



**Dane County Treatment/ Diversion Program Application**

Personal Information	
Name	Date of Birth
Address	Phone number
City	Email

**\*\*Currently in Custody:**                       NO                       YES: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
**Anticipated Release date:** \_\_\_\_\_  
 \_\_\_\_\_

Legal Representation**	
<b>Attorney Name:</b>	
<b>Attorney Number:</b>	
<b>Attorney Email:</b>	

**\*\*\*Assistance with Legal representation:**  
 Public Defender's Office  
 17 South Fairchild St.  
 2<sup>nd</sup> Floor  
 Madison, WI 53703  
 Hours to Apply 8:00A- 11:45A/1:00P- 4:15P

Pending Dane County Cases:	
<b>Case #</b>	<b>Offense:</b>
_____	_____
<b>Date:</b>	
_____	
<b>Case #</b>	<b>Offense:</b>
_____	_____
<b>Date:</b>	
_____	
<b>Case #</b>	<b>Offense:</b>
_____	_____
<b>Date:</b>	
_____	

**\*\*Applicants w/ open cases outside of Dane County, must include form 1A with application.**

**Please chose the following:**

Case(s) is scheduled for sentencing on \_\_\_\_\_, in Dane County. The accepted Plea agreement will not hinder the client from participating in Dane County's Justice involved treatment program.

Case(s) is not scheduled for sentencing. The assigned prosecutor \_\_\_\_\_ in Dane County has agreed to hold further sentencing based upon the admission to; or completion of the Dance County Drug Treatment Court/Dane County Diversion Program.

**Are you Currently on Probation?**

NO  YES

**Case #:**

**Date:**

**Assigned Agent:**

\_\_\_\_\_ DOC is in agreement for client completing assessment for the Dane County Drug Treatment Court/ Dane County Diversion Program.

Have you every applied for Dane County Diversion or Treatment Court?  NO  YES

\*\*OUTCOME: \_\_\_\_\_

Please briefly explain why you are applying for the Dane County Diversion program or the Dane County Treatment Court program:

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I understand that to be considered for the Dane County Diversion or Dane County Treatment Court Program, I am responsible for reporting as scheduled, updating the Program Coordinator/ Clinical Assessor with changes in my address, phone number and reporting any new arrests. I understand that excessive rescheduling, failing to attend scheduled appointments, and future arrests could discharge me from the assessment process. I understand that if I am discharged from the assessment process, I will have to start the application process over again.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Completed applications need to be submitted via email to:

**RaDonna Clark**

Alternative Sanctions Program Coordinator  
Journey Mental Health Center  
Dane County Treatment Court and Drug Diversion Program  
**(608) 523- 2980**  
Radonna.clark@journeymhc.org

**Eric Shelton**

Program Support Specialist  
Journey Mental Health Center  
Dane County Treatment Court and Drug Diversion Program  
**(608) 208 2639**  
eric.shelton@journeymhc.org

**Tracy Lencioni**

Wisconsin State Public Defender  
**608-266-9150**  
lencionit@opd.wi.gov

**Devonte Windham**

Wisconsin State Public Defender  
**608-266-9150**  
windhamd@opd.wi.gov

OFFICE USE ONLY:

<b>Date Application was received:</b>	
<b>Application received by:</b>	
<b>Signature:</b>	



Open Criminal Case Resolution Agreement- Form 1A

Personal Information	
Name	Date of Birth
Address	Phone number
City	

The above client is applying for the Dane County Diversion / Drug Treatment Program. The following case(s) \_\_\_\_\_ in \_\_\_\_\_ County are still open.

**Please chose the following:**

Case(s) is scheduled for sentencing on \_\_\_\_\_, in \_\_\_\_\_ County. The accepted Plea agreement will not hinder the client from participating in Dane County’s Justice involved treatment program.

Case(s) is not scheduled for sentencing. The assigned prosecutor in \_\_\_\_\_ County has agreed to hold further sentencing based upon the admission to; or completion of the Dance County Drug Treatment Court/Dane County Diversion Program.

Contact Information for State Attorney with Jurisdiction:

<b>Name:</b>	
<b>Phone Number:</b>	
<b>Email:</b>	

\_\_\_\_\_  
Program Coordinator

\_\_\_\_\_  
Date