

SHEBOYGAN COUNTY
TREATMENT COURT APPLICATION/REFERRAL FORM

Applicant Name: _____
First M.I. Last

Address: _____

Application Date: _____ Referred By: _____

Form Completed By: _____

Has the Applicant previously participated in Sheboygan County Treatment Court? Yes _____ No _____

THIS SECTION TO BE COMPLETED BY CLIENT’S ATTORNEY:

If your client does not meet the following criteria, the application will not be processed and he/she will be automatically excluded:

1. Is the Applicant charged with a felony offense in Sheboygan County? Yes _____ No_____
2. Does the Applicant have pending charge(s) for a substance abuse offense or the underlying charge(s) must be motivated by substance abuse. Yes_____ No_____
3. Is the Applicant an Established Sheboygan County resident? Yes___ No___
4. Does Applicant currently have a severe Substance Use Disorder? Yes___ No___

If your client meets **any** of the following **EXCLUSIONARY** criteria, the application will not be processed.

5. Be a violent offender by Federal definition. “Violent offender” is defined as an individual who: Is charged with or convicted of an offense (presenting offense) that is punishable by a term of imprisonment exceeding one year, during the course of which offense or conduct:
 - a. The person carried, possessed, or used a firearm or dangerous weapon;
 - b. There occurred the death of or serious bodily injury to any person; or
 - c. There occurred the use of force against the person of another, without regard to whether any of the circumstances described in subparagraph (a) or (b) is an element of the offense or conduct of which or for which the person is charged or convicted; or
 - d. An offense that has as an element including the use, attempted use, or threatened use of physical force against the person or property of another, or
 - e. Any other offense that is a felony and that, by its nature, involves a substantial risk that physical force against the person or property of another may be used in the course of committing the offense.
6. Have a history of any pending charges or convictions that include:
 - a. Sex, dangerous weapons or firearms
 - b. Manufacture, delivery, possession with intent or conspiracy to commit these offenses involving 5 or more grams of cocaine, 200 grams of marijuana or 4 plants, 3 or more grams of heroin or 3 or more grams of methamphetamine.

I have read the exclusionary criteria. I have read the definition of violent offender, reviewed the Applicant’s prior criminal record, and attest that the Applicant is not currently charged with nor previously convicted of a violent offense or any of the other exclusionary offenses that would exclude him/her from the Alcohol and Drug Treatment Court program. Yes ___ No ___

**You must fill out this form in its entirety. When completed, you must submit this form to:
Sheboygan County Health and Human Services; 1011 N. 8th Street, Sheboygan, WI 53081
ATTENTION: Treatment Court Coordinator**

APPLICANT INFORMATION:

Contact Phone #: _____ Date of Birth: _____ SS#: _____

Race: _____ Hispanic: YES NO Gender Identity: _____

Primary Language: _____ Interpreter needed: YES NO Marital Status: _____

Highest Level of Education: _____ High School Graduate: YES NO

Employment Status (include shift/work hours): _____

How many months have you been employed full-time in the past year: _____

Are you a Veteran: YES NO If yes, Dates Served: _____ Branch: _____

Discharge: _____

Do you have a driver's license: YES NO

Insurance: _____ Guarantor/Relationship: _____

Do you have any children: YES NO If yes, please provide ages: _____

How long have you lived in Sheboygan: _____

Number of times you have moved in the last six months: _____

Who do you live with currently? (include name and relationship to you):

Name Relationship to you

Name Relationship to you

Name Relationship to you

Name Relationship to you

Name Relationship to you

Current Alcohol and/or Drug Abuse (AODA) Treatment:

Location Provider Name

Previous AODA Treatment (e.g. detox, residential, outpatient)

Location Provider Name Approximate Dates

Location Provider Name Approximate Dates

Location Provider Name Approximate Dates

Current Mental Health Treatment: _____
Location Provider Name

Previous Mental Health Treatment (e.g. hospitalization, residential, outpatient):

Location	Provider Name	Approximate Dates
Location	Provider Name	Approximate Dates

Date of arrest (if applicable): _____

Current/Pending Charges: _____

Case Number and Branch: _____

If ATR, Current Conviction: _____

Next Scheduled Court Date: _____

Type of Hearing (Pre-Trial, Trial Sentencing): _____

Supervision Status: _____ Agent: _____

List any general health issues or concerns:

ESSAYS

1. Please explain how your current charges/behavior is related to your substance use:

2. Explain your reasons for wanting to participate in Treatment Court at this time.

I, _____, understand and agree that if I am accepted into the Sheboygan County Treatment Court Program, I will comply with the Treatment Court Conditions/Terms of Participation. Upon sentencing, I must agree to a length of probation of **at least** 24 months; I must sign all Releases of Information, as requested by the Treatment Court. If I am not accepted into the program, the information in this application may not be used against me in any criminal or revocation proceeding.

Signature of Defendant

Date

Counsel for Defendant/**Print Name**

Signature

Date

Mailing Address and Contact # for Defendant's Counsel

Contact #: _____

Address: _____

PLEASE COMPLETE ALL AUTHORIZATIONS TO RELEASE INFORMATION & SEND WITH APPLICATION