

BUTLER COUNTY COURT OF COMMON PLEAS SPECIALTY COURTS APPLICATION

*DO NOT FILE with Clerk of Courts– submit this application to the Specialty Courts Office, 3rd Floor, Government Services Center, 315 High Street, Hamilton, OH 45011

CHECK WHICH COURT(S) APPLYING FOR:

Drug Court: Is this an Intervention in Lieu of Conviction (ILC)? Yes / No **IF YES, SEE BELOW**

SAMI Court: Post conviction program only – Intervention in Lieu of Conviction not accepted

Veterans Treatment Court: Is this an Intervention in Lieu of Conviction? Yes / No **IF YES, SEE BELOW**

Branch of Service: _____ Dates of service: _____ Type of Discharge: _____

Felony Nonsupport: Is this an Intervention in Lieu of Conviction (ILC)? Yes / No **IF YES, SEE BELOW**

Defendant’s Name: _____ **Date:** _____

DOB: _____ **SSN:** _____ **Is defendant in jail:** Yes / No

Defendant’s Address (City/State): _____

Defendant’s telephone number(s): _____

Case # (s): _____, _____, _____

Current charge(s): _____

Next Court Date: _____ **Trial Court Judge:** _____

Defense Attorney: _____ **Attorney contact #:** _____

Does the defendant have Medicaid? Yes / No **Monthly Household Income Amount in LAST 30 DAYS:** _____

FOR INTERVENTION IN LIEU OF CONVICTION CASES:

Type of Intervention in Lieu of Conviction assessment requested:

Substance Abuse **Mental Health** **Both Substance Abuse and Mental Health**

PSI: PSI ordered. The defendant’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.

Defendant Signature: _____ **Date:** _____

PSI not ordered

ASSESSMENT:

Intervention in Lieu of Conviction assessment ordered. Specialty Courts Office will contact offender to schedule the assessment appointment (if not incarcerated). If offender is currently incarcerated a licensed staff member from the referral agency will complete assessment at the Butler County Jail.

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

Application submitted by: _____ **Date:** _____

Trial Court Judge Signature: _____ **Date:** _____