

WAUKESHA COUNTY OWI TREATMENT COURT APPLICATION

Complete Participant Handbook is available on the Waukesha County website at

<https://www.waukeshacounty.gov/cjcc>

Or on the WCS website at

https://www.wiscs.org/programs/court_community_services/waukesha_drug_treatment/

Date: ____/____/____

Case #: _____

Name: _____

Gender: _____

Age: _____

Date of Birth: ____/____/____

Race: _____

CURRENT Address: _____

Phone Number: _____

SSN: _____

Is the applicant currently in Jail? ___Yes ___No

Referral Made By: _____

Is the applicant on probation/parole? ___Yes ___No

Brief summary of why you believe the applicant is a candidate for Alcohol Treatment Court: _____

You may attach a separate form if you wish to provide additional information.

ELIGIBILITY CRITERIA:

___Yes ___No Does applicant reside in Waukesha County? If not, where? _____

___Yes ___No Does applicant have a suspected drug and/or alcohol dependency?

___Yes ___No Does applicant have a 3rd or 4th OWI pending in Waukesha County?

___Yes ___No Does applicant have any convictions outside the State of Wisconsin?
If yes, list conviction(s), date and jurisdiction _____

___Yes ___No Are you aware of any circumstances that may make the applicant **ineligible** for OWI Treatment Court?
If yes, please briefly explain: _____

___Yes ___No Has the applicant been convicted of or pending on a violent felony?
If yes, please explain _____

___Yes ___No Is the applicant currently being supervised by Wisconsin Community Services (WCS)?

PARTICIPATION REQUIREMENTS

I understand that I will be required to submit to/complete the following requirements if I am accepted into OWI Treatment Court and have acknowledged my understanding by initialing each requirement below.

- ___ 1. Remain alcohol/drug free.
- ___ 2. Submit to random, observed urine screens and/or breath alcohol testing at least 3 times per week.
- ___ 3. Attend treatment per assessment and treatment plan specifications.
- ___ 4. Attend at least 3 self-help meetings per week.
- ___ 5. Appear in OWI Treatment Court at least weekly on Thursdays at 2:00pm.
- ___ 6. Meet with case manager at least 1 time per week.
- ___ 7. I understand that the frequency of some of the above requirements might be increased should it be in the best interest of my rehabilitation.
- ___ 8. I understand that failure to comply with the above requirements may result in a sanction, which can include incarceration.
- ___ 9. I understand I will be assessed an OWI Treatment Court fee and that this fee, along with any other SCRAM or monitoring fees must be paid before I can graduate.
- ___ 10. I understand that even if I meet program eligibility requirements, admission into the OWI Treatment Court is subject to availability and a qualifying sentence. Even if accepted, I must serve the mandatory minimum penalties required by law and may have to serve some additional portion of my sentence until an opening in Alcohol Treatment Court becomes available.

BY SIGNING BELOW, I CERTIFY (1) THAT I HAVE REVIEWED AND UNDERSTAND THE ELIGIBILITY REQUIREMENTS FOR OWI TREATMENT COURT AS WELL AS THE CONDITIONS OF THE OWI TREATMENT COURT AND (2) THAT THE ANSWERS ON THIS APPLICATION ARE TRUE AND CORRECT.

Defendant: _____
Signature

Attorney: _____
Signature

This completed form must be returned to **Denise Rawski**, at:

Email: drawski@wiscs.org

Fax (262) 544-9456

Mail: 414 W. Moreland Blvd. Suite 200
Waukesha, WI 53188

APPROVAL: ___ Yes ___ No

If no, reason: _____

*****Please contact OTC staff to get an assessment scheduled after submitting your application*****