

Chippewa County COMPAS Referral

Adam Walter, Criminal Justice Services Specialist



Date:

Next hearing:

REFERRING PERSON/LIST OF PERSONS THAT SHOULD RECEIVE THE COMPAS RESULTS:

<input type="checkbox"/> District Attorney (DA)	Name:	Email:
<input type="checkbox"/> Public Defender	Name:	Email:
<input type="checkbox"/> Private Attorney	Name:	Email:

CLIENT INFORMATION:

Full Name: _____ Date of Birth: _____
Phone Number: _____ Email: _____
Location: ☐ County Jail ☐ Own Residence ☐ Other: _____
Pending Case Number: _____

REASON FOR EVALUATION:

☐ Referral to Front-end Intervention & Treatment ☐ Referral to Recovery Court
☐ Deferred Acceptance to Guilty Plea (DAGP) ☐ Other: _____

TYPE OF EVALUATION:

☐ Core COMPAS ☐ TCU AODA ☐ TCU Criminal Thinking ☐ IDA (Intoxicated Driver)
☐ Other

Send this completed referral to: cjs-web@chippewacountywi.gov

Completed COMPAS will be returned to the referring agency for dissemination within 2 weeks unless the assessor is unable to contact the client