



APPLICATION FOR ALCOHOL AND DRUG TREATMENT COURT

Submit completed form via fax, e-mail, or US mail to:
Jennifer Hofmeister
Racine County Alcohol and Drug Treatment Court Coordinator
E-mail: Jennifer.hofmeister@racinecounty.com
1717 Taylor Avenue, 3rd Floor
Racine, WI 53403
Telephone: 262-638-6719
Fax: 262-638-7069

Last Name: _____ First Name: _____ DOB: _____

Phone: _____ Email: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Defense Attorney: _____ Phone: _____ Email: _____

Prosecutor: _____ 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