



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**	
Attorney Name:	
Attorney Number:	
Attorney Email:	

*****Assistance with Legal representation:**

Public Defender’s Office
17 South Fairchild St.
2nd Floor
Madison, WI 53703
Hours to Apply 8:00A- 11:45A/1:00P- 4:15P

Pending Dane County Cases:	
Case # _____	Offense:
Date:	
Case # _____	Offense:
Date:	
Case # _____	Offense:
Date:	

**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:

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
(608) 208 2639
Eric.shelton@journeymhc.org

OFFICE USE ONLY:

Date Application was received:	
Application received by:	
Signature:	



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:

Name:	
Phone Number:	
Email:	

Program Coordinator

Date