## DEPARTMENT OF HUMAN SERVICES EAU CLAIRE COUNTY TREATMENT COURTS – REFERRAL FORM

Refe	rral Date: Click or tap to enter a	date. Referral Subm	nitted by:				
Title/Organization:		Phone Number:	E-mail	il Address:			
	licant Name: (Last)	(First)		(MI) Ethnicity:	DOB:	AGE:	
Social Security Number: Applicant Current Address:			/I State ID No: ( ity:	(SID)	State:	Zip Code:	
Applicant Phone Number:		Α	<b>Applicant Email Address:</b>				
Alter	rnate Address (if current addres	ss is jail):					
What County does the applicant live i		e in? 🗌 Eau Claire	Chippewa	🗌 Dunn	☐ Other		
Does the applicant have children?		🗌 Yes	$\Box$ No If Yes,	list the age(s):			
Has applicant ever served in the armed services (including basic training or boot camp)?							
COMPAS status:		☐ Requested	Completed	🗌 Unknown			
Does Applicant meet Eligibility Criteria? (Please check each item.)							
	18 years or older		× ×				
	Chippewa Valley Veteran's Court Criminal case/s are non-violent Eau Claire County Resident	a Resident of Eau Claire or (	Chippewa or Dunn	n County			
	Open criminal case will allow a minimum of 12 months' probation						
Does	the applicant have pending cha	arges?	🗌 Yes 🗌 No	)			
	If Yes, list the County(ies), State(s),						
Case No(s), charge(s) and discharge date (from supervision)							
Applicant Defense Attorney Name:			E-mail Address:				
<b>Is applicant an Alternative to Revocation (ATR)?</b> Yes No Hearing Date (if applicable) If referral is an ATR, estimated length of incarceration if revoked:							
Is ap	plicant currently on Probation?		<b>Extended S</b>	Supervision?	Yes No	)	
	If Yes, list the <b>Discharge Date</b> , Cou	unty(ies), & State(s): Phone No.:		ail Address:			
	icant DOC Agent:						
Does	the applicant currently have a felo	Yes No	)				
•	existing warrants?	Yes No	)				
Does	the applicant have past convictions	Yes 🗌 No	)				
Is the applicant a registered sex offender?					🗌 Yes 🗌 No	)	
Has the applicant received current or previous AODA Treatment?					Yes No	)	
	(If known, list Treatment Type/Fa	cility/Dates)					

Questions? Contact: Brianna Albers, Treatment Court Supervisor (Ground Floor Department of Human Services) 715-450-6167 <u>brianna.albers@co.eau-claire.wi.us</u>

Please submit form to: Kelly Henneman, Administrative Specialist I (Ground Floor Department of Human Services) 715-839-6136 <u>kelly.henneman@co.eau-claire.wi.us</u>

Has t	he applicant received curre	Yes No				
	(If known, list Treatment T	ype/Facility/Dates)				
Has t	he applicant been diagnose	Yes No				
	If Yes, what is the disorder?	•				
	Defined as: Adults with a serious mental illness are persons: (1) age 18 and over, (2) who currently or at any during the past year, (3) have a diagnosable mental, behavioral, or emotional disorder of sufficien duration to meet diagnostic criteria specified within the Diagnostic and Statistical Manual of Men Disorders (DSM)-IV-R, (4) that has resulted in functional impairment which substantially interfe or limits one or more major life activitiesAll of these disorders have episodic, recurrent, or per features; however, they vary in terms of severity and disabling effects.					
Does	individual have insurance?		Yes No			
	If Yes; Insurance informat	on:				
Does	individual receive SSI, W2,	Veterans benefits?	Yes No			
		Check all that Apply:				
	Applicant agrees to abide by the Program Rules, is willing to participate & agrees to sign all releases of information as requested					
	Applicant physically able to participant in treatment and program					
	Applicant willing to address needs to manage mental illness					

Currently has an established treatment provider

Does not have prior/current sex offenses, stalking, arson, or kidnapping offenses.

Has previously established treatment provider

□ If ATR, Applicant has at least 12 months of supervision left with probation/parole

## Has the applicant previously been admitted into a Treatment Court?

☐ Yes (Year? Where?

If Yes, did applicant successfully complete? 🗌 Yes 📋 No

)

If No, explain why applicant did not:

🗌 No

715-450-6167 brianna.albers@co.eau-claire.wi.us