

Washburn County Drug and Alcohol Court Application

Referral Agency Contact Information

Name	
Street Address	
City ST ZIP Code	
Work Phone	
Cell Phone	
E-Mail Address	

Contact Information of Client

Full Name	
Other Names	
Street Address	
City ST ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	

General Information

Male Female

Date of Birth: _____ Age: _____

Valid Driver's License: Yes No

Stable Housing: Yes No

Explain if No: _____

Employment: Yes Where: _____ No

Health Insurance: MA/Badgercare Private

Legal and Criminal Information

Is the referred client currently on probation? Yes No

If yes, who is the agent? _____

County and Case Number(s) client is being referred on:

Is this case resolved? Yes No

If no, who is the Judge? _____

Approximately when will the case be resolved? _____

Does this client have any other open cases? Yes No

Prior Criminal History

Violent Criminal Convictions Yes No

If yes, please explain: _____

Referral Reason

What is the reason for the referral?

Do you have any sober supports in your life?

Drug(s) of Choice

- Alcohol Methamphetamine Opiates Cocaine
 Marijuana Amphetamines Benzodiazepines Synthetic Marijuana
 Other:

Previous Treatment

Has this client previously participated in treatment? Yes No

If yes, please describe:

Please return the completed form by email, fax, or mail to:

**Stephanie Villella
Drug Court Case Manager
10 4th Ave
PO Box 337
Shell Lake, WI 54871
svillell@co.washburn.wi.us
FAX: 715.468.4728**

If there are any questions regarding this referral, please contact Stephanie at 715.468.4734.