

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 3<sup>rd</sup> or 4<sup>th</sup>

☐ Age Requirement Met (18+)

☐ Columbia County Resident

☐ No Pending Warrants/Unresolved Cases

Eligibility Determination:

☐ Eligible

Eligibility Expiration: \_\_\_\_\_

☐ Ineligible

Reason Ineligible: \_\_\_\_\_

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