

COMMONWEALTH VS. _____ ACTION NO. _____

OTN NO: _____

PLEASE PROVIDE ALL OF THE FOLLOWING INFORMATION:

APPLICATION FOR: ____ SAMP (Small Amount of Marijuana Program)

NAME: _____ MAIDEN: _____
(INCLUDE FIRST, MIDDLE, AND LAST NAMES)

PREVIOUS NAMES USED: _____

ADDRESS: _____

CITY & STATE: _____

ZIP CODE: _____ SOCIAL SECURITY: _____

TELEPHONE: Home # : _____ Cell # : _____

Email Address: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____ AGE: _____
(City & State)

Are you Currently Represented by an Attorney? Yes / No

Private Attorney or Appointed by the Court (Public Defender / Conflict Counsel) ? _____

ATTORNEY FOR THE DEFENDANT: (IF APPLICABLE) _____

ATTORNEY'S ADDRESS : _____

ATTORNEY'S PHONE # : _____

ATTORNEY'S E-MAIL ADDRESS: _____

PRELIMINARY HEARING DATE: _____ DISTRICT JUSTICE: _____

This box is for District Attorney Office Use Only:

DATE RECEIVED

DATE FILED

WAIVER OF ARRAIGNMENT: _____

Was a D&A Assessment Required as a result of prior SAMP completion: Yes / No

D & A Assessment Completed? Yes / No Date of Assessment: _____

Treatment Recommended? Yes / No D & A Counseling Completed? _____

**HAVE YOU EVER BEEN PLACED IN A DIVERSIONARY PROGRAM AS A
RESULT OF CRIMINAL CHARGES? _____**

SAMP Application Processing Fee

By submitting a SAMP Application to the Lebanon County District Attorney's Office or their Designee, the Defendant understands and agrees to pay the full SAMP Processing Fee of \$500 if accepted for SAMP. The Defendant is hereby informed that this is a PROCESSING FEE and Not a Supervision Fee and must be paid PRIOR to their placement into SAMP by the Lebanon County Court of Common Pleas. The SAMP Processing Fee payment shall be submitted to the Lebanon County Adult Probation Office after the SAMP Acceptance letter is prepared by the Lebanon County District Attorney's Office or their Designee. Furthermore, the Defendant is also put on Notice that once the SAMP Processing Fee is assessed to their Docket, it is NOT Refundable and will NOT be removed regardless of why the Defendant did not get placed into SAMP or does not Successfully Complete SAMP.

RESTITUTION

By submitting a SAMP Application to the Lebanon County District Attorney's Office or their Designee, the Defendant understands and agrees to the Special Condition of Restitution. In that, a specific requirement of Placement into SAMP is that RESTITUTION is REQUIRED to be paid by the Defendant, if a Claim for said Restitution is presented to the Lebanon County District Attorney's Office. All Restitution shall be made payable through the Lebanon County Adult Probation Office prior to being released from Supervision and at a payment rate set by the Lebanon County Adult Probation Office or their designee. Failure to agree to this specific term will result in an individual being rejected for SAMP and/or will be grounds for an immediate fines and cost violation.

AFFIDAVIT

I VERIFY THAT THE INFORMATION SET FORTH ON THIS APPLICATION IS TRUE AND CORRECT. I UNDERSTAND THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE SUBJECT TO THE PENALTIES ON 18 PA C.S. § 4904, RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.

DEFENDANT

DEFENSE ATTORNEY

WHO HELPED YOU PREPARE THIS APPLICATION: _____

11/13/2024 Revised (CL)