



CHIPPEWA COUNTY CRIMINAL JUSTICE SERVICES REFERRAL FORM

Referral Date: _____ Projected Eligibility Date for Services: _____

Referring Party Name: _____

Referring Party Phone Number: _____

Applicant Name: _____ **Date of Birth:** _____

Address: _____

Phone Number: _____ **Last 4 of Social Security Number:** _____

Email Address: _____

Choose the program this referral is for:

Front-End-Intervention (FIT) ☐

Recovery Court ☐

Court Case Number: _____

Does the applicant have outstanding warrants or pending charges? ☐ Yes ☐ No

If yes, please explain: _____

Primary drug of choice: _____

Has the applicant ever had treatment in the past? ☐ Yes ☐ No

Is the applicant currently on probation or parole? ☐ Yes ☐ No

Does the applicant have any previous violent convictions? ☐ Yes ☐ No

If yes, list and explain: _____

Is the applicant a Registered Sex Offender? ☐ Yes ☐ No

If yes, list and explain: _____

COMPAS Completed? ☐ Yes ☐ No

Check if this applies to the applicant:

☐ Pregnant

☐ Alcohol Problems

☐ History of Violence/Assault

☐ Relationship Issues

☐ Drug Problems

☐ Inability to read/write

☐ Dev/Learning Dis.

☐ Health/Other Problems

☐ Mental Health Problems

Specify: _____

Marital Status: ☐ Single

☐ Married

☐ Separated

☐ Widowed

☐ Divorced

Race: ☐ White ☐ Black ☐ American Ind ☐ Hispanic ☐ Asian/Pacific Island

Educational Achievement: (Check the appropriate box and enter grade if appropriate)

- ☐ Grade Level 1-11 ☐ 12th Grade, Non-Graduate
☐ High School Graduate ☐ HSED or GED
☐ College, Tech, or Vocational School (years)

*** The following documents MUST be included with this referral. The referral will not be processed until all information is received. ***

- ☐ Criminal Complaint for pending criminal charges or cases being referred to programming on
☐ Current Offer from District Attorney's Office (if applicable)
☐ COMPAS results
☐ List of prior offenses and convictions