



**STATE OF WISCONSIN
CRIMINAL JUSTICE COORDINATING COUNCIL WEBSITE
Treatment Court Program Map Information Form**

This form may be used to add new or update existing information on the local program map on the CJCC website (<https://cjcc.doj.wi.gov/local-program-map>). **Please complete a separate form for each program.** If you are adding a new program, please complete each section. If you are updating existing information about one of the programs, please complete sections 1, 2, and 10 and complete only the additional sections that have changed. Please email this form to the TAD Program Specialist with the Wisconsin Department of Justice.

SECTION 1: INDICATE IF YOU ARE REQUESTING TO ADD NEW OR UPDATE EXISTING INFORMATION

Add New Treatment Court Program Update Existing Treatment Court Program

SECTION 2: NAME OF COUNTY OR TRIBE

Name of County or Tribe

SECTION 3: TREATMENT COURT PROGRAM TYPE (SELECT ONE)

Adult Drug Court Co-Occurring Disorders Court Family Dependency Treatment Court
 Hybrid OWI / Drug Court Juvenile Drug Court Mental Health Court
 OWI Treatment Court Tribal Healing to Wellness Court Veterans Treatment Court
 Other Treatment Court Enter Type

Year Program Established

Day and Time of Treatment Court Staffing*

Day and Time of Treatment Court Hearing*

SECTION 4: RISK LEVELS (SELECT ALL THAT APPLY)

All risk levels High risk Moderate to high risk
 Moderate risk Low to moderate risk Low risk

SECTION 5: RISK ASSESSMENT TOOLS (SELECT ALL THAT APPLY)

COMPAS (Correctional Offender Management Profiling for Alternative Sanctions)
 PCRA (Federal Post Conviction Risk Assessment)
 LSI-R (Level of Service Inventory-Revised)
 LSI-R: SV
 ORAS (Ohio Risk Assessment System)
 RANT (Risk and Needs Triage)
 Risk-Need Responsivity Simulation Tool
 RPI (Risk Prediction Index)
 WRN (Wisconsin Risk and Need Assessment Scale)
 Other Risk Assessment Tool Enter Type

*Collection of information related to Day and Time of Treatment Court Staffing and Hearing will not be displayed on the website.

SECTION 6: ADMISSIONS (SELECT ALL THAT APPLY)

- Pre-plea
- Post-plea/pre-adjudication or conviction
- Post-adjudication or conviction
- Alternative to Revocation (ATR) admissions

SECTION 7: MEDICATION-ASSISTED TREATMENT

- Yes No

SECTION 8: PROGRAM CONTACT INFORMATION

Contact Name					
Job Title					
Name of Court / Program					
Mailing Address					
City		State	Wisconsin	Zip Code	
Phone		Email Address			
Program Website					

SECTION 9: PROGRAM DESCRIPTION (MAX 500 CHARACTERS)**SECTION 10: CONTACT INFORMATION OF INDIVIDUAL COMPLETING FORM**

- Check this box if same as information reported in Section 8. If not, please complete information below.

Name			
Job Title			
Agency			
Phone		Email Address	