

# Eau Claire County Treatment Courts – Treatment Court Referral Form

All fields with an asterisk (\*) must be completed.

Referral Date (MM/DD/YYYY)\*: \_\_/\_\_/\_\_\_\_ Referral Submitted By\*: \_\_\_\_\_

Title/Organization\*: \_\_\_\_\_ Phone No.\*: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Applicant Last Name\*: \_\_\_\_\_ First Name\*: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Sex\*:  Male  Female WI State ID No.: \_\_\_\_\_

Date of Birth (MM/DD/YYYY)\*: \_\_/\_\_/\_\_\_\_ Age of Applicant: \_\_\_\_\_ Current Phone No.\*: \_\_\_\_\_

Current Street Address\*: \_\_\_\_\_ City\*: \_\_\_\_\_ State\*: \_\_\_\_\_

*If in Jail, Street Address Prior to Incarceration\**: \_\_\_\_\_ *City\**: \_\_\_\_\_ *State\**: \_\_\_\_\_

What county does the applicant live in? \*  Eau Claire  Chippewa  Dunn  Other \_\_\_\_\_

Does the applicant have minor children? \*  Yes  No *If Yes, list age(s):* \_\_\_\_\_

Has applicant ever served in the armed services (including basic training or boot camp)? \*  Yes  No

Is the DA's office aware of this referral? \*  Yes  No  Unknown *If Yes, supportive?* \*  Yes  No  Unknown

COMPAS status\*:  Requested  Completed  Unknown

Does the applicant have pending charges? \*  Yes  No

*If Yes*, list the County(ies), State(s), \_\_\_\_\_

Case No(s) and pending charge(s). \_\_\_\_\_

Does the applicant have any out-of-state convictions? \* *If Yes, list state and year:* \_\_\_\_\_

Is the applicant currently on: Probation? \*  Yes  No Extended Supervision? \*  Yes  No

*If Yes*, list the County(ies), State(s), \_\_\_\_\_

Case No(s), charge(s) and discharge date (from supervision). \_\_\_\_\_

Is this referral an Alternative to Revocation (ATR)? \*  Yes  No Hearing Date (if applicable): \_\_\_\_\_

*If referral is an ATR, estimated length of incarceration if revoked:* \_\_\_\_\_

Applicant's DOC Agent\*: \_\_\_\_\_ Phone No.: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Does the applicant currently have a felony DAGP? \*  Yes  No Any existing warrants? \*  Yes  No

Does the applicant have past convictions for possession with intent to deliver?  Yes  No

Is the applicant a registered sex offender? \*  Yes  No

Has the applicant been diagnosed with a mental illness? \*  Yes  No

*If Yes, what is the disorder?* \_\_\_\_\_

Has the applicant received previous mental health treatment?  Yes  No (If known, list treatment type/facility/dates)

\_\_\_\_\_

Has the applicant received previous AODA treatment?  Yes  No (If known, list treatment type/facility/dates)

\_\_\_\_\_

Has the applicant previously been admitted into a treatment court?  Yes (Year? \_\_\_\_\_ Where? \_\_\_\_\_)  No

Please submit form to: **Tessa Sarauer, Administrative Specialist (2<sup>nd</sup> Floor, Department of Human Services)**  
715-839-6136 [Tessa.Sarauer@co.eau-claire.wi.us](mailto:Tessa.Sarauer@co.eau-claire.wi.us)

Questions? Contact: **Melissa Ives, Treatment Courts Program Supervisor**  
715-839-7081 [Melissa.Ives@co.eau-claire.wi.us](mailto:Melissa.Ives@co.eau-claire.wi.us)