



## JACKSON COUNTY TREATMENT COURT

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Jackson County Treatment Court is a program that is available to drug offenders that are deemed to be addicted. They must reside in Jackson County and be over the age of 18. The client will engage in intensive outpatient (and possibly in-patient) treatment for a period of time to assist them in living a sober and clean lifestyle, free of criminal behavior. Referrals are usually made pre-plea however we have accepted referrals in different stages of their criminal complaint.

All new referrals are subject to an 18 month programming requirement. Your client must have a risk/need screening performed, followed by an AODA assessment. Upon completion of the screening and assessment process a vote will be taken by the team for acceptance into the Treatment Court.

If your client is accepted into the program there is a fee of \$1000.00 and possibly additional charges for a SCRAM unit. They are responsible for these fees unless other benefits are available.

If you are interested in referring a client, please do the following:

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1. Fill out the Attorney Referral form in its entirety including a detailed criminal history of the charges that are currently initiating the Treatment Court referral. Also include any convictions, charges and pending charges outside of the state of Wisconsin.
2. It is strongly recommended that you review the referral form with your client
3. It is important that your client have full knowledge of what rights they are waiving while in Treatment Court. Therefore, it is important that you review the Participant Contract with your client and that they fully understand how entering into this program affects their rights.
4. The Participant Contract must be signed by the client and his/her attorney and returned with the referral. Failure to do so may delay the acceptance vote.
5. Your client will be contacted to have a risk/needs screening performed if one is not already available from the Dept. of Corrections. Once completed the Treatment Court will determine if your client may be eligible based on the risk/need criteria.
6. If your client meets this criteria an electronic referral will be made to Stein Counseling and Consulting. An office assistant at Stein will make two attempts to reach your client. If no response is received they will notify the Coordinator who will follow up with you. If your client would prefer to receive services at the Ho-Chunk Nation Behavioral Health Clinic, please have them call (715-284-9851) to schedule an assessment appointment.

Further questions, please contact:

Judy Luttio  
Treatment Court Coordinator  
715-284-0287



# JACKSON COUNTY TREATMENT COURT

## ATTORNEY REFERRAL

### Eligibility Standards

Potential candidates meeting the following criteria will be considered for admission to the Jackson County Treatment Court program.

- A. Resident of Jackson County
- B. Each participant will need to meet the DSM-V criteria for Alcohol/Drug Dependence
- C. Proposed participants will be either post-adjudication, pre-plea, or in ATR status from the Department of Corrections.
- D. The Treatment Court Coordinator shall interview each defendant referred for possible participation in the program. Each proposed participant will participate in any assessments requested by staff, treatment providers, or others involved in the screening process. The Treatment Court Coordinator will make a recommendation to the Treatment Court Team, who will either admit or deny the application.
- E. The Treatment Court Participant must voluntarily agree to abide by the Treatment Court Program rules.
- F. No existing in-state or extraditable warrants, or pending charges that are not resolved at the time Treatment Court participation begins.

Referral Date \_\_\_/\_\_\_/\_\_\_\_\_

Projected Eligibility Date for Services \_\_\_/\_\_\_/\_\_\_\_\_

Offender Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

Attorney Name: \_\_\_\_\_ Attorney Phone Number: \_\_\_\_\_

Does the individual have outstanding warrants or pending charges?  Yes  No

If yes, explain \_\_\_\_\_

Current Offenses/Reason for Referral:

Prior Offenses (include if misdemeanor or felony) and Drug/Alcohol use History:

Currently on probation supervision?  Yes  No If yes, name of agent: \_\_\_\_\_

Has the individual ever been enrolled in a treatment court program not limited to Jackson County? If so, please provide name of court, dates of participation, graduation or expulsion information or any other details \_\_\_\_\_

\*\*\*If this a REFERRAL FOR RE-ADMISSION to the Jackson County Adult Treatment Court please include any material explaining why the court should consider this individual for readmission. \*\*\*

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**Check if applies to offender:**

- Drug Abuse Problems
- Mental Health Problems
- Dev/Learning Disabilities
- Pregnant

