

# Portage County Adult Drug Treatment Court

## Referral for Drug Court Screening and Assessment

Date: Click or tap to enter a date.

To: **Jessica McCracken, Drug Court Coordinator** 715-346-1935 or [jmccracken@justicepoint.org](mailto:jmccracken@justicepoint.org)

From: Click or tap here to enter text.

- Judge
- District Attorney/Assistant District Attorney
- Law Enforcement
- Probation and Parole Agent

I have consulted with (check all that apply):

- the Defendant
- the District Attorney or Assistant District Attorney
- the Defendant's Defense Attorney
- Parole/Probation Agent

and hereby refer the Defendant for a screening and/or assessment into the Portage County Adult Drug Treatment Court.

**Current Portage County Resident:** Yes  No  **Please note a defendant MUST be a Portage Co. Resident to Participate**

**Defendant Name:** Click or tap here to enter text.

**Defendant Date of Birth:** Click or tap here to enter text.

**Defendant Address (current):** Click or tap here to enter text.

**Defendant Phone (current):** Click or tap here to enter text.

### Current Custody Status:

In Custody    Yes     No

Reason for In Custody Status (i.e. Serving Sentence, Sanction, Bail): Click or tap here to enter text.

If serving a sentence or sanction list anticipated release date: Click or tap here to enter text.

If in custody list current custody location: Click or tap here to enter text.

### Type of Referral:

**ATR with New Pending Charges:**

ATR Case Number and County of Case Origin: Click or tap here to enter text.

ATR Maximum Discharge Date: Click or tap to enter a date.

New Pending Charge(s) Case Number(s) and County of Origin: Click or tap here to enter text.

**ATR ONLY:**   

ATR Case Number and County of Case Origin: Click or tap here to enter text.

ATR Maximum Discharge Date: Click or tap to enter a date.

**Current Pending Portage County Criminal Case(s):**

Portage County Pending Case Number(s): Click or tap here to enter text.

Out of County Case(s) (if applicable): Click or tap here to enter text.

Additional Comments-Please provide COMPAS Assessment/Assessment Date if applicable and any other information that you believe would be useful to understand about the individual being referred: Click or tap here to enter text.