



# Waukesha County Drug Court Referral Form

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

Defendant's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_ M \_\_\_ F Race: \_\_\_\_\_

Case Number(s): \_\_\_\_\_

Are these new charges? \_\_\_ Yes \_\_\_ No VOP? \_\_\_ Yes \_\_\_ No Is the defendant currently in Jail? \_\_\_ Yes \_\_\_ No

List Charges: \_\_\_\_\_

Defendant's most **CURRENT** address and phone number: \_\_\_\_\_

Referral Made By: \_\_\_\_\_

NAME

TITLE

PHONE #

Brief summary of why you believe the defendant is a candidate for Drug 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 case pending with the potential for at least 1 year in prison?

\_\_\_ Yes \_\_\_ No Is applicant willing to participate in Drug Court?

\_\_\_ Yes \_\_\_ No Are you aware of any circumstances that may make the defendant **ineligible** for Drug Court?

If yes, please briefly explain: \_\_\_\_\_

\_\_\_ Yes \_\_\_ No Has the defendant been convicted of or is pending a violent felony?

If yes, list crime(s): \_\_\_\_\_

\_\_\_ Yes \_\_\_ No Is the defendant currently being supervised by Wisconsin Community Services (WCS)?

**CRITERIA FOR PARTICIPATION**

**I understand that I will be required to submit to/complete the following requirements if I am accepted into Drug 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 Drug Court at least bi-weekly on Wednesdays at 2:30pm.
- \_\_\_ 6. Meet with case manager at least 1 time per week.
- \_\_\_ 7. I understand that the frequency of some of the requirements might be increased should it be in the best interest of my rehabilitation.

**\*Upon acceptance into the Drug Court program, a complete list of the rules and expectations will be provided.\***

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**I UNDERSTAND THE CONDITIONS OF DRUG COURT AND WISH TO BE CONSIDERED FOR ENROLLMENT INTO THE PROGRAM.**

Defendant: \_\_\_\_\_ Attorney: \_\_\_\_\_

This completed form must be returned to **Shelby Maruszczak, DA's Office Diversion Coordinator**, at:

Email [shelby.maruszczak@da.wi.gov](mailto:shelby.maruszczak@da.wi.gov)

OR

Fax (262) 896-8098

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**APPROVAL: District Attorney's Office**                      \_\_\_ Yes                      \_\_\_ No

**If no, reason:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*The Waukesha County Drug Court does not discriminate on the basis of race, color, national origin, religion, sex, disability, or age in reviewing applicants for acceptance into the program or in the delivery of services to participants. All applications are subject to the approval of both the District Attorney's Office and the Drug Court staffing team.*