

**\*Do not file with Clerk of Courts**

Please submit to: Specialty Courts Office, 3<sup>rd</sup> Floor, Government Services Center, 315 High Street, Hamilton, Ohio 45011

**APPLICATION FOR INTERVENTION IN LIEU OF CONVICTION**

Defendant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Case # (s): \_\_\_\_\_

Charges (Felony/Misdemeanor w/ degree): \_\_\_\_\_

Is defendant currently in jail: Yes / No

Trial Court Judge: \_\_\_\_\_

Next Court Date: \_\_\_\_\_

Attorney Name: \_\_\_\_\_

Attorney telephone #: \_\_\_\_\_

**DEFENDANT CONTACT INFORMATION:**

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Telephone #: \_\_\_\_\_

**Applying for Intervention In Lieu of Conviction for:**

**Substance Abuse**

**Mental Health**

**Both Substance Abuse and Mental Health**

Is defendant currently in treatment? Yes / No If yes, agency name: \_\_\_\_\_

Mental health diagnosis (if applicable): \_\_\_\_\_

**CHECK THE FOLLOWING REQUIREMENTS:**

**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 defendant to schedule the assessment appointment (if not incarcerated). If defendant is currently incarcerated a staff member from the referral agency will complete the assessment at the Butler County Jail.

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

Referral Source Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Trial Court Judge Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_