

**APPLICATION FOR:
DRUG COURT - SENTENCING ALTERNATIVE
DEFENDANT MUST PLEAD BEFORE MAKING APPLICATION**

CASE NUMBER(S): _____
GUILTY PLEA DATE: _____
OFFENSE(S): _____
(Only list the CR#(s) and offense(s) for which you are applying)

Name: _____ Maiden Name/other: _____

Home phone: _____ Cell phone: _____

Date of Birth: _____ Social Security Number: _____

Marital Status: Single Married Separated Divorced Widowed Other: _____

County in which you live: Blair Other: _____

Address: _____

Are you currently incarcerated? _____

Attorney's Name: _____ Attorney's Phone: _____

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

Return completed application to:
Blair County Court Administration
Problem Solving Court Coordinator
Blair County Courthouse, Suite 239
423 Allegheny Street
Hollidaysburg, PA 16648

6/9/2021