- Alcohol Problems

- History of Violence
- History of committing assaults
- Health/Other Problems
- Relationship Issues

# Jackson County Treatment Court Program

## Participant Contract

1. I, \_\_\_\_\_ with a date of birth of \_\_\_\_\_, and an address of \_\_\_\_\_ am agreeing to participate in the Jackson County Treatment Court. \_\_\_\_\_
2. I understand that the validity of this contract is conditioned upon my eligibility for the Treatment Court Program. If at any time after the execution of this agreement and in any phase of the Treatment Court Program, it is discovered that I am, in fact, ineligible to participate in the program, I may be immediately terminated from the program and criminal proceedings will be reinstated. I will not be allowed to withdraw my previous-entered plea of guilty unless my ineligibility is based on facts or information which should have been known to the prosecutor prior to Treatment Court admission, or upon Constitutional grounds. \_\_\_\_\_
3. I understand that if I enter this program and fail to complete it, I may be barred from future participation. \_\_\_\_\_
4. I understand that participation in Treatment Court involves a **minimum** time commitment of thirteen and a half months. This time commitment covers Phases I-IV and Aftercare. \_\_\_\_\_
5. I understand that during the entire course of the Treatment Court program, I will be required to attend court sessions, treatment sessions, submit to random drug and alcohol testing, remain clean and sober, and law abiding. I agree to abide by the rules and regulations imposed by the Treatment Court Team. I understand that if I do not abide by these rules and regulations, I may be sanctioned or terminated from the program. \_\_\_\_\_
6. I understand that sanctions may include time in custody, increased treatment episodes, increased testing, community service and such other sanctions as may be deemed appropriate by the Treatment Court Team. \_\_\_\_\_
7. I agree to cooperate in an assessment/evaluation for planning an individualized drug treatment program adequate to my needs. I understand that my treatment plan may be modified by the treatment provider or the Treatment Court Team as circumstances arise, and I agree to comply with the requirements of any such modifications. \_\_\_\_\_

8. I understand that I will be required to pay a fee to participate in treatment court. I will complete a payment plan with the Treatment Court Coordinator within the first 30 days of my participation in Treatment Court. I understand that I will pay a total of \$1,000 for my participation and I understand that I may have additional costs if I am required to wear a SCRAM unit or carry on my person an alcohol detection device or GPS tracking unit.  
\_\_\_\_\_
9. I understand that I will be tested for the presence of drugs and alcohol in my system on a random basis according to procedures established by the Treatment Court Team and/or treatment provider. I understand that I will be given a location and time to report for my drug test. I understand that it is my responsibility to report to the assigned location at the time given for the test. I understand that if I am late for a test, or miss a test, it will be considered positive and I may be sanctioned.  
\_\_\_\_\_
10. I understand that substituting, altering, or trying in any way to change my body fluids for purposes of testing will be grounds for immediate termination from Treatment Court.  
\_\_\_\_\_
11. I understand that participating in Treatment Court requires me to be drug and alcohol free at all times. I will not possess any alcohol, non-prescription drugs, or paraphernalia.. I will not associate with people who use or possess drugs, nor will I be present while drugs or alcohol are being used by others or are available for consumption on the premises where I am located.. (See also paragraphs 16 & 17)  
\_\_\_\_\_
12. I agree to be drug/alcohol tested at any time by a police officer, probation officer, treatment provider, or at the request of the Court by any agency designated by the court.  
\_\_\_\_\_
- 12a. I agree that if I have not been tested within any 72 hour period, I shall contact the Coordinator to report this lapse and shall comply with the directives I am given in order to be tested.  
\_\_\_\_\_
13. I agree to inform any law enforcement officer who contacts me that I am in Treatment Court.  
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14. I understand that I may not work as a confidential informant with any law enforcement agency while I am in Treatment Court, nor may I be made or encouraged to work as a confidential informant as a condition of my full participation in the Treatment Court program.

