_\_\_\_\_

HOW LONG AT THIS ADDRESS \_\_\_\_\_

COUNTY OF RESIDENCE \_\_\_\_\_

CURRENTLY IN LACKAWANNA COUNTY PRISON? \_\_\_\_\_

CURRENTLY HAVE A PROBATION OFFICER? \_\_\_\_\_  
IF YES, WHO? \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_

CHILDREN \_\_\_\_\_

OCCUPATION \_\_\_\_\_

VETERAN \_\_\_\_\_

DATE OF ARREST \_\_\_\_\_

CURRENT CHARGES \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NEXT COURT DATE \_\_\_\_\_

EXPLAIN HOW MENTAL HEALTH FACTORED INTO ARREST \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CURRENTLY RECEIVING MH TREATMENT? \_\_\_\_\_

IF YES, WHERE? \_\_\_\_\_

MENTAL HEALTH DIAGNOSES \_\_\_\_\_

CURRENT TREATING PSYCHIATRIST \_\_\_\_\_

CURRENT TREATING THERAPIST \_\_\_\_\_

CURRENT PSYCHIATRIC MEDICATIONS AND DOASGES \_\_\_\_\_

PREVIOUS MENTAL HEALTH TREATMENT AND/OR PSYCHIATRIC HOSPITALIZATIONS: (PROVIDE LOCATIONS & DATES) \_\_\_\_\_

CURRENT ISSUES WITH SUBSTANCE ABUSE? \_\_\_\_\_

PAST ISSUES WITH SUBSTANCE ABUSE? \_\_\_\_\_

CURRENTLY RECEIVING TREATMENT FOR SUBSTANCE ABUSE? \_\_\_\_\_

IF YES, PROVIDE LOCATION & DATES OF TREATMENT \_\_\_\_\_

PRIMARY CARE PHYSICIAN \_\_\_\_\_

MEDICAL ISSUES \_\_\_\_\_

MEDICATION FOR MEDICAL ISSUES \_\_\_\_\_