

Waukesha  
County  
OWI  
Treatment  
Court Policy  
and Procedure  
Manual

2021

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# **OWI Treatment Court Policy and Procedure Program Manual**

## **OBJECTIVE:**

The Waukesha County OWI Treatment Court (OTC) offers the repeat drunk drivers the opportunity to break the cycle of drunk driving, improve the chances of a sober and healthy life and contribute to a safe community. The program's goal is to reduce the number of repeat drunk drivers (OWI) by allowing OWI offenders to participate in alcohol and other substance abuse treatment under strict judicial and community supervision. The ATC will use community and justice system resources in a cost effective and efficient manner while holding offenders accountable and enhancing public safety.

## **PROCEDURE:**

Wisconsin Community Services, Inc. contracts with Waukesha County to provide intensive supervision to individuals convicted of their third and fourth OWI offense and meet the OTC criteria. The District Attorney's office is the gatekeeper. The assigned ADA will email the Program Director the lock up list daily and the fast track list on Tuesday's. The Program Director will track all third and fourth OWI's that have a Waukesha County address per CCAP. When we are in need of eligible candidates the list will be sent back to the assigned ADA, who will email the attorney stating that there may be a spot available for their client and they must contact WCS within ten to fourteen days of the email. The email includes two documents explaining the process and expectations of the program.

Following completion of the two assessments (DUI-RANT & GAIN-SS), all eligible candidates will be brought to the whole treatment court team for final determination. If approved, another email will be sent to the attorney from the assigned ADA stating your client is eligible and that plea and sentencing should be scheduled ASAP. A treatment court sentencing offer will be included in the email as well. If the candidate is interested an application will be filled out with their attorney and returned to WCS prior to admission.

Once that individual is deemed eligible and has been sentenced, the Program Director will calculate when they are eligible to be released and start the program (15 days for a 3<sup>rd</sup>, 30 days for a 4<sup>th</sup> and 60 days for a 3<sup>rd</sup> with minor child). An intake date will be scheduled on the day they are eligible to be released and they will have their first appearance in court on the Thursday before. The Program Director will fill out the order for release and scan it to the Treatment Court Judge's clerical staff for a signature. Once the order is sign, it will be filed with the Court and scanned back to WCS which will then get emailed to the Huber Facility.

WCS also must fax a form letter to Huber verifying the participants first court appearance.

The program has a maximum caseload of 40 participants for one full-time case managers (40 hours per week) and one full-time Program Director (40 hours per week).

The office hours for the OWI Treatment Court Program are Monday through Thursday 7:00am to 6:00pm, Friday 7:00am to 4:00am. The PBT testing hours are Monday through Sunday 7:00am to 9:30am drug testing hours are Monday through Thursday 7:00am-5:00pm, Friday's 7:00am-3:00pm and Saturday's 7:00am-9:30am.

The OTC is a five-phase program consisting of intensive supervision of participants by case managers, frequent appearances before the OTC Judge, mandatory individualized drug and alcohol treatment, regular attendance at self-help support meetings (AA, NA, Women for Sobriety, SMART Recovery, etc...) and random drug and alcohol testing.

The program does allow for some individualized supervision, depending on the clients' risk, needs and compliance. This allows for increased supervision above what is recommended in each phase when deemed necessary. Participants remain in the program for a minimum of one year or longer depending on their compliance. Participants need to meet all the requirements and have three-six months of sobriety in order to graduate.

Each participant is given two ID numbers (PBT & UA) and they must call the testing line each day, (414) 921-0409 or (866) 207-2911, to find out if they are required to report in for testing. If you hear "You are required to test today" for PBT testing, they must test by 9:30am Monday through Sunday. If you hear "You are required to test today" for UA testing, they must report to WCS one hour before the offices closes. You will be provided one opportunity to provide a specimen **no later** than ½ hour before our office closes. Monday through Thursday test by 5pm; Friday test by 3:00pm; Saturday test by 9:30am. If you hear "Do not test today", they do not need to report for testing.

	PHASE I 60 days (8 weeks)	PHASE II 60 days (8 weeks)	PHASE III 60 days (8 weeks)	PHASE IV 90 days (12 weeks)	PHASE V 90 days (12 weeks)
Court Obligation	Appear before the Judge weekly	Appear before the Judge every two weeks *More frequently if non-compliant	Appear before the Judge every four weeks *More frequently if non-compliant	Appear before the Judge every four weeks *More frequently if non-compliant	Appear before the Judge every four weeks *More frequently if non-compliant
Supervision & Monitoring	Mandatory minimum jail time SCRAM CAM w/house arrest Random alcohol and drug testing Meet with case manager at least one time per week	Random alcohol and drug testing Meet with case manager at least one time per week	Random alcohol and drug testing Meet with case manager every two weeks	Random alcohol and drug testing Meet with case manager every two weeks	Random alcohol and drug testing Meet with case manager every four weeks
Treatment Requirements	Treatment assessment/or provide discharge summary with 2 weeks of intake Attend one OTC Alumni meeting monthly	Comply with treatment Begin to focus on 2 self-help meetings and obtain a sponsor/support person Attend one OTC Alumni meeting monthly	Comply with treatment Attend a minimum of 2 self-help meetings per week Attend one OTC Alumni meeting monthly	Comply with treatment Attend a minimum of 2 self-help meetings per week Attend one OTC Alumni meeting monthly	Comply with treatment Attend a minimum of 2 self-help meetings per week Attend one OTC Alumni meeting monthly Develop Relapse Prevention Plan with first 30 days
Other Requirements	Recalibrate IID monthly	Autobiography Work toward employment or some other approved community activity Recalibrate IID monthly	Maintain weekly contact with sponsor/support person Work toward employment or some other approved community activity Recalibrate IID monthly	Maintain weekly contact with sponsor/support person Work toward employment or some other approved community activity Recalibrate IID monthly	Maintain weekly contact with sponsor/support person Work toward employment or some other approved community activity Recalibrate IID monthly
In Order to Advance	Regular attendance in treatment/meetings & office visit Minimum of 14 consecutive days of sober/clean time	Compliance with treatment/meetings Obtain a sponsor/support person Assess program fee Minimum of 30 consecutive days of sober/clean time	Compliance with treatment/meetings Create recovery & support network Minimum of 45 consecutive days of sober/clean time	Compliance with treatment/meetings Maintain recovery & support network Minimum of 60 consecutive days of sober/clean time	Compliance with treatment/meetings Finalize/demonstrate Relapse Prevention Plan Pay all program fee Minimum of 90 consecutive days of sober/clean time

## **REFERRAL PROCESS:**

A referral to the OTC Program will result from the District Attorney's statement that the individual is eligible for the program. They meet the following criteria.

### **Criteria**

- **18 years of age or older**
- **Plead guilty to 3<sup>rd</sup> or 4<sup>th</sup> OWI offense**
- **Waukesha County Resident (at time of application and for the duration of the program)**
- **No prior violent felony convictions**
- **Voluntary participation**
- **Meet criteria of an objective risk tool**
- **Must be approved by the OTC team prior to sentencing**

The goal is to get participants in the program in less than six months from violation date. Once an applicant is deemed eligible by the DA's office, assessed, approved by the treatment court team and submits an application which will be filed away until they have been sentenced. The Program Director will be checking CCAP regularly looking for a plea/sentencing date. After sentencing, an intake will be scheduled after they served all the minimum jail time required and their first OTC court appearance will also be scheduled.

## **ARREST/LOCK UP LIST:**

Program capacity for the OWI Treatment Court Program is set at 40. Any interested clients will need to fill out an application. They can submit it either before sentencing, at sentencing or after (before is preferred). The assigned ADA emails the lock up list every day and the fast-track list on Tuesday's. All 3<sup>rd</sup> and 4<sup>th</sup> offense needs to be added to the spreadsheet. Then they need to be looked up on CCAP to see if they are a Waukesha County resident.

## **APPLICATION LIST/SPREADSHEET:**

Once a person is referred, screened and approved, they should be entered on the application spreadsheet with their next court date (plea and sentencing). After sentencing, we need to figure out when they are eligible to be released (3<sup>rd</sup>'s after 15 days, 4<sup>th</sup>'s after 30 days and 3<sup>rd</sup>'s with a minor child after 60 days). WCS staff will look at CCAP to see if they were granted any pretrial credit but it can only be applied if it was noted under the condition time.

## **PROGRAM EVALUATION:**

There are several sources and methods of evaluation for the OWI Treatment Court Program. Evaluation of the program is based on short

to long-term outcomes or program goals. The short-term outcome is that program participants will comply with the rules/requirements of OWI Treatment Court. The intermediate outcome is that participants will graduate from the program, having improved their health and lifestyles. Finally, the long-term outcome of the program is to reduce the recidivism rate for third and fourth offense drunk drivers.

Statistics, including program outcomes, are tracked by the program director and are used to measure program activity and success in meeting program objectives. All program staff are responsible for maintaining timely and accurate documentation, as well as entering information into the program database. The program database is critical for generating routine reporting to the funding source. The program director is responsible to produce timely, routine monthly program reports to the Director of Waukesha and Jefferson Court Services, Associate Executive Director, and to the CJCC Coordinator.

Another important method of program evaluation involves OTC program staff distributing and collecting participant surveys. The participant surveys are a useful tool to gauge, firsthand, how participants' feel the program impacted their lives. The surveys must be distributed prior to the participants' successful completion from the program, so that the participants have the opportunity to return the surveys before graduation. The program director will review and submit all surveys to the Director of Waukesha and Jefferson Court Services, and the program will utilize the surveys to evaluate current program methods for consideration of any changes to improve the quality and effectiveness of the OWI Treatment Court services

## **WORK INSTRUCTIONS:**

### ***Incoming Referrals:***

- All interested candidates must fill out an application (Appendix 1) and return it to the OTC program director.
- The supervisor and/or case managers will review all applications to determine eligibility.
  - Enter all applications in the appropriate excel spreadsheets ('APPLICATIONS').
- Once an applicant is sentenced an intake should be schedule once eligible.
- Once the intake is scheduled the case manager should review their Intoxicated Driver Intervention Program file or database.
- An order should be filled out (Appendix 2) and emailed to the Judge's clerk. The clerk will have the Judge sign it and scan it back. WCS will fax it to either Huber or the Main Jail, depending on where the applicant is located.



### **Creating a file:**

- Once an individual has his/her intake scheduled a file is created and an OTC case number is given to that client (based on their entrance into the program). Example: 07ATC023; the 07 is the year the participant entered the program and the 23 is the number the participant is in the program.
- The following items are to be fastened to each file of the left side (in the new files in order with the divider):
  - Drug Screen/EtG results** should be entered into the database prior to being fastened into the file. Staff should also write the results in the back of the PBT and UA log next to the date the test was taken.
  - Self Help Slips** should be turned in on a weekly basis by the client. All self-help slips should be entered into the database prior to being fastened in the file. They should also be in chronological order. (Appendix 3)
- The following items are to be fastened to the right side of the divider:
  - Progress Notes:** a note must be logged every time the participant is seen by staff or a phone conversation is had with the participant, treatment provider or probation officer. All contacts must be documented, or case noted (Appendix 4)
  - Intake Packet** will be filed out at their first appointment. Staff must go thru each section with the participant. (Appendix 5)
  - Application** will be filled out by the participant prior to admission to the program along with a print out from CCAP with their sentence and information pulled from the Intoxicated Driver Intervention Program file.
- The following items are to be fastened to the left side of the divider:
  - Face Sheet** which includes name, date of birth (D.O.B), OTC case number, criminal case number, current address, phone numbers (home, cell, and work), date of entry (D.O.E), whether or not a Driver Safety Plan (DSP) assessment was completed (if completed the date), whether or not the Victim Impact Panel (VIP) was completed (if completed the date), drug of choice, ID#'s which is a five digit number (PBT begins with a 1 and UA begins with a 0) and the last four of their social security number, list of medications taken by the participant (if any), name of treatment agency, counselor, dates of admission and discharge, whether or not they are on probation (if so who is their agent and their phone number, occupational and regular license eligibility date, and an emergency contact and phone number. (Appendix 6)

-**Job Verification Form** is given to each participant and they must have their supervisor/manager fill out and return for verification. (Appendix 7)

-**Prescription Verification Form** must be filled out each time a participant receives a new prescriptions or a refill. (Appendix 8)

-**Court Cost Log** which documents all the clients fee's related to their OWI. All of these fees **must** be paid in order for that participant to graduate, including any outstanding Pretrial/WCS fees. (Appendix 9)

-**Alcohol Treatment Court Fee Determination Form** will indicate each participant's monthly participation fee from Health and Human Services.

