

*Do not file with Clerk of Courts– submit to:
Specialty Courts Office
Government Services Center
315 High Street, 3rd Floor
Hamilton, OH 45011

APPLICATION FOR INTERVENTION IN LIEU OF CONVICTION (OUTSIDE OF DRUG COURT)

Offender's Name: _____ Date: _____

Case # ('s): _____, _____

Charges and Degree F/M (w/level): _____

Next Court Date: _____ Trial Court Judge: _____

DOB: _____ SSN: _____ Defense Attorney: _____

Defendant's Address (City / State): _____

Defendant's Phone #: _____

#1 Drug of Choice: _____ how much/ how often: _____ Date last used: _____

#2 Drug of Choice: _____ how much/ how often: _____ Date last used: _____

Current/Previous Drug and/or Alcohol treatment (i.e. inpatient, residential, outpatient, etc.)

CHECK THE FOLLOWING REQUIREMENTS:

PSI Ordered:

The offender has filed a Motion for Intervention in Lieu of Conviction with the Butler County Clerk of Courts. Therefore, the Trial Court Judge wants a pre-sentence investigation (PSI) to be completed.

Trial Court Judge Signature: _____ Date: _____

The offender's signature is needed to grant permission for the Adult Probation Department to begin a pre-sentence investigation to help determine the offender's final eligibility for Intervention in Lieu of Conviction.

Offender Signature: _____ Date: _____

PSI Not Ordered:

Community Behavioral Health (CBH) Assessment Ordered:

The Trial Court Judge wants a CBH assessment in order to identify the offender's substance abuse needs and appropriate level of care.

The offender shall secure his/her own assessment and treatment program for consideration of Intervention in Lieu of Conviction by the Trial Court Judge:

Referral Source Signature: _____