

Marinette County Treatment Drug Court Referral Form

Defendant's Name: (Last) (First) (MI)

Case Number: Referral Date:

Defendant's Current Address:

Defendant's Phone Number:

Alternate Address (if current address is jail):

Referrals may only be made by the District Attorney, Defense Attorney, or DCC Agent

Referred by (Name and title):

Dept./Agency:

Phone Number:

E-mail Address:

Does Defendant meet eligibility criteria? (Please check each item.)

- Current Resident of Marinette County
- 18 years or older.
- Adult Criminal Court Jurisdiction

One or more of the following:

- Charged with crimes related to their substances abuse.
- Charged with crimes to finance their substances abuse habit
- Charged with distribution of a controlled substance.

Check all that apply:

- Current offense is non-violent
- Has never been found guilty, nor had adjudication withheld for any violent felony offense as defined in 941.291(1)(b) or similar crimes in any state
- Does not have prior/current convictions involving use of dangerous weapon
- Does not have prior/current sex offenses, stalking, arson, or kidnapping offenses.
- Defendant agrees to abide by the Drug Court Program Rules and is willing to participate
- Defendant willing to address issues of abuse/dependency/addiction
- Defendant physically able to participant in treatment and program
- History of prior/current supervision through probation/extended supervision
- History of drug dependency (as evidenced through prior AODA services)

If there are any issues with the listed criteria but you believe that the individual may still be eligible to participate please indicate below (attach separate sheet if necessary):

Current Offense/Reason for Referral:

Individual currently in AODA treatment? Yes No

If yes, where:

Previously involved in AODA treatment? Yes No

If yes, where/dates of attendance:

**** Please complete Release of Information for any current/previous providers.****

Is individual presently on Probation? Yes No

If yes, where/name of agent:

Is the Marinette County District Attorney's Office in agreement with this referral? Yes No

Comment:

Note: Please email this referral form to: splansky-pecor@marinettecounty.com

The Drug Court Team will consider prior criminal offenses, substance abuse history, present offense factors, and motivation to succeed in the program in making its eligibility determination.