-**Monthly Program Fee Log** must have each payment written down. Following each payment WCS will receive a white receipt from Health and Human Services. A photocopy needs to be made and filed; the original receipt will be give back to the participant. (Appendix 10)

-**SCRAM Payment Schedule** needs to be filled out each time a participant is on SCRAM and when they make a payment. A payment plan must be signed at intake. All payments need to be logged on the SCRAM spreadsheet. (Appendix 11)

-**SCRAM Agreement**

-**Monthly Budget** which each client must fill out so the court knows what their financial situation looks like and monitor that they are not spending their money foolishly. (Appendix 12)

-**Driver Safety Plan**

-**Victim Impact Panel**

-**WCS Release** must be signed in order for WCS to PROVIDE and OBTAIN information to the court, District Attorney's office, Defense Attorneys, probation officers, and treatment providers, along with treatment providers, probation officers, doctors, etc. (Each participant must add Addiction Resource Council, their current or past treatment providers, along with any doctors who we may need to speak with). (Appendix 13)

-**Phase Contracts (1 thru 5)** in which each participant and case manager must sign and date when they enter that phase. Included on each contract are the participant's new color and the requirements for graduation to the next phase. (Appendix 14)

-**Participant Acknowledgement of the Drug Testing Collection Protocol** must be signed by every participant; we only need the original signed copy. Please make a photocopy of the signed sheet and provide the participant with the whole document for their record. (Appendix 15)

-**Participant Contract & Search and UA Policy** must be signed and dated by both the participant and case manager. (Appendix 16)

-**Participant Rights Statement** must be signed and dated by both the participant and case manager. (Appendix 17)

-**Photography Release** must be signed and dated by both the participant and case manager before their picture is taken. (Appendix 18)

- The following items are to be fastened to the right side:

-**Case Notes (printed)** from the last court date to the most recent court date.

-**Court Reports/Staffing Conclusions** will be inserted in the front each time a participant goes to court.

-**Order** releasing the participant to the OWI Treatment Program and to be placed on SCRAM.

\*\*\***Place divider**\*\*\*

-**Miscellaneous documents** any documents that do not have a place in the file.

-**Preliminary Breath Test and Drug Screen log** is to be stapled to the inside of the file cover. All PBT's and drug screens are to be logged in this location. (Appendix 19)

### **OBTAINING BACKGROUND INFORMATION:**

#### **CCAP:**

- Consolidated court automated programs or CCAP is an internet access to court records. The website is [wcca.wicourts.gov](http://wcca.wicourts.gov)
- A search is always conducted using the participants first and last name. A date of birth may also be necessary if it is a common name.

#### ***When to conduct a CCAP check:***

1. When we receive a referral from the DA's office
  - To check their criminal history; making sure they do not have any violent felonies or anything that would disqualify them from the program.
2. After they are approved and sentenced
  - To verify all of their sentencing information
    - \*\*\* This includes:
      - # of days to serve in jail (how much is imposed/stayed and condition time)
      - Probation length
      - amount of the fine
      - # of months their driver's license is revoked, along with an Ignition Interlock requirement

## **INTAKE:**

- Each participant's first appointment will be an 'intake'. This should take approximately an hour to an hour and a half to complete.

### ***During an Intake:***

- Go through the handbook and highlight the important information also stressing that they must read through the entire book on their own because they are responsible for everything in the handbook.

- Program Information (page 3)
- Overview of Phases (page 8-12)
- Phase Contracts (primarily Phase I) (page 13)
- SCRAM CAM rules (page 18)
- Rules (page 20-21)
- Drug/Alcohol Testing Rules and Procedure (page 23-24)
- Missed UA/Tampering Policy (page 25)
- Prescription Medication From (page 26)
- Self-Help Support Meeting Rules (page 31)

\*\*Ask participants if they have any questions before continuing.

•Below is a list of items to be completed during the participant's first intake appointment:

- 1.) Fill out the face sheet with all the pertinent information that is listed above.
- 2.) Provide participant with an employment verification sheet; which must be filled out and signed by their supervisor and a monthly budget. Ask them to bring these documents back at their next appointment. If they are unemployed DO NOT give them the employment verification form. We will give it to them once they obtain employment.
- 3.) Each participant is provided with the Waukesha County monthly fee form. Staff must stress to the participant that this MUST provide their financial information (most recent taxes or an earning statement from Social Security) prior to being promoted to Phase III.
- 4.) Staff must go through the court cost log with each participant, filling out all the pertinent information. It must be stressed to each participant that all financial obligations associated with their OWI must be paid prior to graduation.

**WCS Fee:** To obtain this fee staff will need to log into the Pretrial Database.

-To access the database...

- Double click on the "**Pretrial Database Icon**" from your desktop (it looks like a small picture of the world).
- Enter your username and password which you should get from your supervisor.

- Locate the designated client by entering their last name in 'last name' field
- Double click on the “**Clients Name**”
- Right corner click on “**Fee Tab**” (if there is more than on case you **must** check each case for fees.

**Court Costs:** To obtain the amount of the fine and the monthly payment plan look on CCAP

(wcca.wicourts.gov)

-To access CCAP

- Double click on an “**Internet**” icon
- Enter wcca.wicourts.gov in the address field
- “**Enter**”
- Click “**I agree**”
- Enter participants last name, first name (middle name if it is a common name) Click “**Search**”
- Find the case number associated with their 3<sup>rd</sup> or 4<sup>th</sup> OWI which will be written on the top right side of the application “**click on it**”
- Click on “**View history an details of charges/sentences**” scroll to the bottom of the page to find the total fine (Court Assessments)
- Scroll down, Click on “**Charge History**”
- Scroll down to Forfeiture/Fine to obtain what their monthly balance is

**SCRAM Fees:** A email should be sent to “SCRAM billing” prior to install to see if they have a pretrial balance. If they do have a balance that **should** be paid off if possible and a payment plan should be signed.

Participants **must** stay current with their weekly payment plan. The rates are as follows:

- \$12.50 per day plus a \$50 installation fee
- \$9.00 per day if the participant had a court appointment attorney or can prove financial hardship and the installation fee is waived. Reduction paperwork is submitted to Mike Balda.
- \$6.00 per day if the participant had a public defender and the installation fee is waived or can prove financial hardship. Reduction paperwork should be submitted to Mike Balda.

5.) Wisconsin Community Services, Inc. Release form is signed and dated by both the participant and the case manager. Add their probation officers name, treatment provider, Driver Safety Plan Agency (Addiction Resource Council), emergency contact, IID company, etc).

6.) The case manger explains Phase I and all the requirements and then the contract is signed and dated by both the participant and the case manager. (A new contract

is signed and dated for each of the five phases as the participant moves through the program).

7.) The case manager explains the Drug Testing Collection Protocol ensure there are no questions and then both should sign and date.

8.) The case manager explains the Participant Contract and it is signed and dated by both the participant and the case manager.

9.) The case manger explains the Client Rights Statement and it is signed and dated by both the participant and case manager.

10.) The Photography Release will then be signed by both the participant and the case manger. Their photograph will then be taken.

11.) Give each participant the Prescription medication Form. If they are currently on any medication, it must be filled out by all prescribing physicians. They should also be told that it must be filled out prior to getting any new prescriptions as well.

12.) Explain the missed UA/PBT and tampering policy which should be signed by both the participant and case manager.

13.) Explain the Submission policy which should be signed by both the participant and case manager.

14.) The participant is given the Civil Rights Compliance (CRC) Form to fill out (Appendix 20)

\*\*\*At this point ask the participant if they have any questions before you continue.

15.) The case manager and the participant will then go through the intake interview and obtain ALL relevant information from the participant.

16.) The case manager will then create a file and an ATC case number in the database and enter all pertinent information. Example: 07ATC068; the 07 is the year the participant entered the program and the 68 is the number the participant is in the program.

- After the intake is completed the application should be scanned and emailed to Susan Vazquez at Waukesha County Health and Human Services.
  - Staff must sign and date the bottom right corner of the application, indicating when the intake was completed.
  - The application must include the participant name, date of birth, address and social security number.
- A **Face Sheet** should be created for the members of the team
  - To obtain a **Face Sheet**
    - Double click “**One Drive**”
    - Click “**Programs’ (P:)**”

- Double click “**Treatment Court**”
- Double click “**Waukesha**”
- Double click “**OWI Treatment Court**”
- Double click “**Face Sheet**”
- Double click “**Face Sheet Template**”
- File Save As “**Clients Last Name**”

-Fill out all necessary information (make sure the lock button is engaged in the upper left corner to allow you to go from block to block). Place a small picture of the client at the bottom

**Case Management:** Should be done on a regular basis depending on the phase they are in. Each case management appointment is different depending on the participant and their daily needs.

- All participants will report to Room 200 and sign in on the clip board with the white sheet and either note OTC or the case managers name. Staff will be paged when a participant has arrived.
- An Administrative Assistant will page the case manager to inform him/her that a participant is waiting. Some participants will be there for their appointment or just waiting to test.
- When the case manager comes to the lobby to greet the participant, he/she should initial the sign-in sheet next to the participants name so the Administrative Assistants know the participant has been seen.
- If a participant is there ONLY for a PBT, they should be seen first over a participant with an appointment.
- If the case manager is with a participant and another one comes in for a PBT, ask if someone else can test them.
- A preliminary breath test should be done at every appointment even if they are on SCRAM whereas UA’s should be done randomly (see drug testing section for procedure).
- Each appointment should last anywhere from 15-30 minutes.
- Discuss their last court appearance and go over any requirements that need to be done before their next court date.
- Remind each participant of their next court date before they leave.
- Schedule next appointment appropriately, trying to keep the participants in some sort of routine. Make sure to give them a reminder slips with their next appointment if they would like it.

**PBT/UA:** Each participant will be given two ID#’s which is a five-digit number (PBT’s begin with a 1 and UA’s begin with a 0) and the last four of their social security number

- When a participant arrives at the office, he/she will sign in on the clip board with the yellow sheet located in the lobby and note either PBT or UA.

- Staff will be paged by one of the Administrative Assistants when a participant signs in for testing. If staff is busy, please ask if someone else can test them.

- If a participant is here for a PBT and you have tested the participant if they have blown .000, nothing needs to be done and just mark .000 on the PBT testing spreadsheet. If they blow above a .000 mark that on the PBT testing spreadsheet and see Alcohol/Drug Testing for the procedure).

-To obtain a **PBT testing sheet**

- Double click "**One Drive**"
- Click "**Programs' (P:)**"
- Double click "**Treatment Court**"
- Double click "**Waukesha**"
- Double click "**OWI Treatment Court**"
- Double click "**Testing Info**"
- Double click "**Tracking Logs**"
- Double click the appropriate year
- Double click the appropriate month
- Double click "**PBT**"

- If a participant is here for a UA and they have been tested mark it on the spreadsheet. A PBT should always be conducted prior to the drug screen. If the test is negative, they can leave and if it is positive for a substance, they do not have a prescription they must see a case manager prior to leaving the office. If they are denying any use, they must pay to send it out for confirmation within 72 hours. They must pay **prior** to the sample being sent out. Costs: \$31 per substance for urine testing, including an EtG and \$46 per substance for oral testing and if a participant wants to challenge the confirmation test and speak to a medical review office (MRO) it is an additional \$31.

