

## 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 (<a href="https://cjcc.doj.wi.gov/local-program-map">https://cjcc.doj.wi.gov/local-program-map</a>). 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 III	F YOU ARE REQUESTI	NG TO ADD NE	EW OR UPDATE EXISTING							
☐ Add New Diversion Prog	gram	☐ Update Existing Diversion Program								
SECTION 2: NAME OF C	OUNTY OR TRIBE									
Name of County or Tribe										
SECTION 3: DIVERSION	PROGRAM TYPE (SEI	LECT ONE)								
☐ Pre-arrest/Pre-charge Diversion Program (Proxy) ☐ Post-arrest/Pre-charge Diversion Program										
☐ Post-charge/Deferred Pr	osecution Program									
☐ Other Diversion Program	Enter Type									
Year Established										
SECTION 4: RISK LEVE	LS (SELECT ALL THAT	APPLY)								
☐ All risk levels	☐ High risk		Moderate to high risk							
☐ Moderate risk	☐ Low to moderate	risk [	Low risk							
SECTION 5: RISK ASSE	SSMENT TOOLS (SELI	ECT ALL THAT	APPLY)							
COMPAS (CORE) (Corr	COMPAS (CORE) (Correctional Offender Management Profiling for Alternative Sanctions CORE)									
COMPAS (Pretrial) (Correctional Offender Management Profiling for Alternative Sanctions Pretrial)										
☐ DUI-RANT (Risk and Needs Triage)										
☐ PCRA (Federal Post Conviction Risk Assessment)										
☐ IDA (Impaired Driving Assessment)										
LSI-R (Level of Service Inventory-Revised)										
LSI-R:SV										
☐ MCPRAI (Milwaukee Co	ounty Pretrial Risk Assessm	nent Instrument)								
ORAS (Ohio Risk Asses	ssment System)									
☐ PTRA (Pretrial Risk Ass	essment)									
☐ Proxy										
PSA (Public Safety Assessment)										

RANT (Risk and Needs Triage)											
☐ VPRAI (Virginia Pretrial Risk Assessment Instrument)											
☐ WRN (Wisconsin Risk and Need Assessment Scale)											
☐ Other Risk Assessment Tool Enter Type											
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	Wiscon	nsin	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 A	ddress							