

## 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:		
<b>*If insured please attach a copy of your insurance card*</b>					
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	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 Address:		
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)
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    No <input type="radio"/> <input type="radio"/>		OOC/State DA Office Yes    No <input type="radio"/> <input type="radio"/>	
On DOC Supervision	Yes    No	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., 2<sup>nd</sup> 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**