-To obtain a **PBT testing sheet**

- Double click "**One Drive**"
- Click "**Programs' (P:)**"
- Double click "**Treatment Court**"
- Double click "**Waukesha**"
- Double click "**OWI Treatment Court**"
- Double click "**Testing Info**"
- Double click "**Tracking Logs**"
- Double click the appropriate year
- Double click the appropriate month
- Double click "**UA**"

\*\*\*Some participants may be going to local police departments for testing. These individuals must get permission from staff prior to contacting the police department. They must then let staff know which police department they will be testing at. It is expected that



they will choose ONE police department and test there, not jump around. Participants must call or text each morning they are required test and inform staff that they tested at a police department. If participants fax their testing verification forms, they must bring ALL originals to staff. Originals are to be turned in at every office appointment.

**Supervision:**

- **Phase I** of the program is the most intensive of the five phases. Phase I lasts a minimum of 8 weeks. Completion of this phase will result in advancement to Phase II. During Phase I participants are required to meet, in person, with their case manager at least once per week. Frequency of meetings may be increased if the participant has a violation of program rules, including a positive test for alcohol or other drugs. In addition to weekly meetings with the case manager, participants are required to appear before the judge weekly. Prior to each court appearance a non-public staffing will occur in the judge's courtroom: Present at the staffing will be the Judge, Program Director, Case Manager, a member of the Public Defender's office, a member from the District Attorney, a member from Health and Human Services (HHS) and a probation agent. The case manager will present a written report to all members of the team at the staffing. Random alcohol and drug testing will occur throughout Phase 1. All participants are subject to a random urine screen at anytime. Participants should always come to the office prepared to give a specimen. Participants are required to get assessed at HHS or provide successful discharge paperwork within two weeks of the intake and comply with the recommendations. Participants are also required to attend one OTC Alumni meeting per month. In order to advance to Phase II, they must have a minimum of 14 days consecutive sobriety.

- **Phase II** will last a minimum of 10 weeks. The requirements for Phase II are similar to the requirements of Phase I but with decreased frequency of contacts with the case manager and the court. Completion of this Phase will result in advancement to Phase III. In Phase II participants are required to appear before the judge once every two weeks and to meet with their case manager weekly. Prior to each court appearance a staffing will occur with the team, just as in Phase I. Random alcohol and drug testing will occur in the same manner as in Phase I. Participants are to begin attending two self-help meetings towards the end of Phase II, along with one OTC Alumni meeting per month. In order to advance to Phase III, they must have a minimum of 30 days consecutive sobriety, obtain a sponsor/support person and be assessed a program fee.

- **Phase III** will last a minimum of 10 weeks. The requirements for Phase III are similar to the requirements of Phase II but with decreased frequency of contacts. Completion of this Phase will result in advancement to Phase IV. In addition to bi-weekly meetings with the case manager, participants will be required to appear before the judge once every four weeks. Prior to each court appearance a staffing will occur as outlined in Phase I. Random alcohol and drug testing will occur in the same manner as in Phase I. Participants are required to attend a minimum of two-self help meetings per week, along with one OTC Alumni meeting per month. In order to advance to Phase IV, they must have a minimum of 45 days consecutive sobriety.

- **Phase IV** will last a minimum of 12 weeks. In addition to bi-weekly meeting with the case manager, participants will be required to appear before the judge every four weeks. Prior to each court appearance a staffing will occur as outlined in Phase I. Random alcohol and drug testing will occur in the same manner as in Phase I. Participants are required to attend a minimum of two self-help meetings per week, along with one OTC Alumni meeting per month. In order to advance to Phase V, they must have a minimum of 60 days consecutive sobriety.

- **Phase V** will last a minimum of 12 weeks. In addition to monthly meetings with the case manager, participants will be required to appear before the judge every four weeks. Prior to each court appearance a staffing will occur as outlined in Phase I. Random alcohol and drug testing will occur in the same manner as in Phase I. Participants are required to attend a minimum of two self-help meetings per week, along with one OTC Alumni meeting per month. In order to graduate, they must have a minimum of 90 days consecutive sobriety. They must submit a relapse prevention plan (Appendix 21) and pay all program fees one week prior to graduation.

Any violations throughout the program can set a client back to a previous phase. If a participant relapses they may be demoted to an early phase for increased supervision. A participant may be in Phase III and is meeting with their case manager on a weekly basis to make sure that they get back on the right track. The requirement for each phase is a minimum; frequency can always be increased, especially for a high-risk participant.

- **Participant Satisfaction Surveys** are given to each participant prior to graduation along with their relapse prevention plan. Both should be submitted prior to graduation (Appendix 22).

•**Alumni Program** is a collaboration between the OWI Treatment Court and the AODA volunteers.

\*The AA volunteers hold a weekly support group at Waukesha County Health and Human Services on Monday mornings at 9 A.M., Tuesday evenings at 6:30 P.M. and Thursday evenings at 6:30 P.M. (500 Riverview Ave). The support groups are designed to help individuals in recovery deal with everyday obstacles. (This is not a 12-step meeting)

\*If graduates attend a minimum of one meeting per month, from the time they graduate till they are eligible for their 24 month driver license reinstatement, the OTC judge will reduce their license revocation from there original revocation to the minimum of 24 months. The participant needs to complete a petition that was given to them at graduation and return it with verification of attendance to the courthouse for approval. This not guaranteed and if there are any positive IID readings or it is known the participant is drinking again the IID will not be reduced.

### ***Alcohol/Drug Testing:***

- All active participants will have an assigned two 5-digit ID numbers that use the last four of their social security number (1234) but the prefix differentiates the PBT (1) vs drug screen (0). For example, 01234 would be used for a drug screen and 11234 would be used for a PBT.

### **Drug/Alcohol Testing Rules and Procedure**

#### PBT Procedure:

1. Participants are assigned an ID number by your case manager.
2. Call either testing line, **(414) 921-0409 or (866) 207-0409**, each day after 4:00 a.m. to find out if they are required to report for testing. They can also check on mycallin.com.
3. If they hear “You are required to test today, report for PBT testing by 9:30 a.m. Monday through Sunday.
4. If they hear “Do not test today”, they do not need to report for testing.
  - Monday through Friday report to the WCS office or a local Police Department if approved.
  - Saturday, Sunday, and Holidays report to a local Police Department.
  - If you report for testing after 9:30 a.m. you will still be tested but it will be reported to the court as a late test. A late test is better than a missed test.
  - If you fail to report for testing at all it will be reported to the court as a missed test.

#### Drug Testing Procedure:

- i. Participants are assigned an ID number by your case manager.

- ii. Call either testing line, **(414) 921-0409 or (866) 207-0409**, each day after 4:00 a.m. to find out if they are required to report for testing.
- iii. If they hear “You are required to test today”, reports to WCS one hour before the offices closes. You will be provided on opportunity to provide a specimen **no later** than ½ hour before our offices closes.
- iv. If they hear “Do not test today”, they do not need to report for testing.
  - Monday through Thursday test by 5:00 p.m.
  - Friday test by 3:00 p.m.
  - Saturday test by 9:30 a.m.

Rules:

1. You may be called up on to submit to a PBT or UA at anytime, 24 hours a day, seven days a week.
  2. PBT’s will be conducted each time you are in the office. Your case manager will not test you unless your mouth is empty. If you have gum, cough drops, chewing tobacco, etc., you will be instructed to wait 10 minutes before testing.
  3. Be prepared to provide a urine specimen **EVERY** time you come to the office.
  4. **DO NOT** use Nyquil, Listerine, or any other products containing alcohol. Use of such products may result in a positive PBT. This **WILL BE** deemed a failed test.
- **Preliminary Breath Tests (PBT)** should be conducted every time the participant is in the office and when a participant is required to test.
    - Each morning the case manager should log into the Sentry System (<https://sentry.cordanths.com/Sentry>) to find out who is required to test on any given day. The program director will give you the username and password.

**How to find out who is required to test...**

- Login
  - Click “**View**” next to Testing Today
  - Click on “**Group**” to make it easier to see all the OTC clients
  - Then open the “**PBT**” and tracking log and highlight who is required to test.
- The procedure for using the PBT machine and having the participant submit to a test is as follows:
    1. Make sure that the participant does not have anything in his/her mouth. If so instruct the participant that they may not have anything in their mouth during testing and if so they will be asked to wait 10 minutes before testing.

2. Insert a clean, unused mouthpiece into the opening on the left of the machine.
3. If the display on the machine reads “SET”, press the “SET” Button.
4. Once the display reads “TEST”, hand the machine to the participant and have the participant take a deep breath and blow into the mouthpiece and continue blowing into the machine until a loud click is heard.
5. A 3-digit result will show on the display.
6. Press the red button to eject the used mouthpiece into the garbage.
7. Press the “SET” button when the test has completed
8. The result of the test will be entered in the database and on the testing log

To obtain the testing log...

- Double click “**One Drive**”
  - Click “**Programs’ (P:)**”
  - Double click “**Treatment Court**”
  - Double click “**Waukesha**”
  - Double click “**OWI Treatment Court**”
  - Double click “**Testing Info**”
  - Double click “**Tracking Logs**”
  - Double click the appropriate year
  - Double click the appropriate month
  - Double click “**PBT**”
- If the result is .000, the participant is allowed to leave the office
  - If the result is .001 or above, the client must remain in our office until testing .000.
- \*If the participant admitted to driving a vehicle to the appointment, the case manager will confiscate his/her keys and return them once the test is .000.
- \*If the participant states that he/she walked, rode a bus, or had someone else drive them to the appointment, he/she must still remain at the office until registering .000.
- \*If a .000 reading cannot be achieved before the office closes, one of two situations will occur:
1. If the reading is below .02, the participant can leave with a ride (case managers should escort the person out to verify he/she is in the passenger seat), get on a bus, or walk. If the participant drove to the appointment, the case manager will keep the vehicle keys until the next day.
  2. If the reading is above .02, the participant can call a responsible party to come pick them up between 5:45 p.m. and 6:00 p.m.
- \*That person must be willing to sign a document indicating he/she will ensure the participant does not operate a vehicle for the rest of the evening. Again, if

the participant originally drove to the appointment, his/her keys will be kept until the next business day.

\*\*If a participant has a positive PBT and/or UA, they are immediately brought into court on the next court session for a sanction/treatment response.

- **Drug Testing (urine screens)** are conducted on a random basis:
  - A participant can be called in at anytime to submit a drug screen even if they are not required to do one that day. They should be called in first thing in the morning to give them ample time to report.
  - OR
  - Each morning the case manager should log into the Sentry System (<https://sentry.cordanthhs.com/Sentry>) to find out who is required to test on any given day. The program director will give you the username and password.

**How to find out who is required to test...**

- Login
- Click “**View**” next to Testing Today
- Click on “**Group**” to make it easier to see all the OTC clients
- Then open the “**PBT**” and tracking log and highlight who is required to test.

- **The following list details the procedure for drug testing:**
  1. After you run the list on Sentry and fill out the testing log.
  2. Pull all drug testing sheets for everyone required to submit a UA from the binder in the drug testing room.
  3. Put the date on the bottom and put them in the OTC folder on the shelf by the window.
  4. When asked to do a drug screen, pull out the appropriate sheet. Make sure to put your name or initials on the bottom along with the time. Fill out a security label with all the necessary information.
  5. The master log in the binder should also be filled out by the case manager.
  6. Participants are tested in the handicapped bathroom located on the second floor. All tests are supervised by a case manager. A WCS case manager of the same-sex as the participant will be present in the bathroom to observe the collection of the specimen and ensure that no tampering has occurred. Females must use a helping hand (anti-tampering device).
  7. The case manager will ensure there is enough urine in the collection cup which is over the minimum fill line. Make

sure temperature gauge shows a reading between 90-100 degrees.

8. The participant will give the specimen to the case manager, who will transfer the specimen to the actual testing cup, lock the cup and put the security label in it in front of the participant.
9. Tell the client to have a seat while the test is processed.
10. If the sample is negative, tell the client they are good to go and throw the specimen in the garbage.
11. If the sample is positive, have a conversation with the participant to see if they used. Place this sample in the refrigerator.

