



Douglas County Treatment Court Referral Form

ALL SECTIONS MUST BE COMPLETED FOR CONSIDERATION.
FAILURE TO DISCLOSE COMPLETE AND TRUE INFORMATION COULD RESULT IN
PROGRAM DENIAL OR REMOVAL FROM PROGRAMMING.

Eligibility Standards

Persons meeting the following criteria will be considered for admission to the Douglas County Treatment Court

- A. Resident of Douglas County at least 18 years of age.
- B. Have a 'moderate' to 'severe' diagnosed substance use disorder according to DSM/ASAM diagnostic criteria.
- C. Be on supervision with the WI Dept. of Correction (assessed as 'high risk' and 'high need' according to their Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) assessment tool.
- D. No current or pending convictions for misdemeanor or felony violent crimes and no prior convictions for felony violent crimes (see Wis. Stat. 165.95(1)(a) and Wis. Stat. 165.95(1)(b).
- E. The Participant must agree to abide by the Treatment Court rules.

Douglas County Treatment Court disfavors program readmittance as well as the admittance of individuals with the following criminal history: 961.41(1) manufacture, distribution, or delivery or 961.41(1m) possession with the intent to manufacture, distribute or deliver a controlled substance or controlled substance analog.

Referral Date: (Month/Day/Year): _____

Referral Source:

- Self Defense Attorney District Attorney Treatment Provider Probation or Parole Agent Other:

Applicant Name: _____

DOB: _____ Gender: M / F Race/Ethnicity: _____

Current Address: _____

(Must be a current Douglas County resident and plan to reside in Douglas County upon release/for duration of program)

Current Phone Number: _____ Email: _____

Martial Status: Single, never married Married Separated Divorced Widowed

Children: Yes No If yes, how many: _____ Living at home: _____

Terms of Agreement

- A. Each defendant referred for possible participation in the program will be interviewed by staff and will need to participate in any assessments requested by staff, treatment providers, or others involved in the screening process. Each applicant will then be evaluated by the Treatment Court Team. The Treatment Court Team will make a decision to either admit or deny the applicant.
- B. The Treatment Court Participant must agree to follow the Treatment Court rules.

By signing, I agree that all information is true, and I also agree to follow all conditions outlined in the Terms of Agreement.

I, _____, agree to the above conditions. Date: _____

Authorization for Release of Confidential Information completed.

Current Offense(s)/Reason for Referral to Treatment Court: (Include court case number(s))

Does applicant have any outstanding warrants or pending charges? Yes No

If yes, explain: (Include out of county/out of state)

Prior Criminal Record: (Include any/all misdemeanor and/or felony offenses)

Alcohol and/or Drug Treatment History:

Attorney Name, Phone Number, and E-Mail:

Probation Agent Name, Phone Number, and E-Mail: (Include out of county/state supervising agents(s))

(If currently on probation, current agent(s) must agree with a referral to Treatment Court.)

Check all that apply:

History of Committing Violence/Sexual Assault

Alcohol Problems?

Drug Problems?

Primary drug of choice: _____

Other drugs used: _____

Health/Other Problems:

Please list: _____

Mental Health Problems:

Current Diagnosis(es): _____

Prescribed Medications:

Please list: _____

Developmental/Learning Issues:

Please list: _____

Medical Insurance