

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

**COLUMBIA COUNTY OWI TREATMENT COURT REFERRAL FORM**

Person Making Referral: [print name] \_\_\_\_\_

Title/Organization: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Does individual meet eligibility criteria? (Please check each met criteria)

\_\_\_\_ Screen with coordinator completed with a risk to possibly reoffend/possible need for treatment

\_\_\_\_ Current Resident of Columbia County unless determined by team to be eligible

\_\_\_\_ At least 18 years old

\_\_\_\_ All pending warrants or open cases must be resolved before entry into OWITC

\_\_\_\_ BAC of .15 or above at the time of offense

\_\_\_\_ OWI 3<sup>rd</sup> misdemeanor

\_\_\_\_ No felony violent convictions nor felony weapon convictions

\_\_\_\_ Met the DSM-5 criteria for Alcohol/Drug Dependence

[Information REQUIRED for criminal background check]:

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

Gender:  Male  Female Race: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Does individual have a valid driver's license?  Yes  No

Driver's license number: \_\_\_\_\_

Defendant's Current Location:  JAIL  HOME  Family/Friend

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Attorney Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

Attorney Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant presently on Probation?  Yes  No WI State ID No: \_\_\_\_\_

List all Current Charge(s):

Felony \_\_\_\_\_

Misdemeanor \_\_\_\_\_

List prior violent felony convictions and/or anything involving a dangerous weapon.

If yes, please specify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Initial appearance: \_\_\_\_\_ Return Date: \_\_\_\_\_

Currently in individual or group treatment?  Yes  No

If yes, where? \_\_\_\_\_

Previously involved in substance abuse treatment?  Yes  No

If yes, where/dates of attendance?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Drugs of choice: \_\_\_\_\_

**DOT WAID Assessment Completed?**  Yes  No

Please send referral to OWI Treatment Court Coordinator Kristin Schmitt  
[kristin.schmitt@co.columbia.wi.us](mailto:kristin.schmitt@co.columbia.wi.us). You can also call for appointment at 608-742-9681.

***It is the applicant's responsibility to inform his or her legal counsel of any wish to participate in the Columbia County OWI Treatment Court Program and of any efforts taken to facilitate that participation. The OWI Treatment Court's confidentiality policy will apply to all requests for information to be disclosed to third parties.***