\*Once a participant has been asked to submit to a drug screen, he/she is not allowed to leave the office and return later to test. The participant *must stay in the office until the test is completed or a refusal is noted.*

\*If a participant is initially unable to use the restroom, two cups of water can be given to him/her, if requested.

\*If a participant has previously had a diluted specimen, he/she cannot be given any water.

\*All positive samples are kept in the refrigerator for 10 days before they are discarded.

\*If a participant is challenging the results, they can send it out for confirmation. They must do that with 72 hours of the test and must pay prior to it being sent out. The fees are as follows:

- Urine: \$31
- MRO: \$31
- EtG: \$31
- Oral: \$46

• **Some prescription medications will test positives in a drug screen** (for example, hydrocodone will test positive for opiates).

\*Any medication prescribed to a participant must be shown to their case manager for verification and a prescription medication form filled out and in the file.

\*When the participant provides the slip from the pharmacy or medication bottle, make a photocopy for the file.

\*As the participants refill their prescriptions, have them bring them in again for verification. This is done to verify the same doctor's name is prescribing the medication and that the participants are not "doctor shopping".

\*Staff must look into a participants history when they are taking prescription medications paying extra attention to pain killers, methadone, benzodiazepines, and Ambien.

\*Participants need to sign a release of information when applicable so staff may contact their physician to verify scripts and staff a case if necessary.

\*If a participant reports to the office and staff observe the participant to be lethargic, sleeping, or incoherent, etc...which may be indicative they are misusing their medications but they do NOT test positive for alcohol, staff must ensure that they are not driving. If so, they are to arrange for a ride and surrender their car keys. Also, very specific questions should be asked like, How much of your medication did you take today? Is that the recommended dosage?, etc...Any observations must be reported to the physician as well as a treatment provider if applicable.

\*Any concerns or red flags must be reported to your Program Director, Assistant Program Director, or Administrator.

**Staffing:** occurs immediately before court every Thursday afternoon at 1:00 PM.

- Every client has a scheduled court date that depends on their current phase and compliance.

- All violations are brought in immediately no matter when their regularly scheduled court date is.

- A list of participants that are due to be in court should be created each week. An email should be sent to the immediate team on Wednesday.

- To obtain the document:

- Double click "**One Drive**"
    - Click "**Programs' (P:)**"
    - Double click "**Treatment Court**"
    - Double click "**Waukesha**"
    - Double click "**OWI Treatment Court**"
    - Double click "**Court Lists**"
    - Double click the appropriate year
    - Double click the appropriate month
    - Double click the appropriate list

- Once the document is open:

- Change the date on the top of the document to the current court date
    - Enter the names of the participants, ATC Case numbers, criminal case numbers and the date the court date in the following order:

- Graduates

- Sanctions

- Remainder of the participants in order of their entrance into the program.

- New participants

- Staffing Team Reviews (they are not present in court)



- A staffing report then needs to be created for all participants that are going to be in court

-To obtain the document:

- Double click "**One Drive**"
- Click "**Programs' (P:)**"
- Double click "**Treatment Court**"
- Double click "**Waukesha**"
- Double click "**OWI Treatment Court**"
- Double click "**Court Reports**"
- Double click on the "**participants' name**"
- Update the report with current information and then click "**save**".

-If it is the participant's first court appearance and they do not have a report created, double click on "**Blank copy**" and insert all the relevant information that is asked for.

-Click "**File**", "**Save as**" and enter the "**participants name**".

- Once the report is complete, click save and then print
- All reports should be reviewed by the program director to make sure the information is accurate and there are no mistakes.
- After it is printed, save it in the form of a PDF as well.

-How to save as a PDF:

- File Save As
- Double click "**PDF versions**"
- Double click the appropriate year
- Double click the appropriate month
- Double click the appropriate week
- Then change it from a work document to a PDF in the drop-down list below the name, then click Save

-When all reports are completed, printed and PDF'd, scan and save them. Then send to the entire team, along with anything else that should be sent

- Each participant's compliance/noncompliance will be discussed with the team. The team will decide whether an incentive/sanction is necessary. The team will also decide in which order the participants will be called.

- If a participant is graduating to a new phase, has one year of sobriety, or is graduating from the program a certificate needs to be created prior to court.

-To obtain the **new phase** certificate:

- Double click "**One Drive**"
- Click "**Programs' (P:)**"
- Double click "**Treatment Court**"
- Double click "**Waukesha**"
- Double click "**OWI Treatment Court**"

- Double click “**Certificates**”
- Double click on the necessary certificate
- Change the “**name**”
- Click “**Print**” and then sign it. The case manager, program director and Judge all need to sign it. DO NOT date it in case they do not graduate that day, date it in court after the team has made a decision. All certificates need to be printed in the Mediation department upstairs.

- When all participants have been discussed, the participants can enter the court room and court begins.

**Court:** occurs immediately following staffing every Thursday afternoon at 2:00 PM. Participants are expected to be there on time unless other arrangements have been made. All participants are required to sit through the entire court session unless they have received permission to leave early or have asked to use their “gold star”. These court sessions are not as formal as a regular court hearing. The judge will refer to the participants by the first name and does not call them up by their case number (unless on the sanction list). The judge and the participant will talk about what has been going on in the past weeks since they have been in court last. When they are finished he/she will excuse them from the table to return to their seat. The participant will pick up a court reminder slip from WCS staff.

- Graduations** are always done first. The judge will come off the bench and say a little something about the participant. He/she will then present the participant with their key chain and diploma packet. The participant will say a little something to the other participants in the audience.
- Sanctions** are done after graduation and if there are not any graduations they are done first and have to be done on the record.
- The **remaining participants** are called in the order that they entered the program. All new participants will be required to sit through the entire court session. This is done so they can see a wide range of behavior to either repeat or not do again.

#### **Utilizing CCAP:**

- Consolidated Court Automated Programs or CCAP is an Internet access to court records. The website is **wcca.wicourts.gov**.
- A search is always conducted **using the participant’s first and last name**. A **date of birth** may also be necessary when the participant has a name that is common to many people.
- A **CCAP check should be conducted when a participant sends in their application** to determine if he/she has any other pending cases or is on probation.
- **Prior to each court appearance**, case managers should check CCAP to verify that they have not picked up any new charge with out informing staff.

- If a client has picked up a new charge, the case manager must make sure that participant makes it to court and note the outcome of the court date.

***Confidentiality:***

- Confidentiality must be adhered to.
- **Release of information** must be signed and no information can be given to individuals without the appropriate release being signed.
- The WCS release form must be completed and signed so WCS can PROVIDE information to the Court, District Attorney's office, Defense Attorneys, probation officers and treatment providers. This release can also allow WCS to OBTAIN information from treatment providers, probation officers, doctors, etc if filled out.
  - \*Unless specified, the release does not give WCS permission to relay information to the client's family members, friends, employers, etc. If such a person were to contact WCS, the case manager can listen to him/her but not provide any information.
  - \*This release is often signed with the treatment provider, but as a precaution, case managers should have participants sign one at WCS as well.

***Office Etiquette:***

- All WCS employees should act in a professional manner and **treat all participants, as well as coworkers with respect and courtesy.**
- Participants should be **seen in the order of their scheduled appointment** time and not necessarily the order of arrival.
  - \*If a participant is there for testing and not an appointment, it is the discretion of the case manager whether or not to see that individual first or the participant with an appointment.
  - \*Participants should be seen in a timely manner and should not have to wait more than 10 minutes for an appointment.
  - \*Many times a participant is several hours early for their appointment. If the case manager is not busy, the participant should be seen within 10 minutes, AND the participant should be informed to call for approval to arrive at a time other than the scheduled appointment time.
  - \*If there are other participants waiting to be seen, the case manager should explain to the early participant that the "on time" participant will be seen first.
  - \*If a participant continues to arrive early for their appointment without a phone call, it is the discretion of the case manager whether or not to see that individual early.
- **Participants should not be reprimanded in the waiting room.**
  - \*No Preliminary Breath Tests should be conducted in the lobby either.

\*WCS employees should not speak negatively about participants while in the lobby or in any other area of the office where participants can hear.

\*Profanity should not be used in when speaking with participants.

\*Participants will know other participants in the program. Staff should not speak with participants about other participants on their caseload.

### ***Program Database:***

- Each participant contact should be entered into the program database in a timely and accurate manner.
- Case Managers can open the database by “**double clicking**” on the Internet Explorer icon.
- Enter the website  
<https://app.wiscs.org/TreatmentCourt/Default.aspx>  
into the address bar.
- Log into the database using your assigned username and password (get from the Program Director).

### **Creating a new participant**

- On the initial screen, click “**New ATC case**”
  - Click “**Applications**” on the left
  - Click “**New**”
  - Enter Date, Reason, Name, Status-Accepted & effective date
  - Click the “+”
  - Click “**Treatment Court Home**”
  - Click “**New Case**”
  - Select the participants name from the drop-down list
  - Click the “+”
  - Click on the participants name and the “**Open Case**”

### **DEMOGRAPHIC:**

- Enter all information that was obtained in the intake
- To set picture
  - Download picture from camera (plug the camera into an open USB port on the front of the tower).
  - Save under “**Pictures**” (make sure it is saved as a jpg)
  - Click on the green pencil (edit)
  - Click “**Choose File**”
  - Find the participants picture and “**click**” on it
  - Click “**open**”
  - Click “**Set Picture**”
  - Once all information is entered click “**SAVE**” (floppy disk)

### **INTAKE INTERVIEW:**

- Enter all information obtained from the intake relevant to this area.

-Click "**SAVE**" once all information is entered.

#### RESIDENCE:

-Enter participants' current address and mailing address (if different from the current address).

-Click "**ADD**"

-Click the "**edit**" and enter the drop-down information

-Click "**SAVE**" once all information is entered.

#### EMPLOYMENT:

-Enter their employer information if employed

-Click "**ADD**"

-Click the "**edit**" and enter the drop-down information

-Click "**SAVE**" once all information is entered.

### **CASE DETAIL**

#### CASE INFORMATION:

-Enter appropriate information

-Click "**SAVE**"

-Make sure to go back and enter the SCRAMx removal date

#### STAFFING OUTCOMES:

1. Enter the "**date of court**"
2. Enter the "**narrative of what happened in court**" in the space provided
  3. If a "**sanction**" or "incentive" was ordered; enter it in the narrative (All sanctions/incentives must be entered in a different area as well)
4. Click "**ADD**"

#### PHASES:

• **Entering the Phases:** Each time a participant is promoted, they need to sign a new contract and enter it into the database.

1. Select the appropriate "**phase number**"
2. Enter the "**date the contract was signed**"
3. Enter the "**date the participant started the phase**"
4. Enter the "**end date**" of the phase
5. Click "**ADD**"

#### EVENT NOTES

-Enter each case management notes

1. Select the type: "**case management**" from the drop-down menu
2. Enter the "**date**"
3. Enter narrative in the space provided (Begin each narrative with the date of the appointment, cut and

copy this from the electronic version on the computer).

4. Click "**ADD**"

#### SELF-HELP SLIPS

- Enter each self-help slip submitted
- Fasten in file after it has been entered

#### PBTS:

1. Enter "**date of test**"
  2. Enter "**BAC**"
  3. Enter result from the drop-down
  4. Enter the "**administrator**" (case manager who performed the test)
- Log in file once entered

#### DRUG TESTS:

1. Select the type of test (typically 7 panel, if there was a 11-panel done, select 10 panel and then make it a 11pane)
  2. Enter the "**administrator**" (case manager who performed the test)
  3. Enter date taken & date results received (that is the same date)
  4. If negative, click "**ADD**"
  5. If positive, check the box for the correct substance but if it is positive for a script DO NOT check the box but write "**SCRIPT**" in the comments section.
  6. If an "EtG" was performed, click New 7 panel, make it an 8 panel and from the drug tested drop down select "Alcohol"
  7. Click "**ADD**"
- Log in file once entered and fasten in file

#### VIOLATIONS: all violations need to be entered

1. Select the "**violation type**" from the drop-down menu
2. Enter the "**date of violation**"
3. Enter a narrative "**describing the violation**"
4. Click "**ADD**"

#### SCRAM:

- Make an entry every time someone is place back on SCRAM after their initial wear.

