

RACINE COUNTY
ALCOHOL AND DRUG TREATMENT COURT
APPLICATION

Submit completed
form via fax,
e-mail or US mail to:

Jennifer Hofmeister
Racine County Alcohol and Drug
Treatment Court Coordinator
1717 Taylor Avenue
3rd Floor
Racine, WI 53403
Phone: (262)638-6719
Fax: (262)638-7069
E-mail:
Jennifer.hofmeister@racinecounty.com

Last Name: _____ First Name: _____

DOB: _____ Phone: _____

e-Mail: _____ Home Address: _____

City: _____ State: _____ ZIP: _____

Defense Attorney Name: _____ Phone: _____

e-Mail: _____ Prosecutor's Name: _____

If applicant is currently in jail, where _____

1. Are you currently on community supervision? If so who is your agent

2. Do you have current pending legal charges? If so, provide the case number(s)

3. Have you received a substance abuse or mental health diagnosis or had concerns?

Yes (Describe below) No

Substance Abuse: Describe

Mental Health: Describe

I authorize the coordinator to have communications with the defense and prosecuting attorneys and/or community supervision agent for purpose of determination of my possible eligibility into Racine County Alcohol and Drug Treatment Court.

Print Name

Sign Name

Date