

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: New Charges Alternative to Revocation

To be eligible for Columbia County Drug Court Program, you must be a Columbia County resident and willing to stay in the county for the duration of the program; 15-24 months.

Residency

Current Address: _____

Own

Rent

Who is your landlord? _____

How long have you resided at that address? _____

Can you stay there for the duration of the program? Y N

If you need to find alternative housing, what is your plan: _____

Transportation

Each participant is subject to random testing for the purpose of detecting the unauthorized use of alcohol or controlled substances and must have a way to get to the UA testing site located at 317 DeWitt St. Portage.

Do you currently maintain a valid driver's license? Yes No

If not, what is your plan to make it to the UA testing site 3 times per week? _____

Substance Use, Mental Health & Treatment

Primary Drug of Choice: _____ Last Date of Use: _____

Secondary Drug: _____ Last Date of Use: _____

Have you participated in AODA treatment previously? _____

Are you willing to tell the truth about choices you are making and your use patterns? Y N

Are you willing to become and remain drug and alcohol free? Y N

Are you willing to avoid businesses where the principle business is the sale of alcohol/drugs? Y N

Are you willing to report to the Coordinator before taking any medication; OTC or Prescribed? Y N

Are you willing to disclose all relationships in order to start changing your environment? Y N

Are you willing to change your peer group and avoid others that use substances? Y N

Are you willing to participate in an AODA assessment? Y N

Are you willing to follow the recommendations from providers? Y N

Are you willing to attend detox, residential or Intensive Outpatient, if recommended? Y N

Are you willing to attend and participate in self-help groups? Y N

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.

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Have you had an AODA or Mental Health Assessment?

Alcohol and Drug Assessment Yes No

Diagnoses: _____ Medication: _____

Current Treatment Affiliations: _____

Mental Health Assessment Yes No

Diagnoses: _____ Medication: _____

Current Treatment Affiliations: _____

Family/Social History

Relationship Status: Single Married Divorced

Children: Yes No

If Yes, how many? _____ Are you the primary caretaker? Yes No

Health & Human Service involvement: Yes No Social Worker Name: _____

Employment: _____ Part time Full time

Legal

Case #: _____ Charges Pending: _____

Attorney Name: _____ Attorney Phone Number: _____

Probation Agent: _____ Agent Phone Number: _____

Does criminal record involve use of a weapon or violence toward others? Yes No

Additional Information:

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

Email: jamie.ziegler@columbiacountywi.gov

Fax: 608.742.9700

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