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15. I may not participate in Treatment Court if I am currently an affiliated gang member or predatory drug dealer.
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16. I will inform all treating physicians that I am a recovering addict and a participant in the Jackson County Treatment Court. I will inform said physician that I may not take narcotic or addictive medications or drugs. If a treatment physician wishes to treat me with narcotic or addictive medications or drugs, I must disclose this to my treatment provider and get specific permission from the Treatment Court Team to take such medication.
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17. **I agree to be responsible for what goes into my body that may affect drug test results.** Before taking medication of any kind, I will check with the pharmacist to ensure that it is non-narcotic, non-addictive and contains no alcohol. **I will pre-register any and all medications, prescribed or over-the-counter, with my treatment provider and with Treatment Court.**
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- 17a. I understand that if I am equipped with a SCRAM or Soberlink device I am not to use or possess any product containing alcohol, including, but not limited to: mouthwash, medicinal alcohol, household cleaners and disinfectants, lotions, body washes, perfumes, colognes, or hygiene products that contain alcohol. No products other than soap and water are to be used on the skin around a SCRAM bracelet.
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18. I agree that I will not leave any treatment program without prior approval of my treatment provider and the Treatment Court Team.
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19. I understand that I may dispute positive test results, but that re-testing will be at my expense, and that I may face more severe sanctions for re-test that is still positive.
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20. For the purposes of the Treatment Court's bi-weekly status review hearings, I agree to waive my right to have my attorney of record present. I agree that my case may be staffed by the Treatment Court team at any time without my attorney of record or the prosecutor being present. This includes communication with the Treatment Court Judge.
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21. I understand that my individual course of treatment may include in-patient treatment, education and/or self-improvement programs and groups, such as anger management, parenting or relationship counseling, mental health counseling and other self-help groups.
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22. I understand that during the early phases of treatment and recovery, I may be precluded from working or from gaining employment. I further understand that within the time directed by the Treatment Court Team, I will seek employment, job training, and/or further education as approved by the Treatment Court Team, and that failure to do so may result in sanctions or termination.
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23. I agree that I must reside in Jackson County to participate in the Jackson County Treatment Court. I further agree to keep the Treatment Court Coordinator advised of my current address and phone number at all times. I agree that I will not leave Jackson County without prior approval of the Jackson County Treatment Court team. I further agree that if I am granted said approval, I will be tested by law enforcement before and after I return from said leave.
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24. I agree to keep the Jackson County Treatment Court apprised of my relationship status. Relationship issues are the primary cause of most relapses, and the Court must ensure that my relationship is healthy and supportive of my recovery. The term "relationship" includes all intimate interactions with another person, such as dating, spending a lot of time together, casual sex, cohabitating, and marriage. People often confuse feelings of fear and vulnerability with feelings of intimacy. This tends to shift focus away from recovery and greatly reduces my chance of success in recovery. Early recovery is a period of profound personal change and self-discovery. Relationships formed during this period, generally do not last because of the personal changes that are taking place. The person you may be attracted to today will not be the same person tomorrow. It is better to wait until I am stabilized in my recovery before entering romantic relationships. If I enter the Treatment Court married, or in a long term relationship, an evaluation of the relationship may be necessary to determine to what extent the relationship could interfere with my progress towards sustained recovery.
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25. As a condition of participation in this program, I agree to the search of my person, property, place of residence, vehicle or personal effects at any time with or without a warrant, and with or without probable cause or reasonable suspicion. This search may be done by any agency or person designated by the Jackson County Treatment Court Team.
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26. I agree to execute the Consents for Disclosure of Confidential Health and Medical and Non-Health Information. I understand that any information obtained through the use of these consents will be kept apart from the Court file.

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27. I understand and agree that my failure to successfully complete all the terms and conditions of the Treatment Court, including all the terms and conditions of all four phases of the program, will result in my being expelled from the program. I understand that if I am expelled from the Treatment Court Program, my sentence, if imposed and stayed, will be reinstated and I will be required to serve that sentence, or if the sentence is withheld, I will be returned to court for sentencing.

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I have read the above contract and I understand what I have read. I am willing to enter into this agreement with the Jackson County Treatment Court Program.

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Participant's Signature	Date
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(If Represented By) Attorney for Participant -or- Probation and Parole Referring Agent	Date
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Deputy Prosecuting Attorney	Date
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Treatment Court Judge	Date
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