#### INCENTIVES/SANCTIONS:

1. Choose whether it is an "**incentive or sanction**" from the drop-down menu

2. Enter the “**date it was authorized**” (which is generally their court appearances)
3. Enter the “**Reason**” (ie: gift card, jail, community services, etc.)
4. Click “**ADD**”
5. Click “**Edit**”
6. Select “**Item Type**”
7. Enter a “**description**”
8. Click “**Save**”

#### APPOINTMENTS:

-Select the appropriate type (case management or court)

• **Entering Case Management Appointments:** This is used for every appointment.

1. Select the type: “**case management**” from the drop-down menu
2. Enter the “**date**”
3. Enter the “**case managers name**” that the appointment was with
4. Click “**ADD**”

• **Entering Court Appointments:**

1. Select the type: “**court date**” from the drop-down menu
2. Enter the “**date of court**”
3. Enter the “**Judges name**” in the appointment with field
4. Click “**ADD**”

#### DISCHARGE SUMMARY

-Complete when a participant exits the program successful or unsuccessful.

1. Select “**discharge summary**”
2. Click “**Edit**”
3. Select the “**discharge reason**” via the drop-down menu
4. Enter a narrative of the “**discharge reason**”
5. Enter “**Date**”
6. Click “**SAVE**”

#### TREATMENT TAB:

-Enter current treatment providers’ information, along with prior treatment.

-Click “**ADD**”

#### **WCS Monthly Fee Protocol:**

Attached is the ATC fee assessment letter for case managers to go over with each participant **accepted** into the program - we must have the client sign it (acknowledging they received a copy and that it was discussed with them), and make sure to document in the case notes that each client was given the assessment letter.

1. The WCS ATC staff must **send a copy of the applications for those participants accepted into the program** to Waukesha County Department of Health & Human Services, **including:** the participant's name, DOB, address, and social security number. ***This form should be scanned and emailed to Susan Vazquez (svasquez@waukeshacounty.gov)***  
**\*WCS ATC staff must sign and date the bottom right corner of the application, acknowledging that the participant is accepted into the program and documenting the date of intake.**
2. ***WCS ATC staff must provide Waukesha County with a monthly census***, including a list of clients including, name, date of birth, start date, discharge date and reason for discharge. This must be emailed to Susan Vazquez ([svasquez@waukeshacounty.gov](mailto:svasquez@waukeshacounty.gov)). **It is best if WCS sends this report no later than the end of the third day of the following month.**
3. **WCS should encourage all clients to make regular payments either directly to Waukesha County or to their case manager.**  
**\*WCS should never turn away money, and in the instances that a client brings a payment to an office visit the case manager should follow the below protocol**
  - a. Enter the payment in the clients file
  - b. Generate a receipt for the client, the file, and to attach to the payment to submit to Waukesha County
  - c. Place all payments in a secure money bag in the safe and a deposit is generated every Thursday.
  - d. A Waukesha County employee will come pick up the deposit. They will have a locked bag and the deposit should be placed in that bag and locked
4. Once the participant is assessed they will receive a document indicating what their monthly fee is and WCS will receive a copy as well.
7. Participants must be assessed in order to advance to Phase III. All fees must be paid prior to graduation.



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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/](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 3<sup>rd</sup> or 4<sup>th</sup> 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 **Kristy Gusse**, at:  
Email: kgusse@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\*\*\***

\*\*\*Revised 12/11/19\*\*\*

STATE OF WISCONSIN

CIRCUIT COURT

WAUKESHA COUNTY

---

STATE OF WISCONSIN,

Plaintiff,

ORDER

vs

Case No.: 20CF5679

Steven Bennett,

Defendant.

---

**IT IS HERBY ORDERED**, that on Monday, 12/21/20 at 10:30 am

the above named defendant, as an OWI Treatment Court participant,

be released to Wisconsin Community Services for placement on the SCRAM monitoring system until further order of the Court.

be placed on the Huber Facility Electronic Monitoring System.

be removed from the Huber Facility Electronic Monitoring Program and

released from custody forthwith.

returned to the Huber Facility.

returned to the Waukesha County Jail.

report to the Waukesha County Huber Facility.

This order is in effect for the balance of the sentence or until further order of the Court.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

BY THE COURT

\_\_\_\_\_  
Circuit Court Judge

**Self-Help Group  
Attendance Report**

**\*\*\* PLEASE WRITE LEGIBLY \*\*\***

Group Name: \_\_\_\_\_

Meeting Place/Location: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Secretary Name (print): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Secretary Signature: \_\_\_\_\_

Topic/Step Discussed: \_\_\_\_\_

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How I was helped: \_\_\_\_\_

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How I helped others: \_\_\_\_\_

---

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**Dates of Sponsor Contact:** \_\_\_\_\_

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name



**OWI TREATMENT COURT CLIENT INTAKE SHEET**

Name \_\_\_\_\_  
(Last) (First) (Middle)

Home Address \_\_\_\_\_  
(Street) (City) (Zip)

Mailing Address \_\_\_\_\_  
(if different than above) (Street) (City) (Zip)

How long at this address? \_\_\_\_\_ Waukesha County Resident \_\_\_\_\_  
(Length)

Living with: Specify \_\_\_\_\_

Who is responsible for rent or mortgage? \_\_\_\_\_ Amount: \_\_\_\_\_

Home No. \_\_\_\_\_ Cell No. \_\_\_\_\_ Work No. \_\_\_\_\_

Age \_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Sex \_\_\_\_ M \_\_\_\_ F \_\_\_\_\_ Ethnicity: 1 - Caucasian 2 - African American 3 - Hispanic/Latino  
4 - Native American 5 - Asian 6 - Other \_\_\_\_\_

Do you own a vehicle? Y \_\_\_\_ N \_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate Number: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

IID company: \_\_\_\_\_

**PRESENT SITUATION:**

Date of Violation: \_\_\_\_\_ BAC: \_\_\_\_\_ Case #(if known): \_\_\_\_\_

Date of Sentencing: \_\_\_\_\_ Sentence: \_\_\_\_\_ Report Date: \_\_\_\_\_

Do you have any other pending cases? \_\_\_\_ Yes \_\_\_\_ No

If yes, Case #: \_\_\_\_\_ Charges: \_\_\_\_\_ What County: \_\_\_\_\_

Case #: \_\_\_\_\_ Charges: \_\_\_\_\_ What County: \_\_\_\_\_

Are you on probation/parole?: \_\_\_\_ Yes \_\_\_\_ No Charge: \_\_\_\_\_

On probation since: \_\_\_\_\_ Length: \_\_\_\_\_

If Yes, who is your agent/officer: \_\_\_\_\_ Telephone #: \_\_\_\_\_ County: \_\_\_\_\_

Frequency of Contact: \_\_\_\_\_

**PAST RECORD JUVENILE**

<b>CHARGE</b>	<b>AGE AT ARREST</b>	<b>IF CONVICTED Probation/Prison/Fine</b>	<b>Describe what/how it happened</b>

Which, if any, were alcohol related? \_\_\_\_\_ Drug related? \_\_\_\_\_

**PAST RECORD ADULT**

<b>CHARGE</b>	<b>ARREST DATE</b>	<b>IF CONVICTED Probation/Prison/Fine</b>	<b>Describe what/how it happened</b>

Which, if any, were alcohol related? \_\_\_\_\_ Drug related? \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATIONAL HISTORY:**

Highest grade you **completed**: \_\_\_\_\_ When? \_\_\_\_\_ Where: \_\_\_\_\_

College: \_\_\_\_\_ When: \_\_\_\_\_ Major: \_\_\_\_\_

Are you currently enrolled in school? \_\_\_\_ Yes \_\_\_\_ No

If yes, Where: \_\_\_\_\_ Full-time \_\_\_\_ Part-time \_\_\_\_

Major: \_\_\_\_\_



Did you get a GED/HSED/HS Diploma?  Yes  No If yes, When: \_\_\_\_\_ Where: \_\_\_\_\_

Do you have any learning disabilities?  Yes  No If yes, explain: \_\_\_\_\_

Have you ever been in the military?  Yes  No If yes, do you receive any benefits?  Yes  No

Dates of service? \_\_\_\_\_ Type of discharge? \_\_\_\_\_

**CURRENT EMPLOYMENT:**

Are you employed?  Yes  No Supervisor/Boss: \_\_\_\_\_

If yes, where? \_\_\_\_\_ Phone Number: \_\_\_\_\_

What is your position/job title? \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (Zip)

Number of hours you work a week? \_\_\_\_\_ Work schedule? \_\_\_\_\_

Current Monthly Income? \_\_\_\_\_

Do you receive any other source(s) of income? (i.e. welfare/SSI/SSD /V.A. Benefits/Unemployment Comp/ Workman's Comp)  
 Yes  No If yes, what? \_\_\_\_\_

Comments: \_\_\_\_\_

Do you have health insurance?  Yes  No Provider/Carrier: \_\_\_\_\_

**FAMILY SITUATION:**

**Marital Status:**

1-Never 2-Married/how long? \_\_\_\_\_ 3-Separated/how long? \_\_\_\_\_ 4-Divorced/how long? \_\_\_\_\_ 5-Widowed/when? \_\_\_\_\_

Spouse/fiancé: \_\_\_\_\_  
(Name) (Address) (Phone)

Children: \_\_\_\_\_ (number) Name/Ages: \_\_\_\_\_

Alimony/Child Support:  No  Paid  Received Up-to-date?  Yes  No

Comments: \_\_\_\_\_

Parents: 1-Both alive 2-Father deceased 3-Mother deceased 4-Both deceased 5-Father unknown 6-Mother unknown

Father: \_\_\_\_\_  
(Name) (Address) (Phone)

Mother: \_\_\_\_\_  
(Name) (Address) (Phone)

Parents Marital Status: 2-Married/how long? \_\_\_\_\_ 3-Separated/how long? \_\_\_\_\_ 4-Divorced/how long? \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family size: Number of brother & sisters \_\_\_\_\_ You are: 1-Oldest child 2-Middle child 3-Youngest child

Any family members in regular contact with defendant:  
(Name) (Address) (Phone) (Frequency of contact/ supportive)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

History of abuse/neglect?  Yes  No Explain: \_\_\_\_\_

Have any family members been treated for alcohol or drug problems?  Yes  No

Do you think any of your family members have alcohol or drug problems?  Yes  No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ALCOHOL ABUSE HISTORY**

<u>SUBSTANCE</u>	<u>AGE 1<sup>st</sup> USE</u>	<u>AGE REG.USE</u>	<u>FREQUENCY</u>	<u>AMOUNT</u>	<u>METHOD</u>	<u>USAGE PATTERN</u>	<u>OTHER COMMENTS OR INFORMATION REGARDING USAGE</u>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____



Yes No N/R

- Have you ever been hospitalized for a suicide attempt, or because you were feeling suicidal?  Yes  No  N/R
- Have you ever attempted suicide?  Yes  No  N/R
- Are you suicidal now?  Yes  No  N/R
- Has anyone in your family ever attempted or committed suicide? (If “yes”, indicate who in “Comments” section.)  Yes  No  N/R
- Are you currently taking any prescribed medication for a mental or emotional problem or condition? (If so, try to find out name of medication and write that in “Comments” section.)  Yes  No  N/R

Comments or follow-up information: \_\_\_\_\_  
\_\_\_\_\_

Do you have any serious medical problem(s)?  Yes  No \_\_\_\_\_

Type of treatment? Attending physician? \_\_\_\_\_

Have you ever had any serious head injuries?  Yes  No \_\_\_\_\_

<u>Current Medications:</u>	<u>Date filled</u>	<u>Dose</u>	<u>Physician</u>	<u>Refills</u>	<u>Qty.</u>	<u>Qty left</u>

