

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:

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List **all** 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: Kimberly Kitzberger; Treatment Court Coordinator
1752 Dorset Lane, New Richmond, WI 54017
Kimberly.Kitzberger@sccwi.gov
Phone: (715) 386-4723
Fax: (715)-246-8439

Office Use Only

Date Application Received: _____

Eligible _____

Ineligible _____

Reason/ Notes: _____

