

**Trempealeau County 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: \_\_\_\_\_

Participant’s Name\*: \_\_\_\_\_ Sex\*:  Male  Female WI State ID No.: \_\_\_\_\_

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

Current Address\*: \_\_\_\_\_ If in Jail, Previous Address\*: \_\_\_\_\_

What county does the participant live in?\* \_\_\_\_\_

Does the participant have children?\*  Yes  No

If Yes, list the age of children: \_\_\_\_\_

Is the DA’s office aware of this referral?\*  Yes  No Prosecutor’s Name\*: \_\_\_\_\_

COMPAS status:  Requested\*  Completed  Unknown

Has participant ever served in the armed services\*?  Yes  No

Does the participant have pending charges\*?  Yes  No

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

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

Is the participant 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): \_\_\_\_\_

Participant’s DOC Agent\*: \_\_\_\_\_ Phone No.: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Are there any existing warrants?\*  Yes  No

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

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

Has the participant been diagnosed with a mental illness (e.g., schizophrenia, bipolar mood disorder, psychotic disorder or major affective disorder)\*?  Yes  No

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

Previous AODA treatment?  Yes  No (If known, list treatment type/facility/dates)

\_\_\_\_\_  
\_\_\_\_\_

Previous mental health treatment?  Yes  No (If known, list treatment type/facility/dates)

\_\_\_\_\_  
\_\_\_\_\_

Has the participant previously been admitted into a treatment court?

Yes (When? \_\_\_\_\_ Where? \_\_\_\_\_)  No

Please submit form to: Patrick Bell, Justice Coordinator  
PO Box 67, Whitehall, WI 54773  
715-538-1837 patb@trempocounty.com