

# WAUKESHA COUNTY OWI TREATMENT COURT APPLICATION

Complete Participant Handbook is available on the Waukesha County website at

<https://www.waukeshacounty.gov/HealthAndHumanServices/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/)

**AS OF 4/1/18, APPLICATIONS WILL BE CONSIDERED ONLY IF SUBMITTED/APPROVED PRIOR TO SENTENCING.**

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 OWI 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      \_\_\_\_\_

\_\_\_ Yes \_\_\_ No      Has the applicant been convicted of or pending on a violent felony?  
If yes, please explain

\_\_\_\_\_

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 bi-weekly on Thursdays at 2:30pm.
- \_\_\_ 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 Alcohol 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 OWI Treatment Court becomes available.

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**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 OWI Treatment Court staff to get an assessment scheduled after submitting your application\*\*\***

**INTERNAL USE ONLY:**

**ELIGIBILITY CRITERIA:**

- Yes  No      Does applicant meet residency requirement?
- Yes  No      Does applicant have qualifying offense?
- Yes  No      Does applicant have a pending crime of violence?
- Yes  No      Does applicant have any violent prior convictions?  
If yes, list crime(s) and dates of conviction: \_\_\_\_\_
- Yes  No      Is applicant on probation for another offense?  
If yes, list crime(s) and dates of conviction: \_\_\_\_\_
- Yes  No      Does applicant have any out of state convictions?  
If yes, list crime(s) and dates of conviction: \_\_\_\_\_
- Yes  No      Did applicant score high risk, high need on risk assessment?
- Yes  No      Does applicant abuse substances that cannot be tested?
- Yes  No      Does applicant's case involved a victim?  
If yes, does the victim support admission?     Yes  No
- Yes  No      Has the applicant participated in OWI Treatment Court or another treatment court?
- Yes  No      Are there any pretrial concerns that may make the applicant **ineligible** for OWI Treatment Court?  
If yes, please briefly explain: \_\_\_\_\_  
\_\_\_\_\_
- Yes  No      Are there any sentencing concerns that may make the applicant **ineligible** for OWI Treatment Court? If  
yes, please briefly explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Yes  No      Is there some other reason this application should be denied?  
If yes, please briefly explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Yes  No      Is the defendant approved for admission to Alcohol Treatment Court?