Wood County Adult Drug Treatment Court Referral Form
Please include a copy of the Criminal Complaint or police report for any pending charges or any potential violent offenses. Referrals may be sent to: criminaljustice@woodcountywi.gov

Referral Name *

First Name Last Name

Referral Phone Number *

Please enter a valid phone number.

Referral's Date of Birth (MM/DD/YYYY) *

Permanent Residence Address (Do not list jail) *

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Who does the applicant currently reside with? *

Is the applicant a current Wood County resident? *

- Yes
- No

Is the referral currently incarcerated? *

- Yes

Is the referral currently on a cash bond? *

- ○ Yes
- ○ No

If no, please explain the situation:

Attorney's Name

Attorney's Phone Number

Please enter a valid phone number.

Probation and Parole Agent

Insurance HMO (for treatment purposes)

Education Level *

- ☐ Middle School
- ☐ Some High School
- ☐ High School Graduate/GED
- ☐ Vocational/Technical Training
- ☐ Some College
- ☐ College Degree
- ☐ Advanced College Degree

Marital Status *

- ○ Single, never married
- ○ Married
- ○ Divorced
- ○ Long-term relationship
- ○ Separate

Does the applicant have children? *

- ○ Yes
- ○ No

If yes, how many?

Is there social services/CPS involvement?

- ○ Yes
- ○ No

If yes, what county and what is the social worker's name?

Does the applicant have a driver's license? *

- ○ Yes
- ○ No

Does the applicant have reliable transportation? Please describe. *

What charges are pending? *

Does the applicant have any of the following convictions? (Check all that apply) *

- ☐ Terroristic Threats
- ☐ Homicide (All Levels)
- ☐ Criminal Vehicular Homicide
- ☐ Crime Committed to Benefit a Gang
- ☐ Drive by Shooting
- ☐ Felony Child Sexual

☐ None

Does the applicant have a criminal record with a violent offense? *

○ Yes
○ No

If yes, what is the offense?

If the current offense/pending charge is Possession with Intent to Deliver or Delivery of a Controlled Substance, what information is available to demonstrate that the candidate is not a high-level drug profiteer?

What is the candidate's history of substance use? *

☐ Amphetamine
☐ Methamphetamine
☐ MDMA
☐ Barbiturates
☐ Benzodiazepines
☐ THC
☐ PCP
☐ Over the Counter or Prescription Medication
☐ Opioids
☐

Has the applicant previously had an AODA Assessment? *

○ Yes
○ No

If yes, what was the diagnosis?

What is the applicant's AODA treatment history, if any? *

Does the applicant have any mental health issues? *

- ○ Yes
- ○ No

Has the applicant had a mental health assessment? *

- ○ Yes
- ○ No

What mental health issues does the client have?

Additional Notes for the Referral: