Oneida Judiciary

The Vision of the Oneida Judiciary is to administer a fair, objective, independent, timely and lawful judicial branch of the Oneida government. The Oneida Judiciary is guided by the wisdom of our heritage and traditions as well as the requirements of modern circumstances, laws and statutes.



Oneida Healing to Wellness Court

Application

App	olicant's Name:	(Last)	(First)	(MI)								
DO	В:											
Physical Address: If in custody, list inmate identification number:												
Mailing Address:												
Phone number:												
Referred by (Name and title):												
-	ot./Agency:											
Pho	ne Number:		E-mail Address:									
Does applicant meet eligibility criteria? (Please check each item)												
	Oneida enrolled (Enrollment Number)											
	Current resident of Brown County OR residing within the Oneida Nation reservation boundaries and will remain a resident while participating in OHWC											
	18 years old or older											
One or more of the following:												
	☐ Charged with c	rimes related to su	bstance use in Brown County Circuit Court									
	☐ Charged with c	rimes to finance th	eir substances use habit in Brown County Circuit C	Court								
	☐ Charged with d	istribution of a con	ntrolled substance in Brown County Circuit Court									
	County Circuit (Court Case Numbe	r(s):									
Che	ck all that apply:											
	☐ Current offense is non-violent											
	Has never been found guilty, nor had adjudication withheld for any violent felony offense as defined in Wis. Stat. Sec. 165.95 (1)(bg) or similar crimes in any state											
	Does not have prior/current convictions involving use of dangerous weapon											
	Does not have prior/current sex offenses, stalking, arson, or kidnapping offenses											
	Defendant agrees to abide by the Oneida Healing to Wellness Court Program Rules and is willing to participate											

Wis. Stat. Sec. 165.95 (1)(bg): "Violent offender" means a person to whom one of the following applies: 1. The person has been charged with or convicted of an offense in a pending case and, during the course of the offense, the person carried, possessed, or used a dangerous weapon, the person used force against another person, or a person died or suffered serious bodily harm. 2. The person has one or more prior convictions for a felony involving the use or attempted use of force against another person with the intent to cause death or serious bodily harm.

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	Defendant willing to address issues of substance use/dependency/addiction									
	Defendant physically able	Defendant physically able to participate in substance use treatment and OHWC program requirements								
	History of prior/current supervision through probation/extended supervision									
	History of chemical dependency (as evidenced through prior AODA services or clinical screening)									
If there are any issues with the above listed criteria but you believe that the individual may still be eligible to participate, please indicate below (attach separate sheet if necessary):										
Current Offense/Reason for Referral:										
	vidual currently in AODA atment?		Yes		No		If yes, where:			
	viously involved in AODA atment? Please complete Rele	ease o	Yes of Info	□ rmatio	No on for a	□ any cu	If yes, where: Dates of attendance: rrent/previous providers.			
	dividual presently on bation?	Yes		No		If yes	s, where/name of agent:			
-	prior term(s) of bation? If yes, where/date(s)/off	Yes ense(s	□ s) of su	No upervis	□ sion:					
The Oneida Healing to Wellness Court Team will consider prior criminal offenses, substance use history, present offense factors, and motivation to succeed in the program in making its eligibility determination. Please note that after being accepted into the Healing to Wellness Court, it is at the discretion of the sentencing judge at the Brown County Circuit Court to sentence the applicant to complete the Oneida Healing to Wellness Court.										
D 4	1: /: : 1			FO	R AD	MINIS	STRATIVE USE ONLY			
Dat	e application received:						Date application reviewed:			
Date applicant notified: via □ Phone □ E-mail □ Hard copy letter										
	Eligible						Not Eligible Reason for ineligibility:			

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