Any history of abusing prescription medication:  Yes  No

If yes, what medication? \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Client Name:** \_\_\_\_\_ D.O.B. \_\_\_\_\_

OTC CASE #: \_\_\_\_\_ CASE #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
\_\_\_\_\_ (h) \_\_\_\_\_

D.O.E. \_\_\_\_\_ (c) \_\_\_\_\_  
\_\_\_\_\_ (w) \_\_\_\_\_

Email Address: \_\_\_\_\_

Driver Safety Plan: Yes \_\_\_\_\_ No \_\_\_\_\_ Assessment Date \_\_\_\_\_

Victim Impact Panel: Yes \_\_\_\_\_ No \_\_\_\_\_ Date Completed \_\_\_\_\_

Drug of Choice: \_\_\_\_\_

Testing Line ID #'s: \_\_\_\_\_  
PBT's UA's

Medications: \_\_\_\_\_

Treatment Facility	Admission Date	Discharge Date	Counselor	Treatment Schedule

Probation: Yes \_\_\_\_\_ No \_\_\_\_\_ Agent: \_\_\_\_\_

Length: \_\_\_\_\_ Ph. #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name (Relationship) Phone

Emergency Contact: \_\_\_\_\_  
Name (Relationship) Phone

Program fee paperwork  Work verification form  Budget



**WAUKESHA OWI TREATMENT COURT**

A Program of Wisconsin Community Services, Inc. (WCS)

414 W. Moreland Boulevard, Room 200, Waukesha, WI 53188

Phone: 262-544-4600 Fax: 262-544-9456

*www.wiscs.org*

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Work Schedule:

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Is this schedule a set schedule or a flexible schedule? \_\_\_\_\_

Supervisor/Manager's Name \_\_\_\_\_

Signature \_\_\_\_\_

**WAUKESHA COUNTY OWI TREATMENT COURT  
PRESCRIBED MEDICATION FORM**

I am a participant in the Waukesha County OWI Court Treatment Program. As such, I am in recovery and not permitted to use any controlled substances or alcohol, unless medically necessary and that I do so pursuant to the orders of a physician. Before giving or prescribing me a controlled substance, please review and consider the following:

*Make every effort to treat me without giving or prescribing me medications with high abuse potential. Should I be on such medication, my progress may be furloughed until I am free of any such medications.*

Please complete the form below for the court stating that I have disclosed my substance use problem. I have a history of misusing \_\_\_\_\_.

Patient Name: \_\_\_\_\_

Date of Visit: \_\_\_\_\_

Medication Prescribed: \_\_\_\_\_

Dosage and Frequency: \_\_\_\_\_

By completing and signing this form, I, the physician, acknowledge that the above patient is an active participant in the Waukesha County OWI Court. I have considered alternative methods of treatment for the patient's medical needs, and am prescribing the above medication because I have determined the alternatives to be inappropriate and that the above medication is medically necessary.

---

Physician Signature

Printed Name

Date

---

OWI Court Participant: Please have your physician complete the above form the same day you are prescribed the medication. Include contact information for your health care provider and return this form to your Probation Agent, Case Manager or the Waukesha County Treatment Court Program Director as soon as possible. Any questions can be directed to 262-993-1271.

Health Care Provider: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

# Court Cost Log

Participants Name:

Agency	Total Amount Due	Monthly Payments
WCS		
Court Costs (Fines)		
Huber Fees		
ARC Fees		
SCRAM Fees		
Treatment Fees		
Attorney Fees		
OTC Program Fee		







**MONTHLY BUDGET PLAN**

**INCOME:**

Your Net Salary: \_\_\_\_\_  
 Your Spouse's Salary: \_\_\_\_\_  
 Other Income: \_\_\_\_\_

**FIXED EXPENSES:**

Credit Card #1 \_\_\_\_\_  
 Credit Card #2 \_\_\_\_\_  
 Rent/House Payment \_\_\_\_\_  
 Retirement, 401(k) \_\_\_\_\_  
 Car Payment \_\_\_\_\_  
 Car Insurance \_\_\_\_\_  
 Ignition Interlock \_\_\_\_\_  
 Student Loans \_\_\_\_\_  
 Landline Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Cable \_\_\_\_\_  
 Internet \_\_\_\_\_  
 Electric Bill \_\_\_\_\_  
 Gas Bill \_\_\_\_\_  
 Water Bill \_\_\_\_\_  
 Alimony \_\_\_\_\_  
 Child Support \_\_\_\_\_  
 Outstanding Loans \_\_\_\_\_  
 Fines \_\_\_\_\_  
 Medical Insurance \_\_\_\_\_  
 Prescriptions \_\_\_\_\_  
 SCRAM \_\_\_\_\_  
 Supervision Fees \_\_\_\_\_  
 SCRAM \_\_\_\_\_  
 Program Fee \_\_\_\_\_  
 Other \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b><i>TOTAL Income:</i></b> _____ - (Subtract) <b><i>Total Expenses:</i></b> _____ <hr style="border: 1px solid black;"/> <b><i>Remaining Money:</i></b> _____
---

**ADJUSTABLE EXPENSES:**

Savings \_\_\_\_\_  
 Groceries \_\_\_\_\_  
 Eating Out, Snacks \_\_\_\_\_  
 Household Products \_\_\_\_\_  
 Entertainment \_\_\_\_\_  
 Clothes \_\_\_\_\_  
 Travel \_\_\_\_\_  
 Medical Bills \_\_\_\_\_  
 Gasoline \_\_\_\_\_  
 Other Car Expenses \_\_\_\_\_  
 (Repairs, Maintenance, Parking)  
 Laundry \_\_\_\_\_  
 Cigarettes \_\_\_\_\_  
 Gifts \_\_\_\_\_  
 Other \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



# Waukesha County OWI Treatment Court Phase I Contract

In addition to the rules listed previously, you will also be required to:

1. Report to your case manager's office in person, at least once per week, and/or as directed by your case manager.
2. Comply with SCRAM CAM requirements (See page 18)
3. Complete a treatment assessment or provide a discharge summary within two weeks of intake and comply with the recommendation.
4. Attend at least two self-help meetings per week and provide written verification, as directed by the case manager, if not currently in treatment. (See page 31)
5. Submit to random drug and alcohol testing following SCRAM CAM, or as directed by your case manager and/or treatment provider. (See page 23 for the procedure)
6. Attend OWI Treatment Court weekly. **You will be required stay until the end of each court session!**
7. Attend **one** OTC Alumni meeting per month.
8. Recalibrate IID monthly.
9. Attend a Victim Impact Panel (if no previously attended).
10. Comply with Drivers Safety Plan.
11. Provide completed medication verification form. (See page 26)
12. Participant must stay current with financial obligations and be assessed a monthly program fee by the end of Phase II, including but not limited to: monthly program participation fee, SCRAM fees, and OWI fine payment plan.

I understand and agree to abide by all conditions and rules of the Phase I Contract. Any violation of these conditions may result in sanctions, incarceration, or expulsion from the program. **In order to advance to Phase II, you must have 14 days of consecutive sober/clean time.**

I understand that I will be required to serve the minimum mandatory jail sentence. I may be eligible to serve this in the Waukesha County Jail or Huber Facility, or be placed on electronic monitoring or SCRAM, as determined by the Treatment Court Judge.

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Case Manager

\_\_\_\_\_  
Date

# Waukesha County OWI Treatment Court Phase II Contract

In addition to the rules listed previously, you will also be required to:

1. Report to your case manager's office in person, at least once per week, and/or as directed by your case manager.
2. Attend substance abuse counseling and/or group sessions as directed by your treatment provider.
3. Attend at least two self-help meetings per week and provide written verification, as directed by the case manager, **if not currently in treatment.** (See page 31)
4. Obtain a sponsor/support person and provide written verification, as directed by the case manager.
5. Submit to random drug and alcohol testing following SCRAM CAM, or as directed by your case manager and/or treatment provider. (See page 23 for the procedure)
6. Attend OWI Treatment Court every two weeks, or as directed by your case manager. **You will be required stay until the end of each court session!**
7. Attend **one** OTC Alumni meeting per month.
8. Recalibrate IID monthly.
9. Complete an autobiography.
10. Work toward employment or some other approved community activity.
11. Participant must stay current with financial obligations and be assessed a monthly program fee by the end of Phase II, including but not limited to: monthly program participation fee, SCRAM fees, and OWI fine payment plan.

I understand and agree to abide by all conditions of the Phase II Contract. Any violation of these conditions may result in possible sanctions, incarceration, return to Phase I or expulsion from the program. **In order to advance to Phase III, you must have 30 days of consecutive sober/clean time.**

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Case Manager

\_\_\_\_\_  
Date

---

## Waukesha County OWI Treatment Court Phase III Contract

In addition to the rules listed previously, you will also be required to:

1. Report to your case manager's office in person, at least twice per month, and/or as directed by your case manager.
2. Attend substance abuse counseling and/or group sessions as directed by your treatment provider.
3. Attend at least two self-help meetings per week and provide written verification, as directed by the case manager. (See page 31)
4. Maintain weekly contact with a sponsor/support person and provide written verification, as directed by the case manager.
5. Submit to random drug and alcohol testing as directed by your case manager and/or treatment provider. (See page 23 for the procedure)
6. Attend OWI Treatment Court every four weeks, or as directed by your case manager. **You will be required stay until the end of each court session!**
7. Attend **one** OTC Alumni meeting per month.
8. Recalibrate IID monthly.
9. Work toward employment or some other approved community activity.
10. Participant must stay current with financial obligations including but not limited to: monthly program participation fee, SCRAM fees, and OWI fine payment plan.

I understand and agree to abide by all conditions of the Phase III Contract. Any violation of these conditions may result in possible sanctions, incarceration, return to Phase II or expulsion from the program. **In order to advance to Phase IV, you must have 45 days of consecutive sober/clean time.**

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Case Manager

\_\_\_\_\_  
Date

---

# *Waukesha County OWI Treatment Court*

## **Phase IV Contract**

In addition to the rules listed previously, you will also be required to:

1. Report to your case manager's office in person, once every two weeks, or as directed by your case manager.
2. Attend substance abuse counseling and /or group sessions as directed by your treatment provider.
3. Attend at least two self-help support meetings per week and provide written verification, as directed by your case manager. (See page 31)
4. Maintain weekly contact with a sponsor/support person and provide written verification, as directed by your case manager.
5. Submit to random drug and alcohol testing as directed by your case manager and/or treatment provider. (See page 23 for the procedure)
6. Attend OWI Treatment Court every four weeks, or as directed by your case manager. **You will be required stay until the end of each court session!**
7. Attend **one** OTC Alumni meeting per month.
8. Recalibrate IID monthly.
9. Work toward employment or some other approved community activity.
10. Participant must stay current with financial obligations, including but not limited to: monthly program participation fee, SCRAM fees, and OWI fine payment plan.

I understand and agree to abide by all conditions of the Phase IV Contract. Any violation of these conditions may result in possible sanctions, incarceration, return to Phase III or expulsion from the program. **In order to advance to Phase V, you must have 60 days of consecutive sober/clean time.**

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Case Manager

\_\_\_\_\_  
Date



# ***Waukesha County OWI Treatment Court*** **Phase V Contract**

In addition to the rules listed previously, you will also be required to:

1. Report to your case manager's office in person, once every four weeks, or as directed by your case manager.
2. Attend substance abuse counseling and /or group sessions as directed by your treatment provider.
3. Attend at least two self-help support meetings per week and provide written verification, as directed by your case manager. (See page 31)
4. Maintain weekly contact with a sponsor/support person and provide written verification, as directed by your case manager.
5. Submit to random drug and alcohol testing as directed by your case manager and/or treatment provider. (See page 23 for the procedure)
6. Attend OWI Treatment Court every four weeks, or as directed by your case manager. **You will be required stay until the end of each court session!**
7. Attend **one** OTC Alumni meeting per month.
8. Recalibrate IID monthly.
9. Develop Relapse Prevention plan within the first 30 days.
10. Work toward employment or some other approved community activity.
11. **All fees must be paid one week prior to graduation.**

I understand and agree to abide by all conditions of the Phase V Contract. Any violation of these conditions may result in possible sanctions, incarceration, return to Phase IV or expulsion from the program. **In order to graduate, you must have 90 days of consecutive sober/clean time.**

\*\*Formal completion of the OWI Treatment Court Program means you will never have to serve the balance of your remaining jail days\*\*

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Case Manager

\_\_\_\_\_  
Date

## PARTICIPANT ACKNOWLEDGEMENT OF the DRUG TESTING COLLECTION PROTOCOL

The reliability of drug testing is dependant on the integrity and accuracy of the collection process along with the chain of custody of the sample. Staff realizes that drug testing can be an invasive procedure. However, strict adherence to the following collection protocol will ensure reliability and validity of all drug test results.

