

**APPLICATION FOR:
INTERMEDIATE PUNISHMENT - DUI**

Fee due with application - \$ 300
Criminal Complaint must be attached

Name: _____ Maiden Name/other _____

Address: _____
Street City State Zip Code

Telephone Number: _____ Date of Birth: _____

Social Security Number: _____ Email address _____

Case Number(s): _____ Date of Offense(s): _____

Attorney: Public Defender No Attorney Private Attorney: _____ Phone _____

Employer: _____ Employer Address: _____

I plan to request work release while incarcerated at Blair County Prison Yes No

D.U.I. OFFENSE 1ST 2ND 3RD BAC _____ Drugs Refusal

\$300. Due with application

\$12. per day for electronic monitoring. Payment plan is available. Company will contact you.

1st Offense

.08-.099	Not available. See Traditional Sentencing Brochure.	
.10-.159/Minors	0 days jail	10 days monitoring
.16 or Higher/Refusal/Drugs	0 days jail	15 days monitoring

2nd Offense

.08-.099	3 days jail	15 days monitoring
.10-.159/Minors	5 days jail	25 days monitoring
.16-.249	20 days jail	70 days monitoring
.25 or Higher/Refusal/Drugs	Not available. Must apply for DUI Court.	

3RD Offense

.08-.099	5 days jail	20 days monitoring
.10-.159/Minors	35 days jail	55 days monitoring
.16 or Higher/Refusal/Drugs	Not available. Must apply for DUI Court.	

***** **If you have more than 1 DUI for this sentencing, complete the following:** *****

Two 1st Offenses Two 2nd Offenses Two 3rd Offenses Other _____

BAC #1 _____ or Drug/Refusal BAC #2 _____ or Drug/Refusal BAC #3 _____ or Drug/Refusal

To calculate the additional jail and monitoring days, use the above chart and add to the original offense.

To calculate the additional application cost, add \$100 for each additional offense.

\$12 per day for electronic monitoring. A payment plan is available and the monitoring company will contact you.

After sentencing the Advanced Alcohol Monitoring Program (SCRAM) will contact you to arrange a payment plan for you or you may pay everything at once.

SCRAM accepts the following: Credit/Debit cards, electronic transfers, cashier's check or money orders.

Electronic Monitoring is required as part of your sentence. Telephone service must be installed and functioning at least 15 days prior to your Intermediate Punishment court date. **NO CELL PHONES FOR MONITORING.** Failure to have telephone service at the time of scheduled monitoring will constitute cause for arrest and confinement to the Blair County Prison for violating conditions of the program.

If you will be required to serve a period of imprisonment as part of your sentence and want to be considered for work release from the Blair County Prison, you must contact the Work Release Coordinator at (814) 693-3155 at least one week prior to going to Jail.

I verify that the statements made in the foregoing application are true and correct to the best of my knowledge, information and belief. I understand that false statements herein are made subject to the penalties of 18 PA C.S.A. SEC. 4909 relating to Unsworn Falsification to Authorities

DEFENDANT'S SIGNATURE

DATE

Make check or money order payable to: **Blair Drug and Alcohol Partnerships**
Return this application with \$300 to the Preliminary Conference or to address below.

Mail or bring application with fee to:
Blair Drug and Alcohol Partnerships
3001 Fairway Drive, Suite D, Altoona, PA 16602
(in Fairway Centre between Pennsylvania Department of Environmental Protection & CareerLink)

BLAIR COUNTY DRUG AND ALCOHOL PROGRAM, INC CONFIDENTIALITY AUTHORIZATION TO RELEASE INFORMATION

Individual's Name: _____

I hereby authorize: Blair County Drug and Alcohol Program, Inc. 3001 Fairway Drive, Suite D, Altoona, PA 16602
Name of Organization, Person, or Title

to release the following information to:

Blair County Adult Probation & Parole Office
Name of Organization, Person, or Title

At: Blair County Court House, 423 Allegheny Street, Suite 330, Hollidaysburg, PA 16648 814-693-3190
Address

The following information pertaining to MYSELF.

THE INFORMATION WHICH MAY BE RELEASED IS LIMITED STRICTLY TO THE FOLLOWING:

- | | |
|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> PCPC Summary Sheet | <input checked="" type="checkbox"/> Attendance |
| <input type="checkbox"/> ASAM Summary Sheet | <input type="checkbox"/> Progress on objectives |
| <input type="checkbox"/> Psychosocial/diagnostic summary | <input type="checkbox"/> Legal System (type of program, summary of progress, Type/frequency of relapse and prognosis) |
| <input type="checkbox"/> Emergency Contact | <input type="checkbox"/> Preliminary Diagnosis |
| <input type="checkbox"/> Physical Description | |
| <input type="checkbox"/> Liability Information | |

Reason for the Disclosure: Coordination of Services

- I understand the duration of this authorization is for no longer than one year unless I specify a date, event, or condition upon which it will expire sooner.
Specify date, event, or condition ONLY if consent expires sooner than 1 year; otherwise specify NA: _____
- I understand that this authorization may be cancelled at any time by a verbal or written request unless I have been mandated into treatment as a result of a criminal proceeding. Information may have been previously released prior to the cancellation.
- I understand that I may refuse to sign this authorization; my refusal will not prevent me from receiving services; my refusal will prevent the treatment providers from sharing information that may be beneficial to my treatment.
- I have read and understand the intent of this authorization.
- I have been offered and accepted refused a copy of this form.

Individual's Signature

Witness to Signature

Date

Date

A copy of the Authorization shall be deemed valid as original. To be valid, this Authorization must be signed and dated.

PROHIBITION OF REDISCLOSURE: The information has been disclosed to you from records whose confidentiality is protected by State and Federal Law. Regulations prohibit you from making any further disclosures of this information except with the specific written consent of the person to whom it pertains or as otherwise permitted by such regulations. A general release of medical or other information is NOT sufficient for this purpose. Federal rules do not allow any use of this information to criminally investigate or prosecute any alcohol or drug abuse patient.