### 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

| Applicant's Name:(Last)(First)(MI)DOB:Physical Address:Mailing Address:Phone number: |                                  |   |   |  |       |  |  |  |
|--|----------------------------------|---|---|--|-------|--|--|--|
| Referred by (Name and title):  |                                  |   |   |  |       |  |  |  |
| Dept./Agency:<br>Phone Number:   |                                  |   | E-mail Address:                               |  |       |  |  |  |
| Does applicant meet eligibility criteria? (Please check each item)                   |                                  |   |   |  |       |  |  |  |
|  | Oneida enrolled (Enrollment No)  |   |   |  |       |  |  |  |
|  | Current Resident of Brown County |   |   |  |       |  |  |  |
|  | 18 ye                            | ears old or older   |   |  |       |  |  |  |
| One or more of the following:  |                                  |   |   |  |       |  |  |  |
|  |                                  | Charged with cri  | mes related to substance use                  |  |       |  |  |  |
|  |                                  | Charged with cri  | mes to finance their substances use habit     |  |       |  |  |  |
|  |                                  | Charged with dis  | tribution of a controlled substance           |  |       |  |  |  |
|  |                                  | County Circuit Co   | ourt Case Number(s):                          |  |       |  |  |  |
| Che  | ck all '                         | that apply:   |   |  |       |  |  |  |
|  | Curre                            | ent offense is nor  | n-violent                                     |  |       |  |  |  |
|  |                                  | ever been found guilty, nor had adjudication withheld for any violent felony offense as defined in 941.291(1)(b) or similar<br>s in any state |   |  |       |  |  |  |
|  | Does                             | Does not have prior/current convictions involving use of dangerous weapon   |   |  |       |  |  |  |
|  | Does                             | s not have prior/c  | urrent sex offenses, stalking, arson, or kidn | apping offenses                            |       |  |  |  |
|  | Defe                             | ndant agrees to a   | bide by the Oneida Healing to Wellness Co     | urt Program Rules and is willing to partic | ipate |  |  |  |

The Oneida 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.

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- □ Defendant willing to address issues of substance use/dependency/addiction
- 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:

| Individual currently in AOD, treatment?                                   | A   | Yes |    | No |        | If yes, where:          |  |  |  |
|---|-----|-----|----|----|--------|-------------------------|--|--|--|
| Previously involved in AOD/<br>treatment?                                 | A   | Yes |    | No |        |                         |  |  |  |
| If yes, where/dates of attendance:  |     |     |    |    |        |                         |  |  |  |
| Please complete Release of Information for any current/previous providers |     |     |    |    |        |                         |  |  |  |
| Is individual presently on probation?                                     | Yes |     | No |    | If yes | s, where/name of agent: |  |  |  |
| Any prior term(s) of<br>probation?  | Yes |     | No |    |        |                         |  |  |  |

If yes, where/date(s)/offense(s) of supervision:

| FOR ADMINISTRATIVE USE ONLY                                      |                         |  |  |  |  |  |
|--|-------------------------|--|--|--|--|--|
| Date application received:                                       |                         |  |  |  |  |  |
| Date application reviewed:                                       |                         |  |  |  |  |  |
| Date applicant notified: via 🗆 Phone 🗆 E-mail 🗆 Hard copy letter |                         |  |  |  |  |  |
|  | Accepted                |  |  |  |  |  |
|  | Anticipated start date: |  |  |  |  |  |
|  |                         |  |  |  |  |  |
|  | Denied                  |  |  |  |  |  |
|  | Reason for denial:      |  |  |  |  |  |
|  |                         |  |  |  |  |  |

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