### Participant Preparation for Urine Testing

1. Upon admission to the program, case managers will review the drug testing collection protocol with the participant and provide the participant with a copy.
2. Upon admission to the program, participants will be provided with a list of over-the-counter medications and foods they **MUST** avoid while in drug testing (attached).
3. Because selection for testing is done on a random basis, **ALL program participants MUST appear in the office ready to provide a urine sample for testing.**
  - a. Participants who cannot provide a sample will wait in a designated area for 15 minutes, and will be monitored to ensure no consumption of fluids. If the participant cannot produce a sample within 15 minutes, the "Shy Bladder" procedure will be implemented.
  - b. Children are not to be present during the drug testing process.**
4. **All drug testing will take place first**, followed by the supervision appointment with the participant's case manager. The case manager will review the results of the drug test at the supervision appointment after the drug testing process is complete and the participant is escorted back to the office by the case manager.
5. "Shy Bladder" procedure. If a participant cannot provide a sample, they will remain in the designated drug testing waiting room until they are able to do so. **THEY WILL NOT BE ALLOWED TO LEAVE AND RETURN TO PROVIDE A SAMPLE, and all consumption of fluids will be strictly monitored. Participants are not allowed to leave to go to their car, get a drink, smoke, or any other reason.** If the participant leaves the drug testing waiting area for any reason before providing a sample, a "Refusal" will be documented and reported to the Court. **NO EXCEPTIONS!**

### Sample Collection

1. The case manager will prepare for drug testing, securing the proper forms and labels. The case manager will ask the participant if s/he is taking **any prescription medication**. This will be noted in the hard file, and all **prescriptions must be verified**.
2. The case manager will ask the participant if they are ready to provide a specimen and will escort the participant to the designated bathroom, while maintaining all drug testing documents in their possession.
3. Staff collecting the sample will verify the identity of the person to be tested by asking their name and date of birth. **Participants MUST match the photograph in the participant's file.**
4. Collection staff will enter the collection date, specimen number, last name, first name and date of birth of the participant on the "Drug Testing Collection Log".
5. Participants will be required to remove **ALL extra layers of clothing down to one layer of clothing**, including: coats, jackets, hooded sweatshirts or large pocket clothing items prior to testing.
6. Participants will empty ALL pockets, and place all items in a storage tray (any money will remain in possession of the participant) until the testing process is complete.
7. The participant will thoroughly rinse and dry their hands **immediately** prior to testing. **This activity will be observed by collection staff.**

8. Collection staff will secure and wear gloves at this time and ensure that the toilet has been flushed prior to sample collection.
9. Collection staff will ask the participant to inspect the package to make sure it is sealed.
10. The collection staff will direct the participant to provide a urine sample, filling the testing cup to the minimum fill line (as marked on the test cup).

**\*\*Collection staff will ensure the collection of an unadulterated sample by monitoring the collection of the specimen.**

**\*\* There will be no talking during the collection of the specimen!**

11. Upon completion of providing the sample, the participant will **hand the testing cup to the collection staff** to place the container lid securely on the cup.
12. The collection staff will verify the temperature of the sample by inspecting the temperature strip on the testing cup to ensure the validity of the sample.
13. The participant will be instructed to dress, flush the toilet and wash their hands.
14. The collection staff will activate the test, and secure the sample by placing the key in the cup lid and placing a green drug testing sticker over the lid and key down the side of the cup **in the presence of the participant.**
15. The date and the offender ID number will be documented on the testing cup with a Sharpie marker. Collection staff will ask the participant to verify all information documented on the cup label to ensure its legibility.
16. Participants will be asked to wait in the designated area for release to their case manager to return to the program office for the supervision appointment.
17. If collection staff believes an adulterated sample has been submitted, the participant will be required to submit a new sample.
18. If the specimen is diluted, the participant is instructed to remain in the waiting room and to provide a new specimen. The participant **MUST** wait an hour before providing a new specimen. The results of the second specimen are reported to the Court. In the event the second specimen is diluted, no additional specimens will be collected and those results reported to the Court.
19. All positive specimens will be placed in a secure (locked) container and collected for transport to the secure storage site on a frequent basis. **All positive samples will be stored in the designated, locked refrigerator on-site at the Waukesha office for 10 days.**
20. After the testing process is completed, the participant **MUST** wait to meet with their case manager.

### **Challenges to Accuracy of Test Results**

1. Under **no circumstance** will a participant be allowed to submit a “new” specimen based on a claim of lab error. If a participant wishes to challenge the accuracy of a test result, **the challenge MUST be made within 24 hours of the participant receiving notice of the positive result.**
2. When a test is positive and participants have presented verified prescriptions, the only way WCS can verify the positive result is due to a prescription is through a confirmation test. If a participant declines a confirmation test, the result is reported as positive and details the verified prescription(s).
3. The participant is responsible for informing their attorney of their intent to challenge the drug test result.

4. The participant and/or their attorney must notify the assigned case manager if a confirmation test is being requested within 24 hours of the positive result. The case manager will then notify the WCS Drug Testing Lab of the challenge and request for confirmation.
5. The participant will be responsible for **pre-paying for the confirmation test (\$25/test) and that fee MUST be paid within 48 hours of the positive test.**

<b>OVER-THE-COUNTER MEDICATIONS AND FOODS TO AVOID WHILE BEING URINE/BREATH/SCRAM TESTED</b>
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**It is the participant's responsibility to limit exposure to the below list of products. It is the participant's responsibility to read labels or inquire of a pharmacist or assigned case manager before using/consuming the following products. Use of the products detailed below will NOT be allowed as an excuse for a positive drug, breathalyzer or SCRAM test. When in doubt, do not use or consume:**

1. **Cough and Other Liquid Medications:** Alcohol containing cough/cold syrups such as Nyquil. Other cough syrup brands containing ethyl alcohol. All prescription and over-the-counter medications must be reviewed with your case manager before use. Non-alcohol containing cough/cold remedies are readily available at most pharmacies and major retail stores.
2. **Non-Alcoholic Beer/Wine:** Although legally considered non-alcoholic, NA beers (Sharps, O'Doul's) contain a residual amount of alcohol that may result in a positive test result for alcohol, if consumed.
3. **Food and Other Ingestible Products:** There are numerous other consumable products that contain ethyl alcohol. Flavoring extracts such as vanilla or almond extract, and liquid herbal extracts (such as Ginkgo Biloba), could result in a positive screen for alcohol or its breakdown products. Energy drinks, Communion wine, food cooked with wine and flambé dishes (alcohol poured over a food and ignited such as cherries jubilee, baked Alaska) must be avoided.
4. **Mouthwash and Breath Strips:** Most mouthwashes (Listermint, Cepacol, etc.) and other breath cleansing products contain ethyl alcohol. The use of mouthwashes containing ethyl alcohol may produce a positive test result. Non-alcohol breath fresheners are readily available and are an acceptable alternative.
5. **Hygiene Products:** After shaves, colognes, hairsprays, mousse, astringents, bug sprays (Off) and some body washes contain ethyl alcohol. While it is unlikely that limited use of these products would result in a positive test for alcohol, excessive, unnecessary or repeated use of these products could affect test results. Participants must use these products sparingly to avoid reaching detection levels.
6. **Solvents and Lacquers:** Many solvents, lacquers and surface preparation products contain ethyl alcohol. Both excessive inhalation of vapors, and topical exposure to such products, can potentially cause a positive test result for alcohol. Frequency of use and duration of exposure to such products must be kept to a minimum. There are alternatives to nearly any item containing ethyl alcohol. A positive test result will not be excused by reference to use of an alcohol-based solvent. If a participant is employed where contact with such products cannot be avoided, this must be discussed with the case manager.
7. **Poppy Seeds:** It is possible to test positive for opiates after having consumed poppy seeds. Poppy seeds contain trace amounts of opium, which like heroin, is derived from the poppy plant. Research measuring the amount of seeds necessary to produce a positive result is varied. To avoid this issue, participants must avoid consuming poppy seeds.
8. **CBD Oil:** It is possible to test positive for marijuana after using CBD oil/products depending on the purity of the products. To avoid this issue, participants must refrain from using CBD oils and products.

## SECOND HAND MARIJUANA SMOKE

In various studies on passive inhalation, positive results have occurred where individuals were exposed to the smoke of 4-16 marijuana cigarettes in an extremely small, sealed, unventilated area for one hour a day over the course of several days. The conditions were extremely uncomfortable, causing watering of the eyes and irritation to the mucous membrane of the nose and throat. The few positive test results were detected at the 20 ng/ml level which is the most sensitive testing level.

The only study where the results were detectable at the 50 or 100 ng/ml level were a product of hour long exposure in the above sealed conditions to 16 cigarettes over 6 consecutive days. It is highly unlikely that the extreme conditions necessary to produce ANY positive test (even at the lowest 20 ng/ml level) could be encountered in a real-life situation without, at least, the tacit consent of the participant. **Accordingly, it is the participant's responsibility to remove him/her self from that situation.**

### Participant Preparation for Saliva Testing

The reliability of saliva drug testing is dependent on the integrity and accuracy of the collection process along with the chain of custody of the sample. Strict adherence to the following collection protocol will ensure reliability and validity of all drug test results. Saliva testing will be conducted on Saturdays only and is not permissible as an alternative to a urine test at any other time during your supervision.

1. No food or beverage, including water, will be allowed in the testing area.
2. You must wait a minimum of 15 minutes after the consumption of food or beverage before the saliva test is administered.
3. You must be tobacco free, including electronic cigarettes and chewing tobacco for a minimum of 15 minutes prior to testing.
4. There will be no talking during the *collection* process. You must stay in direct view of the case manager conducting the test until the sample is secured in the testing cup. If you leave during the testing process the test will be recorded as a refusal. Participants should expect the *complete* testing process to last approximately 15-20 minutes.
5. If you test positive for a substance, other than a substance you have a valid script for, you will be required to provide another specimen with a confirmation test swab.

I, \_\_\_\_\_ (FULL name) acknowledge that my case manager thoroughly reviewed the above procedures for drug testing. I understand and agree to comply with all above procedures as an active participant of the WCS Pretrial Program in accordance with my court ordered conditions of release. I understand that failing to sign this document will be reported to the Court.

Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Witness (Case Manager): \_\_\_\_\_ Date: \_\_\_\_\_

# Participant Contract

1. I fully agree to participate in the Waukesha County OWI Treatment Court Program.
2. I agree to participate in all phases of the program as recommended by my case manager.
3. I understand that if I am referred to a treatment group, I will be involved in the group discussions and agree to actively participate.
4. I understand I must have ALL prescribing doctors/dentists fill out a prescription medication form and provide bottles to staff (with the medication in it) within 1-2 business days. You may also be asked to bring your medication in weekly for a medication count.
5. I agree to abide by all directives and decisions given by the Judge and the staff.
6. I understand that no violence or threats of violence or inappropriate conduct is allowed at Wisconsin Community Services and that legal prosecution will result from such actions.
7. I understand that all program participation information will be shared with the Alcohol Treatment Court Team, District Attorney, Defense Attorney, Treatment Providers and Department of Correction Agent if currently on probation.
8. I understand that I must stay current with all of my financial obligations, *including but not limited to*: The monthly program participation fee, SCRAM fees, any outstanding pretrial fees and OWI fine payment plan. Failure to comply with the monthly program fee may result in termination from the Alcohol Treatment Court Program and a referral to Waukesha County Collections.

