



Lebanon County Specialty Court Programs

400 South Eighth Street • Lebanon, Pennsylvania 17042-6794
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APPLICATION FOR D.U.I. COURT

APPLICATION FOR VETERANS COURT

Name: _____ Date of Birth: _____ S.S. #: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Home Phone: _____

Email address: _____ Cell Phone: _____

District Attorney: _____ Magisterial District Judge: _____

Defense Counsel: _____ Phone: _____

Are you currently incarcerated? Y / N If so, where? _____

Arresting Agency: _____ Docket No.: _____

Current Charges: _____

B.A.C.: _____ Number of D.U.I.s in the last 10 years: _____ Number of lifetime D.U.I.s: _____

Do you have a history of drug or alcohol abuse? Y / N Drug of Choice: _____

Length of use: _____ Age began using drugs/alcohol: _____

List any other illicit drugs you have used in the past: _____

Are you currently on Probation/Parole? Y / N List State and/or County: _____

Are you the subject of any ongoing criminal investigations or do you have any pending charges? Y / N

If Yes, Please explain: _____

Have you ever served in the Military? Y / N Branch of Military service: _____

Years of service: _____ Nature of discharge? _____

Have you ever been diagnosed with a mental health illness? Y / N

If yes, what? _____

Prescribed medications: _____

APPROVED / DENIED