



# GREEN LAKE COUNTY TREATMENT COURT

571 County Road A, Green Lake, WI 54941

## Green Lake County Treatment Court Application

### Applicant Information

Date of Application: \_\_\_\_\_ Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Name(s) and relationship(s) of anyone else living in the residence: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Probation/Parole Agent Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Employment Information

Current Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_

<u>Previous Employer</u>	<u>Address</u>	<u>Dates</u>	<u>Position</u>	<u>Reason for Leaving</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

### Education Information

Highest Grade Completed in School: \_\_\_\_\_ Did you Graduate?  Yes  No If yes, what year? \_\_\_\_\_

High School Attended: \_\_\_\_\_ City/State: \_\_\_\_\_

Diploma  HSED  GED  Attend College or Technical School?  Yes  No

College/Technical School/Vocational Training (including any certificates or certifications):  
\_\_\_\_\_  
\_\_\_\_\_

Are you interested in continuing education? \_\_\_\_\_ If yes, what are you interested in? \_\_\_\_\_

What degree and/or program would you like to attend? \_\_\_\_\_

*Providing a diversion program of supervision, treatment, and rehabilitation to break the cycle of substance abuse and criminal behavior*

**Family Background**

Mother's Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Sibling #1:

Sibling #2:

Sibling #3:

(If you need more room for sibling information, please use the additional information section.)

Significant Other/Spouse Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Length of Relationship: \_\_\_\_\_ Married/Not Married (circle one)

Children Information (Please provide full names, ages, address, and names of other parent): \_\_\_\_\_

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**Substance Use**

What substances do you presently use? \_\_\_\_\_

What is/are your drug(s) of choice? \_\_\_\_\_

Substance	Age of First Use	Last Used	How Often (daily, weekly, etc.)	How much (quantity used)
Alcohol				
Marijuana				
Hashish				
Cocaine				
Amphetamines				
Methamphetamines				
LSD				
Inhalants				
Opioids (oxy, Vicodin, etc.)				
Benzodiazepines				
Ecstasy				
Heroin				
Prescription Medication				
Other: _____				

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Have you ever participated in Alcohol or Drug Treatment?  Yes  No If yes, where, for how long, and when?

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Are you willing to be active in treatment per the program requirements?  Yes  No

Are you currently taking any prescription medication?  Yes  No If yes, please list medications, dosage, prescribing physician name, and phone number of prescriber: \_\_\_\_\_

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To participate in Treatment Court, you must be willing to sign a release of information for any treating physician you receive care from. Are you willing to do this?  Yes  No

**Financial Information**

Current Monthly Income: \_\_\_\_\_ Source: \_\_\_\_\_

Monthly Expenses: \_\_\_\_\_

Debts: \_\_\_\_\_

How would you describe your financial situation? \_\_\_\_\_

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Do you have a valid Driver's License?  Yes  No Do you have car insurance?  Yes  No

Do you own a vehicle?  Yes  No If yes, what is the make, model, and year? \_\_\_\_\_

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If you do not own a vehicle, do you have one available to you to use or do you have reliable transportation to and from any Treatment Court appointments/required drug tests?  Yes  No

Do you have health insurance?  Yes  No If yes, who is the insurance provided by? \_\_\_\_\_

If no, have you signed up for BadgerCare Insurance?  Yes  No

**Criminal History**

Are you currently on Probation or Parole?  Yes  No Do you have any pending charges?  Yes  No

If you have *pending charges*, what is the case number, county, and charge(s) \_\_\_\_\_

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**Prior Record**

County	Case Number	Charge(s)	Disposition

**Motivation/Attitude/Values/Beliefs**

How do you feel about the offense you have committed? (Do you think it was wrong? Do you feel sympathy for the victim(s) of your crime? Did you hope to gain anything?)

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Was the crime planned in advance, or was it something you did impulsively?

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Would you like to lead a life without crime? (Do you believe in obeying the law? Do you think the law is fair?)

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How important is education in your life? How important is having a job?

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Do you feel a sentence including the Treatment Court Program is fair and appropriate? Explain why or why not.

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Why do you want to participate in the Green Lake County Treatment Court Program? (Be specific and detailed.)

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In what ways has your alcohol and/or drug use affected your life? \_\_\_\_\_

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**Personal History**

Have you ever experienced problems in any of the following areas:  Depression  Anxiety  Suicidal Ideation

Extreme Anger  Relationships  Finances

Have you ever received any counseling for any of the issues indicated above?  Yes  No

If yes, where and when? \_\_\_\_\_

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Have you ever been diagnosed with any mental health disorders?  Yes  No If yes, what was/were your diagnosis? \_\_\_\_\_

Who diagnosed you? (Name and year) \_\_\_\_\_

Have you ever been hospitalized?  Yes  No If yes, when (year/years) and where? \_\_\_\_\_

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**Attorney Information**

Attorney Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

If you have any additional information you would like to provide to the Green Lake County Treatment Court Program for consideration, please list it below. You may also list things that did not fit in the spaces provided above, if needed. Please clearly label which section it pertains to.

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I, \_\_\_\_\_, understand and agree that if I am accepted into the Green Lake County Treatment Court Program, I will comply with the Treatment Court rules, terms, and conditions as explained in the Policy & Procedure Manual and/or explained by the Treatment Court Coordinator. I also understand I must have a probation term of no less than 18 months in order to be eligible for this program. I agree to sign all releases of information deemed necessary for my treatment and for my accountability. If I am not accepted into the program, I understand the information in this application may not be used against me in any criminal or revocation proceeding. By signing this form, I also confirm that I have never been convicted of a violent felony offense in Wisconsin or in any other state.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_