ST. CROIX COUNTY
TREATMENT COURT REFERRAL

Name of person making referral:	
Relationship to offender being referred:	
Phone Number:	**Fax Number:**

Referral Date:		
Offender Name (Last, First, MI):		**Date of Birth:**
Alias(s):		
Current address:		
City:	**State**:	**Zip code:**
Alternative Address (If currently in custody):		
City:	**State:**	**Zip code:**
Phone Number:		

Does individual meet eligibility criteria? (Please check each item if complete)

☐Adult (Over 17)

☐St. Croix County Resident

☐ Pending felony charges of drug possession/manufacture/delivery, alcohol and/or drug related offense, and/or felony OWI; other charges (may include misdemeanors) related to substance use will be considered on a case by case basis

☐Not a "violent offender," as defined by Wis. Stat. § 165.95.

If there are concerns with any of these criteria, but you believe that may still be eligible, please indicate:

Does this individual have pending charges? (If yes, explain) ☐Yes ☐No

Case Number(s)	Charge(s):	Jurisdiction:

ST. CROIX COUNTY
TREATMENT COURT REFERRAL

List <u>all</u> prior offence(s), including assaultive/ violent behavior or domestic abuse convictions. DOC Agents attach Form 2354.		
Case Number(s):	Charge(s)**:**	Jurisdiction:

Individual's drug of choice:

Has the individual previously been involved in AODA Treatment? (If yes, provide details)		☐ Yes ☐ No
Dates:	**Facility and Type (Inpatient/Outpatient):**	
Is the individual currently involved in AODA Treatment? (If yes, provide details)		☐ Yes ☐ No
Start Date:	**Facility and Type (Inpatient/Outpatient):**	

Has the individual had prior term(s) on probation?	☐ Yes ☐ No
Is this individual presently on probation?	☐ Yes ☐ No

SIGNATURES	
Printed Name of person completing referral form:	Date:
Signature of person completing referral form:	

Prosecuting Attorney Signature:	Date:

Please Send completed form to:
St. Croix County Treatment Court
Attn: Kait Breuer; Treatment Court Coordinator
1101 Carmichael Road, Hudson, WI 54016
Kait.Breuer@sccwi.gov
Office: (715) 386-4723
Cell: (715) 222-7733
Fax: (715)-381-4430

Office Use Only

Date Application Received: _____ *Eligible____* *Ineligible____*

Reason/ Notes: _____