

Application for Diversion/Drug/OWI Treatment Court Program

Personal Information			
Name:	Preferred Pronouns:		
DOB:	Email:		
Address:	Phone #:		

General Information				
Health Insurance	Yes <input type="radio"/>	No <input type="radio"/>	Insurance Company Name:	
If insured please attach a copy of your insurance card				
Interpreter Needed			Language Spoken:	
Other Accommodations Needed	Yes <input type="radio"/>	No <input type="radio"/>	What is Needed (ex. hearing device, etc.):	
Currently Employed	Yes (Full Time) <input type="radio"/>	Yes (Part Time) <input type="radio"/>	No <input type="radio"/>	Employer Name:
Last Grade Level Completed:		Current Student <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Name of School:

Legal Information				
Attorney Representation	Yes <input type="radio"/>	No <input type="radio"/>	Name of Attorney:	
Attorney Phone #:				
Attorney Email:				
In Custody	Yes <input type="radio"/>	No <input type="radio"/>	Where:	Release Date (if known):
Referred For:	DCTP/DCDP <input type="radio"/>		OWITC <input type="radio"/>	

Pending Cases					
Pending Dane County Case(s)	Yes <input type="radio"/>	No <input type="radio"/>	Pending Out of County/State Case(s)	Yes <input type="radio"/>	No <input type="radio"/>
County:					
Case #(s):					
Count(s):					
Next Court Date(s) & Hearing Type(s):					
Assigned DA(s):					



District Attorney's Office Has Agreed to Allow Individual to Proceed to Assessment for DCTP/DCDP/OWITC		Dane County DA Office Yes <input type="radio"/> No <input type="radio"/>		OOC/State DA Office Yes <input type="radio"/> No <input type="radio"/>	
On DOC Supervision	Yes <input type="radio"/> No <input type="radio"/>	Agent Name:	Agent #:		
DOC Has Agreed to Allow Individual to Proceed to Assessment for DCTP/DCDP/OWITC			Yes <input type="radio"/>	No <input type="radio"/>	

Applicant Signature:	Date:
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*You may apply for legal representation with the State Public Defender's Office in person (preferred) or by phone:

17 South Fairchild St., 2nd Floor Madison, WI 53703
(608) 266-9150
Hours to Apply 8:00 AM-12:00 PM or 1:00 PM-4:15 PM

Please send completed applications to:
DCReferral@justicepoint.org