

# CONFIDENTIAL JEFFERSON COUNTY DRUG TREATMENT COURT APPLICATION

Please return this completed application to **Wisconsin Community Services Inc.:**

**311 S. Center Ave., Jefferson, WI 53549 Room 204 A/B**

Or, email the application to:

Morgan Rohde- Lead Case Manager <a href="mailto:mrohde@wiscs.org">mrohde@wiscs.org</a> 920-674-8719	Kyle Kornfeld- Case Manager <a href="mailto:kkornfeld@wiscs.org">kkornfeld@wiscs.org</a> 920-674-8723
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**All Defendants wishing to be considered for the Treatment Court Program must contact a Case Manager to schedule a screening appointment. Failure to schedule this screening will result in defendants not being considered for the program.**

### Criteria to be considered:

1. Charged with New Criminal Behavior
2. No prior violent felony convictions
3. Alcohol or drug use that contributed to current or past criminal behavior
4. High risk-High need base on pre screening
5. 18 years of age or older

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_

Case #: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Phone Number: \_\_\_\_\_  
HOME CELL/WORK

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_\_

### Present Situation

Present Situation: Jail Huber EM – SCRAM Monitoring

Date of Violation: \_\_\_\_/\_\_\_\_/\_\_\_\_ BAC: \_\_\_\_\_

Date of Conviction: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sentence: \_\_\_\_\_ Report Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you have any other pending cases? Yes No

If yes, Case #: \_\_\_\_\_ Charges: \_\_\_\_\_ County: \_\_\_\_\_

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Are you on probation/parole? Yes No Charge: \_\_\_\_\_

If Yes, who is your agent/officer? \_\_\_\_\_ Telephone #: \_\_\_\_\_

**Prior Record**

Have you ever been convicted of a felony?      Yes      No

If yes, please list when and where:

**Alcohol and other Drug Abuse History**

Date of last use (Alcohol): \_\_\_\_/\_\_\_\_/\_\_\_\_

Other Drugs of Choice: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of last use: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

Have you ever been in treatment/counseling for alcohol and/or drugs:      Yes      No

If yes, please list when and where and whether you completed:

Have you ever been in any mental health treatment/counseling:      Yes      No

If yes, please list when and where and whether you completed:

Are you currently attending 12-step self-help meetings?      Yes      No

If yes, Where? \_\_\_\_\_ How often? \_\_\_\_\_

Do you have a sponsor?      Yes      No      Name: \_\_\_\_\_

(First Name Only)

How do you think that you will benefit from treatment?

Why do you think you would be a good candidate for this program?

Transportation Plan: How to get to court, appointments with staff, treatment, and any other program requirement?