



## 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

\_\_\_\_ Yes \_\_\_\_ No Are you aware of any circumstances that may make the defendant **ineligible** for a Deferred Prosecution Agreement?

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/Agent: \_\_\_\_\_

This completed form must be returned to **Abby Lynch, Diversion Coordinator**, at:

Email [abigail.lynch@da.wi.gov](mailto:abigail.lynch@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.*