

Date: _____

COLUMBIA COUNTY OWI TREATMENT COURT REFERRAL FORM

Person Making Referral: _____

Title/Organization: _____

Phone number: _____ Email: _____

REFERRAL INFORMATION

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

Gender: Male Female Race: _____

Date of Birth: _____ Age: _____ Military Veteran: Y / N

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

Driver's license number: _____

Home Address: _____

City: _____ State: _____ Zip: _____

County: _____ Phone Number: _____

Employer: _____

Job Title: _____

City: _____ Work Hours: _____

Currently in individual or group treatment? Yes No

If yes, where? _____

Previously involved in substance abuse treatment? Yes No

If yes, where/when? _____

Preferred Substances: _____

CASE DETAILS

Attorney Name: _____

Attorney Phone Number: _____ Email: _____

OWI Case Number(s): _____

List all Current Charge(s):

Felony _____

Misdemeanor _____

Traffic _____

List prior violent felony convictions and/or anything involving a dangerous weapon, if applicable:

Applicant presently on probation? Yes No

Please send referral to OWI Treatment Court Coordinator Brooke VanBeek at brooke.vanbeek@columbiacountywi.gov. You can also call for appointment at 608-742-9715.

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.

For Office Use Only:

High Risk/High Need

BAC Requirement Met (0.15+)

Positive SUD Screen

Wis. Stat. 165.95 Compliant

OWI 3rd or 4th

Age Requirement Met (18+)

Columbia County Resident

No Pending Warrants/Unresolved Cases

Eligibility Determination:

Eligible

Eligibility Expiration: _____

Ineligible

Reason Ineligible: _____

Signature: _____ Date: _____