**Date:** Click or tap to enter a date.

**COLUMBIA COUNTY OWI TREATMENT COURT REFERRAL FORM**

Person Making Referral: [print name] Click or tap here to enter text.

Title/Organization: Click or tap here to enter text.

Phone number:Click or tap here to enter text. Email: Click or tap here to enter text.

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 3rd 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) Click or tap here to enter text. (First) Click or tap here to enter text. (MI) Click or tap here to enter text.

Gender: [ ]  Male [ ]  Female Race: Click or tap here to enter text.

Date of Birth: Click or tap to enter a date. Age: Click or tap here to enter text.

Social Security No. Click or tap here to enter text.

Does individual have a valid driver’s license? [ ]  Yes [ ]  No

 Driver’s license number: Click or tap here to enter text.

Defendant’s Current Location: [ ]  JAIL [ ]  HOME [ ]  Family/Friend

Home Address: Click or tap here to enter text.

City: Click or tap here to enter text. State: Click or tap here to enter text. Zip: Click or tap here to enter text.

County: Click or tap here to enter text. Phone Number: Click or tap here to enter text.

Employer: Click or tap here to enter text.

Street: Click or tap here to enter text.

City: Click or tap here to enter text. State: Click or tap here to enter text. Zip: Click or tap here to enter text.

County: Click or tap here to enter text. Phone Number: Click or tap here to enter text.

Attorney Name: Click or tap here to enter text. Case Number: Click or tap here to enter text.

Attorney Phone Number: Click or tap here to enter text. Email: Click or tap here to enter text.

Applicant presently on Probation? [ ]  Yes [ ]  No WI State ID No: Click or tap here to enter text.

List all Current Charge(s):

[ ]  Felony Click or tap here to enter text.

[ ]  Misdemeanor Click or tap here to enter text.

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

If yes, please specify: Click or tap here to enter text.

Initial appearance: Click or tap to enter a date. Return Date: Click or tap to enter a date.

Currently in individual or group treatment? [ ]  Yes [ ]  No

If yes, where? Click or tap here to enter text.

Previously involved in substance abuse treatment? [ ]  Yes [ ]  No

If yes, where/dates of attendance? Click or tap here to enter text.

Drugs of choice: Click or tap here to enter text.

**DOT WAID Assessment Completed?** [ ]  Yes [ ]  No

Please send referral to OWI Treatment Court Coordinator Kristin Schmitt [kristin.schmitt@co.columbia.wi.us](kristin.schmitt%40co.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.***