



PATHWAYS TO RECOVERY
AN INNOVATIVE APPROACH TO PRE-TRIAL DIVERSION

A JOINT INITIATIVE WITH THE LANCASTER
 COUNTY DISTRICT ATTORNEY'S OFFICE AND
 SECONDCANCE PA



PROGRAM AGREEMENT FORM

REQUIRED INFORMATION

Name OTN # Social Security Date of Birth

Address City State Zip Code

Phone number Alternate Phone number Email address

Charge(s) – please list by name and code section

Defense Counsel Name Phone Number Email address

Arresting Officer Name/Agency Magisterial District Judge

Assistant District Attorney Name Signature Date

PROGRAM REQUIREMENTS: ALL REQUIREMENTS MUST BE COMPLETED WITHIN 6 MOS

1. To participate in the Pathways to Recovery Diversion Program you must waive your preliminary hearing. The MDJ will have you sign a preliminary hearing waiver form at your scheduled preliminary hearing.
2. Call SecondChance PA at 717-287-8027 **within 72 hours** to schedule a meeting with a Certified Recovery Specialist. You must complete all level of care recommendations and sign appropriate informed consents.
3. Pay \$100.00 program fee at first scheduled meeting with CRS.
4. Pass 3 random urine drug and/or alcohol tests.
5. Complete 8 hours of Community Service with a non-profit organization.
6. **If applicable**, complete the Compass Mark Skills for Life Program
7. **If applicable**, pay ALL restitution to the Magisterial District Justice Office within 6 mos. \$ _____

DEFENDANT ACKNOWLEDGEMENT

I HAVE READ AND UNDERSTAND THE ABOVE, AND VOLUNTARILY CHOOSE TO PARTICIPATE IN THE OPTIONAL DISTRICT ATTORNEY DRUG & ALCOHOL DIVERSION PROGRAM AS AN ALTERNATIVE TO FURTHER COURT PROCEEDINGS. I AGREE TO THE REQUIREMENTS OUTLINED ABOVE. I UNDERSTAND THAT IF I FAIL TO COMPLY WITH ALL REQUIREMENTS, MY CASE WILL BE RETURNED TO THE COURT OF COMMON PLEAS FOR CRIMINAL PROSECUTION. I UNDERSTAND THAT ALL PROGRAM FEES ARE NON-REFUNDABLE.

SIGNED: _____ DATE: _____