## Columbia County Adult Drug Treatment Court Participant Application

Jamie Ziegler- CCADTC Coordinator 608.742.9720/608.697.8320 jamie.ziegler@columbiacountywi.gov

Application Date:		Referral Source & Contact Information:	
Applicant Name:		Date of Birth:	
Applicant Phone Number:		Other names or alias:	
Referral:	erral: New Charges Alternative to Revocation		
Residency			
To be eligibl	le for Columbia County	Drug Court Program, you must be a Co	lumbia County resident and willing to stay in
the county f	for the duration of the	program; 15-24 months.	
Current Add	droce:		
rwO	lress: n	Who is your landlord?	
			at address?
Can you stay	y there for the duratio	n of the program?   Yes   No	
If you need	to find alternative hoι	using, what is your plan:	
Established	Residency: please pro	ovide addresses for the last 5 years.	
• • •			Length:
Address:			Length:
Transportat	ion		
•		andom testing for the purpose of dete	ecting the unauthorized use of alcohol or
•	•		site located at 317 DeWitt St. Portage.
		lid driver's license?	
if not, what	is your plan to make i	t to the UA testing site 3 times per week	· · · · · · · · · · · · · · · · · · ·
Logal			
Legal			
Have you ev	er been enrolled in ar	ny treatment court program?   No [	<b>—</b>
County:		Outcome:	Graduation $\square$ Termination $\square$ Other
Pending Cas	Pending Case(s) #: Charges Pending:		
Attorney Name:		Attorney Phone Number:	
Probation Agent:		Agent Phone Number:	
Does crimin	al record involve use o	of a weapon or violence toward others?	□ Yes □ No

Please send this referral application to Jamie Ziegler, Columbia County Adult Drug Treatment Coordinator.

Email: <u>jamie.ziegler@columbiacountywi.gov</u> Fax: 608.742.9700

It is your responsibility to inform legal counsel of any wish to participate in Columbia County Adult Drug Treatment Program and of any efforts taken to facilitate that participation. Confidentiality policy will apply to all requests.