REFERRAL FORM

RICHLAND COUNTY TREATMENT COURT

SOBRIETY COURT AND DRUG COURT
181 W SEMINARY STREET, RICHLAND CENTER, WI
(608) 649 5706

Individual Being Voluntarily Referred

Name: (First) _____ (Last) _____ (MI) _____

Date of Birth: _____ Gender_____ Phone Number: _____

Current Address: _____

Individual Making Referral

Name: _____ Title: _____

Phone Number: _____ Fax or Email: _____

Referral Date: _____ Case Number(s): _____

Does individual meet eligibility criteria? (Please check applicable items.)

_____ Verifiable Richland County Address for at least 30 days or Historical Ties to Richland County.
_____ Participant will be either post adjudication, or in ATR status. If ATR- see additional requirements.
_____ Participant agrees to voluntarily participate and abide by program rules.
_____ Meets diagnostic criteria for substance related disorders – moderate or severe.
_____ History of alcohol and/or drug dependency.
_____ If OWI offense, 7th and up is not eligible.

If there are issues with any of these criteria but you believe they may still be eligible to participate, please indicate (attach separate sheet if necessary.)

Are you referring for Drug Court or OWI Court? (Circle one)

Background
Does individual have outstanding warrant(s) or pending charge(s)? Yes ____ No ___

Please attach the affiliated criminal complaint and list current offense/reason for referral:

_____

_____

_____

Current/Previous AODA treatment? Yes __ No __ If yes, where/when? _____

On Probation? Yes ___ No ___ If yes, agent name._____ Discharge Date_____

_____ _____

Individual Making Referral Date Individual Being Voluntarily Referred Date

Additional Requirements for referrals involving an ATR:

Has the offender demonstrated active symptoms of mental illness? Yes_____ No_____

Is the agent concerned these symptoms will interfere with the individual's ability to participate in programming?

Yes_____ No_____

Additional Information

_____
_____
_____

Any history of committing violent acts? Yes_____ No _____

_____
_____
_____

Please attach criminal complaints for any charges that may be considered violent throughout lifespan.

If the participant is in ATR status the following must be attached.

_____ DOC-1163 from DOC to Richland County Treatment Court, signed by offender
_____ DOC-1163A from DOC to Richland County Treatment Court, signed by offender
_____ JOC's/criminal complaints for all active cases
_____ Police reports/criminal complaints for any pending charges
_____ Supervision discharge date (must be greater than 14 months away)
_____ All previous EBRV's and current EBRV
_____ DOC-250 including Richland County Treatment Court as a condition. Also include that the program is at least 14 months long, signed by offender
_____ COMPAS bar chart and criminogenic needs narrative summary
_____ Current AODA assessment including diagnosis
_____ Updated Rules of Supervision including the following special rules, signed by offender

1. You shall not enter any establishment whose primary purpose is the sale of alcohol including but not limited to bars, taverns, liquor stores, night clubs, etc.
2. You shall not possess or consume alcohol or any other mood altering substance without a valid prescription.
3. You shall fully comply with the rules and expectations of Richland County Treatment Court