

Clark County Recovery Court Referral for Screening and Assessment

REFERRAL INFORMATION

Date of Referral: _____

Referred By (Name): _____

Check One:

<input type="checkbox"/> Judge	<input type="checkbox"/> Defense Attorney
<input type="checkbox"/> Department of Corrections	<input type="checkbox"/> District Attorney
<input type="checkbox"/> Community Services	<input type="checkbox"/> Law Enforcement, please specify agency:
<input type="checkbox"/> Social Services	_____

I have consulted with (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> the Defendant | <input type="checkbox"/> the District Attorney or Assistant District Attorney |
| <input type="checkbox"/> the Defendant's Defense Attorney | <input type="checkbox"/> the Defendant's Probation/Parole Agent |

and hereby refer the Defendant for screening and assessment as a potential Clark County Recovery Court participant.

DEFENDANT INFORMATION

Name: _____

Current Address: _____

Date of Birth: _____

Current Phone Number: _____

In Custody: No Yes

If Yes, Reason: _____

Anticipated Release Date (if known): _____

Current Custody Location: _____

TYPE OF REFERRAL

<p><input type="checkbox"/> Pending Clark County Criminal Cases(s) Case Number(s): _____ _____ _____</p>	<p><input type="checkbox"/> Alternative to Revocation (ATR) Case Number: _____ County of Case Origin: _____ Max Discharge Date: _____</p>
<p><input type="checkbox"/> Pending Out-of-County Criminal Cases(s) County/Case Number(s): _____ _____</p>	<p>New Pending Charges: <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Case Number: _____ If Yes, County of Origin: _____</p>

ADDITIONAL COMMENTS

Please provide COMPAS Assessment Results/Date if applicable and any other information that you believe would be useful to understand about the individual being referred.

Submit completed form to Clark County Recovery Court Coordinator:

Phone: 715-743-6704

Mailing Address: 517 Court St., Room 400, Neillsville, WI 54456

Email Address: rcreferral@co.clark.wi.us