## Search and Urinalysis Policy

I hereby give permission to Wisconsin Community Service staff to search my personal belongings while I am on WCS property, if I am suspected of carrying contraband. I hereby waive any constitutional objection to any such search and claim for invasion of privacy in connection with such searches.

I understand that as a participant in the Waukesha County OWI Treatment Court Program, I will be required to provide breath and urine specimens for analysis and that all positive results will be reported to all involved parties, i.e. OWI Treatment Court Judge, District Attorney, Defense Attorney and Department of Corrections Agent, if currently on probation.

\_\_\_\_\_  
Participant Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Case Manager/Witness

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

## CLIENT RIGHTS STATEMENT

As a client in the Waukesha County OWI Treatment Court program through Wisconsin Community Services, Inc., you have certain rights.

First, you need to know that a qualified provider may consult with other experts on treatment issues. You are encouraged to discuss your progress in this program at any time with your provider. Unless you are court ordered or are here as a condition of your probation/parole, you may end treatment at any time.

You are entitled to receive information about the methods and approaches of the program you are enrolling in. You will be an active participant in the development of your treatment service plan. You may also seek consultation from another expert regarding the appropriateness of this program for you.

You need to know that the information you give us during your treatment is legally confidential except as required by law. This confidentiality is regulated by state law, and for individuals in substance abuse programs, also by federal law. Information about your treatment and your case can only be released upon your written request/consent. It may be that you have been ordered to attend this program or that attendance is a condition that a progress report must be sent to your agent. If this is the case, and if there is a condition that a progress report must be sent to your probation/parole agent, then you must sign a written consent for such information to be released. Your provider will provide this consent form for you.

There are exceptions to the law of confidentiality. These exceptions are as follows: if there is a “threat of harm” to self or others; the person is of imminent danger to self or others; there is suspicion of child abuse; or if an individual is considered to be gravely mentally disabled. In these cases a provider, by professional ethics and state statutes, is obligated to protect the individual or others. In any situation, they must be reported to the Department of Social Services in the county where the abuse is suspected.

You need to know that sexual contact between a client provider is not a part of any recognized therapy or rehabilitative process and is never seen as acceptable under any circumstance or condition. Sexual intimacy between client and provider is illegal and should be reported to the appropriate grievance or professional licensing authority.

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I have been informed of my provider’s professional credentials, training and experience. I have also read the above information and understand my rights as a client.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Case Manager Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

# **PHOTOGRAPHY RELEASE**

I, \_\_\_\_\_, hereby authorize Wisconsin Community Services, Inc. to photograph me for identification purposes. This photograph will be utilized as necessary by WCS staff and law enforcement personnel.

\_\_\_\_\_  
Participant Signature

\_\_\_/\_\_\_/\_\_\_  
Date

\_\_\_\_\_  
Case Manager Signature

\_\_\_/\_\_\_/\_\_\_  
Date







**Wisconsin Community Services, Inc. (WCS)  
Civil Rights Compliance (CRC) Self-Report Intake Form**

*Effective January 1, 2016, this form must be completed for every intake done in Wisconsin Community Services, Inc. (WCS) of a program participant who is age 18 or older.*

In order for WCS to protect your civil rights, we respectfully ask you to provide this information. This information will not be shared or distributed outside of the agency unless required for compliance with applicable civil rights laws. Please note that you are not required to answer these questions as a condition of services.

**English as a Second Language (ESL) for Spanish Speakers:**

*Se te hace difícil hablar inglés? [Is it difficult for you to speak English?]*

*Si la respuesta es sí, por favor indícalo en esta oración. Así tu trabajador social o consejero de WCS podrá darte asistencia de intérprete para servirte mejor. [If, yes, please point to this sentence so your WCS case manager or counselor can translate to better serve you.]*

**Primary Language (circle one):**      English                      Spanish                      Hmong  
    Somali                      Russian                      Other: \_\_\_\_\_

**Date of Birth and ZIP Code of residence:**

Date of Birth: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

**Income Level (circle one that applies or enter a number):**

_____	\$0 to \$9,999	\$10,000 to \$14,999	\$15,000 to \$16,999	\$17,000 to \$19,999
\$20,000 to \$23,999	\$24,000 to \$27,999	\$28,000 to \$31,999	\$32,000 to \$35,999	\$36,000 to \$37,999
\$38,000 to \$39,999	\$40,000 to \$43,999	\$44,000 to \$45,999	\$46,000 to \$49,999	\$50,000 to \$55,999
\$56,000 to \$59,999	\$60,000 to \$64,999	\$65,000 to \$69,999	\$70,000 to \$74,999	\$75,000 to \$250,000

**Gender (circle one):**      Male      Female      Transgender      Unknown      Other

**Race (circle all that significantly apply):**

African American/Black	Native American	Asian
Caucasian/White	Native Hawaiian/Pacific Islander	Multi-Racial
Middle Eastern	Other	Unknown

**Ethnicity (circle one):**      Hispanic/Latino      Not Hispanic/Latino      Unknown

**Exclusions:**

1. Program participants age 17 years old or younger
2. Program participants who are being screened by WCS staff during a one-time point of contact who might not become a program participant of the agency (individuals who are screened who do become a participant of WCS should complete this form at that time).  
Please check with your Division Administrator for applicability.

US Veteran Status: Have you ever served in the United States Military? (circle one) Yes No

Do you have a disability or disabilities that is/are different from the primary reason that you are being served at WCS? (circle one)

Yes No Choose not to answer

If yes, how would you describe this disability or disabilities? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you need an accommodation for this disability or disabilities? (circle one) Yes No NA

If yes, how would you describe this disability or disabilities? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Participant's Printed Name: \_\_\_\_\_ OR Initials and DOB: \_\_\_\_\_

Program or Service Area of WCS: \_\_\_\_\_

**PARTICIPANT HAS DECLINED TO PARTICIPATE**

I certify that I asked the program participant to complete this self-report form during the beginning of the participant's time with WCS, if occurring on or after January 1, 2016. The participant has declined to participate.

WCS Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OBSERVATION OF POSSIBLE DEVELOPMENTAL OR LEARNING IMPAIRMENT**

I believe that the participant might have a developmental or learning impairment that might impact his or her ability to understand and respond to the above questions. I will consult with the agency's Disability Coordinator and/or CRC Officer to facilitate and document an appropriate accommodation.

WCS Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Exclusions:**

1. Program participants age 17 years old or younger
2. Program participants who are being screened by WCS staff during a one-time point of contact who might not become a program participant of the agency (individuals who are screened who do become a participant of WCS should complete this form at that time).

Please check with your Division Administrator for applicability.



**OWI TREATMENT COURT PROGRAM**  
A program of Wisconsin Community Services, Inc. (WCS)

**Name:** Jane Doe    **Age:** 54    **Case #:** 20CF0609    **Admission Date:** 10/7/20

**Offense:** 4<sup>th</sup> OWI    **BAC:** .379    **Drugs:** none    **Attorney:** Peter Wolff-SPD

**Drug of Choice:** Alcohol

**Summary of Complaint:** 5/14/20 @ 10/59am-report of an intoxicated driver driving recklessly; pulled out in front of a white box truck, nearly hit a sign and was weaving from side to side. Pulled into South Vista Court and hit a garbage can while attempting to turn around

Case Detail:                      Date of Sentencing: **9/8/20**  
Sentence:    **2 years probation, sentence withheld w/ 360 days CT**  
**36 mo renovation & 60 mo IID**

Pretrial Compliance:        **Compliant**

Probation:                      Start Date: **9/8/20**        Length: **2 years**        Offense: **4<sup>th</sup> OWI**

Address:                        **414 W. Moreland Blvd.**  
**Waukesha, WI 53188**

Occupation:                    **Castle Senior Living-Life Enrichment Assessment**

Marital/Relationship  
Status:                            **Single**

Children:                         **0**

Treatment:                      Treatment provider: **HHS**  
Admitted: **8/1/20** Completed:                      Schedule: **IOP**

Mental Health:                **Anxiety & Major Depression**

Medication:                    **none**



# RELAPSE PREVENTION PLAN

Name: \_\_\_\_\_

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

**Please list five triggers that you can identify that could lead to a relapse.**

- 1.
- 2.
- 3.
- 4.
- 5.

**Please list three people that you can talk to if you are struggling.**

- 1.
- 2.
- 3.

**Please list five activities/skills you can do to get your mind off of using.**

- 1.
- 2.
- 3.
- 4.
- 5.

**How will your life change if you relapse? How about if you stay sober?**

*OUTCOMES OF RELAPSE*

*OUTCOMES OF SOBRIETY*

1.

1.

2.

2.

3.

3.

4.

4.

5.

5.

**If I should relapse, I agree to do the following within 24 hours.**

1.

2.

3.

4.

5.



**WAUKESHA OWI TREATMENT COURT**

A Program of Wisconsin Community Services, Inc. (WCS)

414 W. Moreland Boulevard, Room 200, Waukesha, WI 53188

Phone: 262-544-4600 Fax: 262-544-9456

*www.wiscs.org*

**Client Satisfaction Survey-Graduates**

Client Name \_\_\_\_\_

Date \_\_\_\_\_

Describe your life prior to your charge and to the OTC Program. \_\_\_\_\_

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How do you feel the program/staff supported you towards change? \_\_\_\_\_

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Describe your life after services and how you benefited from your involvement in the program. \_\_\_\_\_

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Describe any challenges along the way and any suggestions to improve the program. \_\_\_\_\_

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Would you be willing to speak at future events to support the program's continuance for future participants? \_\_\_ yes \_\_\_ no

If yes, please include your contact information \_\_\_\_\_

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Paul Farrow  
County Executive



Antwayne M. Robertson  
Director  
Laura L. Kleber  
Deputy Director

## Waukesha County

### *Department of Health and Human Services*

#### **ALCOHOL TREATMENT COURT FEE DETERMINATION**

THE FOLLOWING FINANCIAL INFORMATION IS REQUIRED IN ORDER TO COMPLETE A FEE ASSESSMENT FOR PARTICIPATION IN THE ALCOHOL TREATMENT COURT PROGRAM. PLEASE RETURN THIS INFORMATION IN THE SELF-ADDRESSED, STAMPED ENVELOPE PROVIDED **WITHIN 10 BUSINESS DAYS**. UNTIL THIS INFORMATION IS PROVIDED, YOU WILL BE CHARGED THE MAXIMUM MONTHLY PARTICIPATION FEE.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

- **PREVIOUS YEARS' COMPLETED INCOME TAX 1040 FORM WITH ALL SUPPORTING SCHEDULES AND W2 FORMS AND HOMESTEAD CREDIT FORM**

*If the above information cannot be provided, please provide:*

- AWARD LETTER FOR SOCIAL SECURITY OR PENSION, ETC.
- BANK STATEMENTS (showing direct deposit of benefits)/COPIES OF PAY STUBS
- VERIFICATION OF COURT ORDERED OBLIGATIONS (i.e. child support, liens, judgments)
- COPIES OF INSURANCE/T-19 OR MEDICARE CARDS
- COPY OF EARNINGS PRINTOUT FROM SOCIAL SECURITY (go to Social Security office on corner of Wisconsin & Grand Avenue in Waukesha)
- OTHER \_\_\_\_\_

CLIENT SIGNATURE: \_\_\_\_\_

YOU WILL BE RECEIVING A BILLING STATEMENT IN THE NEAR FUTURE INDICATING THE AMOUNT YOU ARE EXPECTED TO PAY ON A MONTHLY BASIS FOR PARTICIPATION IN THE ALCOHOL TREATMENT COURT PROGRAM, BASED ON YOUR ABILITY TO PAY AS DETERMINED BY THIS DEPARTMENT.

IF YOU HAVE QUESTIONS, PLEASE CALL SUSAN AT (262) 548-7390.