



Waukesha County Referral Form (DPA or Drug Court)

Date: _____ Defendant's Name: _____

DOB: _____ 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 Charge(s): _____

Defendant's most **CURRENT** address and phone number: _____

Employed? ___ Yes ___ No Employer: _____

NAME

ADDRESS

Referral Made By: _____

NAME

TITLE

PHONE #

Brief summary of why you believe the defendant is eligible for a Deferred Prosecution Agreement or 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 Is applicant willing to participate in and comply with the conditions of a Deferred Prosecution Agreement or Drug Court?

___ Yes ___ No

Are you aware of any circumstances that may make the defendant **ineligible** for a Deferred Prosecution Agreement?

___ Yes ___ No

If yes, please briefly explain: _____

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

If yes, list crime(s): _____

CRITERIA FOR PARTICIPATION

I understand that I will be required to submit to/complete the following requirements if I enter into a Deferred Prosecution Agreement or 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 as required in Waukesha County at WCS.
- ___ 3. Attend treatment per assessment and treatment plan specifications.
- ___ 4. Meet with case manager at least 1 time per week as required in Waukesha County at WCS.
- ___ 5. *** Appear in Drug Court at least bi-weekly on Wednesday at 2:30pm. ***
- ___ 6. *** Attend at least 3 self-help meetings per week. ***
- ___ 7. Follow through with any referrals made by Wisconsin Community Services to benefit my rehabilitation.
- ___ 8. I understand that the frequency of some of the requirement might be increased should it be in the best interest of my rehabilitation.

*** Drug Court only ***

Upon the offer of a Deferred Prosecution Agreement or Drug Court, a complete list of the rules and expectations will be provided.

I UNDERSTAND THE CONDITIONS OF A DEFERRED PROSECUTION AGREEMENT OR DRUG COURT AND WISH TO BE CONSIDERED FOR AN OFFER

Defendant: _____ Attorney: _____

This completed form must be returned to **Kristy Gusse, Diversion Coordinator**, at:

Email kristina.gusse@da.wi.gov

OR

Fax (262) 896-8098

APPROVAL: District Attorney's Office ___ Yes ___ No

If no, reason: _____

The Waukesha County District Attorney's Office 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 the District Attorney's Office.