



**STATE OF WISCONSIN  
CRIMINAL JUSTICE COORDINATING COUNCIL WEBSITE  
Diversion Program Local 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 return the form to Justice Programs, Wisconsin Department of Justice, via email to [justiceprograms@doj.state.wi.us](mailto:justiceprograms@doj.state.wi.us).

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

<input type="checkbox"/> Add New Diversion Program	<input type="checkbox"/> Update Existing Diversion Program
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**SECTION 2: NAME OF COUNTY OR TRIBE**

Name of County or Tribe	
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**SECTION 3: DIVERSION PROGRAM TYPE (SELECT ONE)**

<input type="checkbox"/> Pre-arrest/Pre-charge Diversion Program (Proxy)	<input type="checkbox"/> Post-arrest/Pre-charge Diversion Program
<input type="checkbox"/> Post-charge/Deferred Prosecution Program	
<input type="checkbox"/> Other Diversion Program	Enter Type
Year Established	

**SECTION 4: RISK LEVELS (SELECT ALL THAT APPLY)**

<input type="checkbox"/> All risk levels	<input type="checkbox"/> High risk	<input type="checkbox"/> Moderate to high risk
<input type="checkbox"/> Moderate risk	<input type="checkbox"/> Low to moderate risk	<input type="checkbox"/> Low risk

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

<input type="checkbox"/> COMPAS (CORE) (Correctional Offender Management Profiling for Alternative Sanctions CORE)
<input type="checkbox"/> COMPAS (Pretrial) (Correctional Offender Management Profiling for Alternative Sanctions Pretrial)
<input type="checkbox"/> DUI-RANT (Risk and Needs Triage)
<input type="checkbox"/> PCRA (Federal Post Conviction Risk Assessment)
<input type="checkbox"/> IDA (Impaired Driving Assessment)
<input type="checkbox"/> LSI-R (Level of Service Inventory-Revised)
<input type="checkbox"/> LSI-R:SV
<input type="checkbox"/> MCPRAI (Milwaukee County Pretrial Risk Assessment Instrument)
<input type="checkbox"/> ORAS (Ohio Risk Assessment System)
<input type="checkbox"/> PTRR (Pretrial Risk Assessment)
<input type="checkbox"/> Proxy
<input type="checkbox"/> PSA (Public Safety Assessment)

<input type="checkbox"/> RANT (Risk and Needs Triage)		
<input type="checkbox"/> VPRAI (Virginia Pretrial Risk Assessment Instrument)		
<input type="checkbox"/> WRN (Wisconsin Risk and Need Assessment Scale)		
<input type="checkbox"/> Other Risk Assessment Tool	Enter Type	

**SECTION 6: ADMISSIONS (SELECT ALL THAT APPLY)**

<input type="checkbox"/> Pre-plea
<input type="checkbox"/> Post-plea/pre-adjudication or conviction
<input type="checkbox"/> Post-adjudication or conviction
<input type="checkbox"/> Alternative to Revocation (ATR) admissions

**SECTION 7: MEDICATION-ASSISTED TREATMENT**

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**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**

<input type="checkbox"/> Check this box if same as information reported in Section 8. If not, please complete information below.			
Name			
Job Title			
Agency			
Phone		Email Address	