

# Shawano County Drug Treatment Court Program

Honorable William Kussel, Presiding

Shawano County Courthouse  
9th Judicial District, Branch 2  
311 North Main Street  
Shawano, WI 54166  
(715) 524-6860



## Drug Court Referral Form

### Defendant Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ SIDs Number (if known): \_\_\_\_\_  
Phone #: \_\_\_\_\_ DOB: \_\_\_\_\_ Case Number: \_\_\_\_\_  
Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Alternate Address (if current address is jail): \_\_\_\_\_

### Referred By

Referral Date: \_\_\_\_\_ Arrest Date: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Dept./Agency: \_\_\_\_\_ Email: \_\_\_\_\_

Is the Shawano County District Attorney's Office in agreement with this referral?  Yes  No

Comments:

### Does Defendant meet eligibility criteria? (Please check each item.)

- Current resident of Shawano County.
- 18 years or older.

### One or more of the following:

- Charged with crimes related to their substance abuse.
- Charged with crimes to finance their substance abuse habit.
- Charged with distribution of a controlled substance.

### Check all that apply:

- Current offense is non-violent.
- Has never been found guilty, nor had adjudication withheld for any violent felony offense as defined in 941.291(1)(b) or similar crimes in any state.
- Does not have prior/current convictions involving use of a dangerous weapon.
- Does not have prior/current sex offenses, stalking, arson, or kidnapping offenses.
- Defendant agrees to abide by the Drug Court Program rules and is willing to participate.
- Defendant is willing to address issues of abuse/dependency/addiction.
- Defendant is physically able to participate in treatment and program.
- History of prior/current supervision through probation/extended supervision.
- History of drug dependency (as evidenced through prior AODA services).

If there are any issues with the listed criteria but you believe that the individual may still be eligible to participate, please indicate below. (Attach a separate sheet if necessary.):

Current offense with case number/reason for referral:

Prior offense(s); include only misdemeanor or felony and drug/alcohol use history:

Individual currently in AODA treatment?  Yes  No

If yes, where? \_\_\_\_\_

Previously involved in AODA treatment?  Yes  No

If yes, where? \_\_\_\_\_ If yes, dates of attendance? \_\_\_\_\_

**\*\*Please complete Release of Information for any current/previous AODA treatment providers.\*\***

Is individual presently on probation or extended supervision?  Yes  No

If yes, where? \_\_\_\_\_ If yes, name of agent? \_\_\_\_\_

Is this referral an alternative to revocation?  Yes  No

If yes, when is the hearing date? \_\_\_\_\_

Does the applicant have any other pending charges?  Yes  No

If yes, what county? \_\_\_\_\_ If yes, what case number? \_\_\_\_\_

Are there existing warrants?  Yes  No

If yes, what county? \_\_\_\_\_

Does individual have a valid driver's license?  Yes  No

Has applicant ever served in the Armed Services, including boot camp or basic training?  Yes  No

Has this defendant previously participated in Drug Treatment Court?  Yes  No

Please email referral form to: [DHS.Intake@shawanocountywi.gov](mailto:DHS.Intake@shawanocountywi.gov)

Call (715) 524-6860 with any questions on referral.

Submit form by Email

*The Shawano County Drug Treatment Court team will consider prior criminal offenses, substance abuse history, present offense factors and motivation to succeed in the program in making its eligibility determination.*

*See attached for more details.*

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<p><b>Legal Eligibility Requirements:</b> <i>(Reviewed by Prosecutor)</i></p> <ul style="list-style-type: none"> <li>● Must be charged with a non-violent drug offense, a drug-related felony offense, have repeat misdemeanor drug offenses or have a probation violation.</li> <li>● Must have 36 months of Probation.</li> <li>● Must have, as part of their Probation Agreement or ATR agreement, a condition requiring the participation and successful completion of the Shawano County Drug Treatment Court Program.</li> <li>● Mandatory minimum prison sentence of two years.</li> <li>● Must plead guilty to original charge.</li> </ul>	<p><b>Legal Disqualifying Criteria:</b> <i>(Reviewed by Prosecutor and Law Enforcement)</i></p> <ul style="list-style-type: none"> <li>● Current violent felony convictions.</li> <li>● Previous violent felony convictions within the last ten years, excluding incarceration time.</li> <li>● Criminal Sexual Conduct convictions.</li> <li>● Child Abuse convictions.</li> <li>● Weapon used or possessed in the commission of a crime.</li> <li>● Current or previous gang affiliation.</li> <li>● History of serious trafficking violations, including but not limited to: the trafficking of large quantities of illegal drugs, trafficking or manufacturing for personal gain or dealing drugs to children.</li> </ul>
<p><b>9th Judicial Circuit Court Eligibility Requirements:</b> <i>(Reviewed by Prosecutor and Drug Treatment Court Coordinator)</i></p> <ul style="list-style-type: none"> <li>● Eligible for adult jurisdiction.</li> <li>● Resident of Shawano County.</li> <li>● Charges originate in Shawano County.</li> <li>● Agrees to program obligations and participating voluntarily.</li> <li>● Meets moderate to high risk &amp; need level.</li> <li>● Must have a diagnosed moderate or severe substance use disorder.</li> <li>● Access to reliable transportation.</li> <li>● Capacity to understand and benefit from the program.</li> <li>● Sign all forms, including all Authorizations for Releases of Information.</li> </ul>	<p><b>9th Judicial Circuit Court Disqualifying Criteria:</b></p> <ul style="list-style-type: none"> <li>● Has pending criminal convictions in other jurisdictions that cannot be resolved prior to entering the program-could potentially be considered eligible once disposed of.</li> <li>● Has probation or parole in another jurisdiction.</li> <li>● Has previously been terminated from the Shawano County Drug Treatment Court Program.</li> </ul>
<p><b>Clinical Eligibility Requirements:</b> <i>(Reviewed by Clinical Supervisor)</i></p> <ul style="list-style-type: none"> <li>● Has been assessed by the Shawano County Clinical Supervisor and determined to meet the DSM V criteria for moderate to severe substance use disorder.</li> <li>● Qualify for substance abuse treatment at the level of Intensive Outpatient (IOP) or higher.</li> <li>● Willingness to make a commitment to the recovery process.</li> <li>● Motivation to make necessary changes in his or her lifestyle toward long term recovery.</li> <li>● Must have sufficient mental stability in order to participate and benefit from the program.</li> </ul>	<p><b>Clinical Disqualifying Criteria:</b></p> <ul style="list-style-type: none"> <li>● Has been charged with a drug offense, but does not have a clinically diagnosed substance use disorder.</li> <li>● Has a medical or psychiatric condition causing a degree of impairment or instability that would interfere with program participation, treatment, functioning or benefit from the Drug Treatment Court Program.</li> </ul>