

Clark County Recovery Court Referral for Screening and Assessment

REFERRAL INFORMATION

Date of Referral: _____

Referred By (Name): _____

Check One: Judge Defense Attorney
 Department of Corrections District Attorney
 Community Services Law Enforcement, please specify agency: _____
 Social Services

I have consulted with (check all that apply):

- the Defendant the District Attorney or Assistant District Attorney
 the Defendant's Defense Attorney 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

- Pending Clark County Criminal Cases(s)** **Alternative to Revocation (ATR)**
Case Number(s): _____ Case Number: _____
County of Case Origin: _____
Max Discharge Date: _____
- Pending Out-of-County Criminal Cases(s)** **New Pending Charges:** No Yes
County/Case Number(s): _____ If Yes, Case Number: _____
If Yes, County of Origin: _____

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