**Monroe County**

**OWI Treatment Court Application**

You must submit this application by the date given in the letter from Judge Ziegler. It may be submitted by email to [Tara.Nichols@co.monroe.wi.us](mailto:Tara.Nichols@co.monroe.wi.us) or dropped off at the Monroe County Justice Department at 112 South Court Street, Room 1008, Sparta, Wisconsin. You will receive a letter from Judge Ziegler within 30 days of your application advising either that the defendant has been denied or the next steps of the process to potentially be approved for OWI Treatment Court.

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| --- | --- | --- | --- |
| **Defense Attorney Name** |  | | |
| **Defendant Name** |  | | |
| **Defendant Address** |  | | |
| **Defendant Date of Birth** |  | | |
| **Case Number and Offense** |  | | |
| **District Attorney Name** |  | | |
| **Requirements** (if unsure of an answer at time completing form, please note in answer to question) | | **Yes** | **No** |
| Is the Defendant at least 18 years of age? | | **☐** | **☐** |
| Is the Defendant a Monroe County Resident? | | **☐** | **☐** |
| If not a Monroe County resident, what county do they reside in?  **If not a resident of an adjacent county (Jackson, Vernon, La Crosse, Juneau) please attach details of their ties to Monroe County.** | |  | |
| Will the Defendant move to Monroe County prior to his/her assessment date if allowed to go complete the application process? | | **☐** | **☐** |
| Has/could the Defendant be considered to be involved in “drug distribution” (by the district attorney or treatment court team) due to any current or previous charges or convictions? Please see attached for Monroe County OWI Court’s policy related to drug distribution cases. **If yes, please attach Defendant’s criminal history and a copy of any pertinent criminal complaints.** | | **☐** | **☐** |
| Has/could the Defendant be considered a violent offender (by the district attorney or treatment court team) due to any current or previous charges or convictions? Please see attached for Monroe County OWI Court’s policy related to violent offenses and/or refer to the Wis. Stat. § 165.95**. If yes, please attach Defendant’s criminal history and a copy of any pertinent criminal complaints.** | | **☐** | **☐** |
| Do the Defendant’s current criminal charges include any of the following: | |  |  |
| * OWI 4th with BAC .20 or higher or restricted controlled substance (not THC) | | **☐** | **☐** |
| * OWI 5th | | **☐** | **☐** |
| * OWI 6th | | **☐** | **☐** |

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| Offer not given for Treatment Court | List reasons given by district attorney: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Address those reasons and provide any additional information for consideration** | |
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Signature of individual completing form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Form Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Office Use Only:**

|  |  |
| --- | --- |
| **Date Referral Received** |  |
| **Received By** |  |
| **Date of Team Vote to Proceed** |  |
| **Vote Results** |  |
| **Date Attorney Notified** |  |
| **Attorney Notified By** |  |
| **Risk Assessment Date** |  |
| **AODA/DSP Assessment Date** |  |

Reasons for Denial:

☐ Defendant’s current charge/offense does not meet requirement

☐ Defendant does not meet age requirement

☐ Defendant does not meet residency requirement

☐ Defendant is determined to be violent offender

☐ Defendant is determined to be involved in drug distribution

☐ Defendant does not meet high risk requirement

☐ Defendant does not meet high needs requirement

☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Defendant Gender** |  |
| **Defendant Race** |  |
| **Defendant Age** |  |