

DUI TREATMENT COURT REFERRAL

Name: _____

Date of Birth: _____

Address: _____

Resident of Allegheny County: Y N

Email: _____

Cell Phone: _____

Land Phone Line: _____

Represented by Attorney/phone/email: _____

Medical Marijuana Card: Y/N

Eligible Condition: _____

Veteran: Y/N

Employed: Y/N Location: _____

Alcohol Issues: Y/N

Drug Issues: Y/N

Mental Health Diagnosis: _____

Court Status:

CC No.: _____ OTN #(s): _____ Judge: _____

Date of Next Court Action: _____ Charges: _____

Date of CRN: _____ Date/Place of Assessment _____

On Probation/Parole: Y/N Officer: _____ Charge: _____

Pending Cases: _____

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the within DUI Court referral was served upon the following persons and in the manner described on the ____ day of _____, 20 ____:

VIA HAND DELIVERY/ELECTRONIC TRANSMISSION

Allegheny County District Attorney's Office
3rd Floor Allegheny County Courthouse
Pittsburgh, PA 15219

KNaik@alleghenycountyda.us
(412)350-3135

Honorable Jennifer Satler
528 Allegheny County Courthouse
Pittsburgh, PA 15219