

WCDDT JOINT REFERRAL

This referral is jointly made by:

State's Attorney

Defense Attorney

The parties making this referral agree if the person referred below meets all eligibility criteria (legal, clinical and supervisory), they will seek a resolution of the underlying offense(s) in a manner that will include the person's enrollment in the WCDDT.

The parties request the Case Manager to conduct a clinical screening and assessment to determine clinical eligibility for the program.

The parties request DOC to determine whether the individual has housing suitable for DOC supervision while participating in the program.

Name of person being referred: _____
DOB _____ Address: _____

Date of referral: _____

List **ALL** pending charges & docket numbers in **ALL** counties/states, **including underlying offenses if a VOP:**

1) _____		Mis/Fel (circle one)
Defense Attorney:	Prosecutor:	
2) _____		Mis/Fel (circle one)
Defense Attorney:	Prosecutor:	
3) _____		Mis/Fel (circle one)
Defense Attorney:	Prosecutor:	
4) _____		Mis/Fel (circle one)
Defense Attorney:	Prosecutor:	
5) _____		Mis/Fel (circle one)
Defense Attorney:	Prosecutor:	
6) _____		Mis/Fel (circle one)
Defense Attorney:	Prosecutor:	

(Attach additional pages if necessary)

Individual on Probation? Yes/ No Name of Probation Officer: _____

Submit this referral form to the DUI Docket Coordinator, who will provide copies to the DUI Treatment Team. If the person is otherwise eligible, the DUI Treatment Team will consider this referral at their next meeting. No referrals or screenings/assessments will be considered by the DUI Treatment Team without a completed referral form.