



**STATE OF WISCONSIN**  
**CRIMINAL JUSTICE COORDINATING COUNCIL WEBSITE**  
**Criminal Justice Coordinating Council 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 each section. 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**

Add New CJCC (or similar oversight body)       Update Existing CJCC (or similar oversight body)

**SECTION 2: NAME OF COUNTY OR TRIBE**

Name of County or Tribe \_\_\_\_\_  
Year CJCC (or similar oversight body) Established \_\_\_\_\_

**SECTION 3: CJCC (OR SIMILAR OVERSIGHT BODY) CONTACT INFORMATION**

Contact Name \_\_\_\_\_  
Job Title \_\_\_\_\_  
Agency Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Wisconsin \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Email Address \_\_\_\_\_  
Website \_\_\_\_\_

**SECTION 4: CONTACT INFORMATION OF INDIVIDUAL COMPLETING FORM**

Check this box if same as information reported in Section 3. If not, please complete information below.

Name \_\_\_\_\_  
Job Title \_\_\_\_\_  
Agency \_\_\_\_\_  
Phone \_\_\_\_\_ Email Address \_\_\_\_\_