

DWI Treatment Court Application

PLEASE NOTE: Probation officers, applications must be emailed to both lemedina@epcounty.com and an.dominguez@epcounty.com

Date of Application: _____ City/State of Residence: _____
Name of Probationer: _____ Age/DOB: _____ Telephone #: _____
Case #(s): _____ Court (s): _____
Probation Officer Name: _____ PO Phone #: _____
Current Probation Officers' Location: _____ Probation Date: _____
Time of Sentence: _____ Residency Status: US Citizen Legal Resident

Is this person in custody? _____

Case info (please circle answer):

DWI 1st

DWI 2nd

DWI w/BAC of .15 or higher

DWI 3rd or more

DWI w/child

Probation officer Pre-screening questions:

***Is the defendant in custody?** yes no

1. Does the applicant live within El Paso County? yes no

2. Does the applicant have arrests or convictions for violence or gang activity? yes no

If yes, explain: _____

3. Can the applicant and his/her household members comply with an alcohol ban? yes no

4. Is the applicant's employment cooperative with the demands of the program (appearing in court, probation supervision, treatment and testing etc.)? yes no

5. Is the applicant familiar with the program and its activities? yes no

6. Does the applicant have a transportation plan which will allow him/her to appear at all activities (without driving in violation of their license suspension or revocation)? yes no

7. Have driving privileges been suspended/revoked? yes no

8. Does the applicant believe that he/she has a substance abuse problem and wants to participate in treatment for the problem? yes no

9. Has applicant received prior treatment (TAIP, Residential, Detox, etc.)? yes no

10. Has applicant violated probation with a positive UA/BA and or monitoring device? yes no

If so, when? _____ Drug used? _____ How? _____ Sanction results: _____

Is the Court/ADA in agreement with this DWI Treatment Program screening for your probationer? yes no

Name of ADA in agreement: _____

I have screened the applicant and believe the applicant has no medical or mental health issues that would prevent regular and successful participation in the program. yes no

* (If the applicant is under a doctor's care for a chronic health issue or mental health treatment a doctor's letter explaining the issue, the treatment proposed and necessary medications will be required). yes no Please list diagnosis and medication(s): _____

Probation Officer Signature

Date