COMMONWEALTH OF PENNSYLVANIA	: IN THE COURT OF COMMON PLEAS: OF BERKS COUNTY, PENNSYLVANIA
VS.	: CRIMINAL
	:
	: DOCKET NO.:
Check if Interpreter required Language:	: OTN:
DUI TREATMENT COURT APPLICATION	
This form will be reviewed by the DUI Treatment for admission into DUI Treatment Court.	Court Application Committee to determine your eligibility
The Defendant hereby applies for consideration for	or DUI Treatment Court and represents the following:
Type of Offense: DUI Off DUI Only: # of DU	fense Non-DUI Offense I's for sentencing # of DUI's lifetime
	PRINT INFORMATION)
1.Defendant's present address and phone number:	
2.Prior Arrest(s): Yes No Date of Birth:	XXXX SSN last 4 #s: XXX-XX-
4.Date complaint filed:	
5.Date of arraignment:	Assigned Judge:
6.Criminal charges:	
7.Past or Present Military Service?: Yes No	0
8.Currently Under Supervision?: Yes No	
9.If Yes; Where? Max Date?:	
R. Crim. P. Rule 600. I certify that I am currently a excluding time served in the Berks County Jail System documentation of residency. Failure to provide appr	t Court and hereby waive my speedy trial right pursuant to Pa. Berks County resident and have been for at least 90 days, m. I understand that I may be required to provide written ropriate documentation or to provide false or misleading art application or removal from the Treatment Court program.
	Date:
(Signature of Defendant)	
	this case and I certify that I have advised the defendant of all lefendant aware of the general guidelines/requirements for the
	Date:
(Printed Name & Signature of Defense Attorney)	
	Clerk of Courts within 21 days of Preliminary Hearing