



Sauk County Adult Treatment Court Referral Form

Date of Referral:

Full Name (First, Middle Initial, and Last):

Race:

Gender:

DOB:

Applicant Address:

Applicant Phone Number:

Currently Incarcerated : If so, where:

Release Date, if known:

Referral Type:

- If new charges, case number and what charges (list all charges):

If ATR, please answer the following questions:

- Case number ATR is on:
- What date does their supervision expire?
- What was the date of the action triggering the referral, is there a police report attached to the most recent action if so through what agency?

Next Court Appearance:

Time Sensitive: If so, why:

Is the applicant an enrolled member of a federally recognized Native American Tribe:

If so, which one:

Has the applicant ever been enrolled in the US Military?

Name of person referring:

Email of person referring:

Phone number of person referring:

Ineligibility:

- OWI 5th or more
- Not a resident of Sauk County at the time of arrest
- Terrorist threats
- Prior homicide convictions will be reviewed on a case to case basis
- Drug offenses committed for the primary purpose of profit
- Crime committed to benefit a gang
- Drive by shooting

- Felony pending sexual assault cases. **Historical** sex offenses will be reviewed on a case-to-case basis.
Historical meaning no longer on supervision with DOC for a sex offense.
- A person currently in prison (actual confinement) is ineligible to apply for participation
- If a person is sentenced to prison, the person is no longer eligible for participation

Completed referral should be e-mailed to at atcreferral@saukcountywi.gov or fax it to 608-355-4883.
Incomplete referrals will not be processed and will be returned for completion.

Referrals are generally processed on a first come first serve basis, however there are circumstances where a referral may be expedited. Maximum capacity is based on staffing levels and the needs of current participants. Once maximum capacity is reached, a waitlist will be established.