



BARRON COUNTY RECOVERY COURT REFERRAL FORM



ELIGIBILITY STANDARDS

Potential candidates meeting the following criteria will be considered for admission to Barron County Recovery.

1. Established resident of Barron County.
2. Received a substance use disorder diagnosis.
3. Charged with and/or convicted of felony possession, use, or sale of a controlled substance, a drug motivated crime, and/or felony OWI.
4. Meet criteria of high risk/high need based on risk assessment tools.
5. Prior felony convictions for violent crimes will be considered on a case by case basis.
6. Each defendant referred for possible participation in Recovery Court shall be interviewed by staff and shall participate in any assessments requested by staff, treatment providers, or others involved in the screening process. Each proposed applicant will then be evaluated by member(s) of the Recovery Court Team. The Recovery Court Team will make a recommendation to either admit or deny the application.
7. The Recovery Court Participant must voluntarily agree to abide by the Recovery Court rules.
8. Law enforcement officials are often interested in debriefing individuals charged with drug crimes and drug related crimes to further their investigative efforts. These historical debriefings are interviews conducted by law enforcement, with defense attorneys invited to attend. The individual being debriefed is encouraged to be open and honest about his/her history of drug and alcohol abuse and share their knowledge of drug distribution, manufacturing and other drug related criminal activity. In exchange for their cooperation, these individuals are given immunity for drug related crimes they reveal in the course of the debriefing. Recovery court participants are not required to participate in these debriefings, but may choose to voluntarily cooperate with law enforcement. Recovery court participants are not to serve as confidential informants in ongoing drug investigations.

****Completed COMPAS needs to accompany this referral****

Please note: This referral form needs to be entirely complete for the person being referred to be considered. Please complete this form with them in order to ensure correct information.

Referral Date:

Projected Eligibility Date for Services:

Referral Source Information

Name:

Address:

Telephone Number:

Email:

Please indicate your title:

- Defense Attorney Therapist Judge
 Probation Officer Self Other:

Offender Information

Name:

Address:

Telephone Number:

Date of Birth:

Employer:

Please identify where the client will reside during participation in the program:

Sex: Male Female

Race:

- Asian American Indian/Alaska Native
 White African American
 Native Hawaiian/Pacific Islander Other

Please specify county and case number(s) associated with this referral:

Does individual have outstanding warrant(s) or pending charges?

Yes No

If yes, please explain:

Current Violations/Reason For Referral:

History of offenses/charges. Please include complete history (or attach information to the referral):

Has the offender had previous treatment experience? Yes No

If so, please list type, facility and dates:

Please return completed form to BCRC Coordinator Dan McNamara (incomplete forms may be denied). DAC team will carefully review the application and notify the referral of the decision.

By fax: 715-537-6848

By US Mail: 335 East Monroe Avenue, Barron, WI 54812

By Email: dan.mcnamara@co.barron.wi.us