

Chippewa County COMPAS Referral

Adam Walter, Criminal Justice Services Specialist



Date:

Next hearing:

WISCONSIN

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:

<input type="checkbox"/> Referral to Front-end Intervention & Treatment	<input type="checkbox"/> Referral to Recovery Court
<input type="checkbox"/> Deferred Acceptance to Guilty Plea (DAGP)	<input type="checkbox"/> Other:

TYPE OF EVALUATION:

<input type="checkbox"/> Core COMPAS	<input type="checkbox"/> TCU AODA	<input type="checkbox"/> TCU Criminal Thinking	<input type="checkbox"/> IDA (Intoxicated Driver)
<input type="checkbox"/> 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