

**St. Croix County
Treatment Court Application**

PERSONAL INFORMATION		
Name:		Social Security Number:
Date of birth:	Sex:	Race:
Home phone:	Cell phone:	Work phone:
Current address:		
City:	State:	Zip code:
Mailing address (If different):		
City:	State:	Zip code:
Do you have a valid Driver License? If no, Explain.		
Military history/ Branch of service (If applicable):		
Highest rank:	Length of service:	Discharge type:

FAMILY AND HOUSING	
Father's name:	Phone number:
Address:	
Mother's name:	Phone number:
Address:	
Step-parent name:	Phone number:
Address:	
Step-parent name:	Phone number:
Address:	
Sibling(s) and locations:	
<hr/> <hr/> <hr/> <hr/> <hr/>	
How would you describe your relationship with family?	
<hr/> <hr/> <hr/>	
Does your family have a history of alcoholism or drug addiction? If yes, explain.	
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Have you discussed the option of participating in Treatment Court with family? Explain.

Do you rent or own your current residence?

Do you live alone or with other adults? If others, list whom and relationship.

Length at current address?

If less than 6 months, how many times have you relocated in 6 month period?

Have you had any difficulty/inability to pay for housing in the last 6 months?

Do you have the ability to stay at current residence for the next 6 months?

Do you feel your current residence is habitable, safe, and conflict free? If no, explain.

Current marital status (Single/ Married/Never Married/ Divorced/ Widowed):

Spouse/ significant other name (If applicable):

Length of relationship:

Do you have children?	How many?	
Childs name:	Age:	Residence:
Do you have a child support obligation?	Are you compliant?	

EDUCATION AND EMPLOYMENT

What is your highest level of education?

Please list Diplomas, Certifications or Degrees received.

Are you currently enrolled in any education program? If yes, explain.

Have you ever been diagnosed with a learning disability? If yes, explain.

Are you currently employed?

If Yes; Current employer name: Position:

Length of time with employer: Hours per week: Wage:

If No; Have you ever been employed? Length of unemployment:

Are you currently pursuing employment opportunities? If no, explain.

What barriers do you feel you are facing in obtaining employment?

FINANCIAL STATUS			
What is your primary income?	Total monthly income:		
Do you have a secondary source of income? If Yes, Explain			
Do you receive Social Security?		Do you receive Public Assistance?	
Do you have monthly expenses? If yes, provide details below.			
Rent/ Mortgage:	Utilities:	Phone:	Credit Card:
Student Loan:	Child Support:	Restitution/fines:	Child Care:
Other:	Other:	Other:	TOTAL:

LEGAL HISTORY			
What legal charges have brought you to be referred to Treatment Court? Include case number(s).			
Age of first arrest: Number of juvenile arrests:			
Number of adult arrests:	Alcohol/ Drug related arrests:	Number of prior incarcerations:	
Do you have existing warrants or pending charges outside of St. Croix County? If yes, explain.			
Do you have prior convictions for violent crimes and/or convictions involving weapons? If yes, explain.			

MEDICAL AND MENTAL HEALTH			
List any current mental health diagnosis:			
Psychiatrist:	Facility:	Phone number:	
Medications:			
List any current physical diagnosis:			
Doctor:	Facility:	Phone number:	
Medications:			
Have you been diagnosed with a communicable disease? If yes, explain.			
Have you been hospitalized in the last year? If yes, provided date and details.			
Do you have a history of suicidal ideations?		Year(s)	
Explain:			
Do you have a history of homicidal ideations?		Years(s)	
Explain:			

SUBSTANCE USE HISTORY (Please circle the appropriate answer)		
Primary drug of choice:	Age of first use:	
Frequency:	Amount:	Last use:
Secondary drug of choice:		
Frequency:	Amount:	Last use:
Have you ever experienced a blackout?	Yes No	
Have you noticed and increase or decrease in tolerance to achieve desired affect?	Yes No	
Have you taken a substance in larger amounts over a longer period than what was intended?	Yes No	
Have you ever experienced withdrawal symptoms?	Yes No	
Have you spent a great deal of time in activities necessary to obtain the substance or to recover from its effects?	Yes No	
Has there been a persistent desire or unsuccessful effort to cut down or control your substance abuse?	Yes No	
Have you given up social, occupational or recreational activities because of substance abuse?	Yes No	
Do you continue to use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused by substance?	Yes No	
Have you used drugs intravenously?	Yes No	
Have you ever had AODA Treatment? If yes, provide details.	Yes No	
Dates:	Facility and Type(Inpatient/ Outpatient):	
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Have you ever taken any medications to assist with your sobriety?	Yes No	
Have you ever attended AA/NA?	Yes No	
Have you ever had an AA/NA Sponsor?	Yes No	
Do you smoke tobacco products?	Yes	No Daily Amount:
Have you ever tried to quit smoking?	Yes No	

ADDITIONAL QUESTIONS		
List your strengths:		
What do you enjoy doing during leisure time? (Hobbies/ Interests)		
List your weaknesses:		
Do you feel that there are un-resolved issues that contribute to your alcohol/chemical use? Explain.		

Explain why you want and/or do not want to be involved in Drug Court.

I authorize the verification of the information provided is completed to the best of my knowledge and ability.

Signature of Applicant:

Date:

**Please Send completed form to:
St. Croix County Treatment Court
Attn: Kait Breuer; Treatment Court Coordinator
1101 Carmichael Rd. Hudson, WI 54017
Kait.Breuer@sccwi.gov
Phone: (715) 386-4723
Cell: (715) 222-7733
Fax: (715)-381-4430**

Office Use Only

Date Application Received: _____

Eligible _____

Ineligible _____

Date Application Received: _____