



## WILLIAMSON COUNTY DWI/DRUG COURT DIVERSION PROGRAM

**HON. RICK KENNON**

Presiding Judge  
368<sup>th</sup> Judicial District Court

**HON. LAURA BARKER**

Presiding Judge  
County Court at Law No. 2

*In conjunction with*  
Williamson County District Attorney's Office  
Williamson County Attorney's Office  
Williamson County CSCD

# APPLICATION FOR FELONY REFERRAL TO DWI/DRUG COURT

## Mission Statement

*"The mission of the Williamson County DWI/Drug Court is to enhance public safety by reducing recidivism using consistent evidence based practice incorporating a multi- disciplinary team. It is our purpose to change and save lives and provide a consistent approach that both enhances the offender's opportunity to succeed and maximizes community safety."*

## Application Instructions

1. Fill out the following application & return the completed application to the Assistant District Attorney handling the felony case.
2. The District Attorney's Office will review the application, and if tentatively approved, will notify defense counsel of the tentative approval & then forward the completed application to the DWI/Drug Court Coordinator.
3. It is then the responsibility of the defendant and his/her attorney to contact the Felony DWI/Drug Court Coordinator, **Angie Thorson**, by email [angie.thorson@wilco.org](mailto:angie.thorson@wilco.org) or by phone: (512) 943-3543, to set up an interview and assessment. You should also copy **Danny Smith** at [dasmith@wilco.org](mailto:dasmith@wilco.org). Once the interview & assessment are complete, a decision will be made as to whether applicant will be accepted into the program.
4. Should the applicant be accepted into the program, a court date will be set for modifying the conditions of applicant's felony bond to include participation and successful completion of the DWI/Drug Court Program. The Assistant District Attorney handling the felony case will provide the defense attorney copies of all the appropriate paperwork for the modification. It is the responsibility

(revised 03/2022)

of the defense attorney to have all paperwork reviewed and completed prior to appearing in court for the modification.

**PART 1: APPLICANT'S PERSONAL DATA SHEET****Personal Information**

<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>	
<b>Maiden Name</b>	<b>Nickname or Alias</b>	<b>Date of Birth</b>	
<b>Highest Education Completed</b>	<b>Marital Status</b>	<b>Number of Dependents</b>	
<b>Social Security Number</b>	<b>Driver's License Number</b>	<b>DL State</b>	<b>DL Expiration</b>

<b>Address</b>	<b>Apt #</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>County</b>	<b>How long have you lived at this physical address?</b>			

<b>Home Phone</b>	<b>Mobile Phone</b>	<b>E-mail Address</b>
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**Employment Information**

Employment Status (*check one*): ☐ Full-time ☐ Part-time ☐ Not employed ☐ Seasonal  
☐ Student ☐ Retired ☐ Disabled ☐ Homemaker

<b>Employer</b>		<b>Position/Title</b>		
<b>Address</b>	<b>Suite #</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Work Phone</b>	<b>Supervisor's Name</b>		<b>Length of Employment</b>	

**Prior Military Service Information**

<b>Prior Military Service?</b> <input type="checkbox"/> NO <input type="checkbox"/> YES	<b>Branch of Service</b>	<b>Dates of Service</b>
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**Attorney Information**

<b>Attorney Name</b>	<b>Office Phone</b>	<b>E-mail Address</b>
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## PART 2: APPLICANT'S CRIMINAL HISTORY AND QUESTIONNAIRE

List all cases/charges currently pending in WILLIAMSON COUNTY:

<b>Cause No.</b>	<b>Date of Arrest</b>	<b>Offense Title</b>

List all cases/charges currently pending in ANY OTHER COUNTY:

<b>Cause No.</b>	<b>Date of Arrest</b>	<b>Offense Title</b>

<input type="checkbox"/> NO <input type="checkbox"/> YES	<b>Does Defendant have any outstanding warrants or holds from any other jurisdiction, including immigration?</b> <i>If yes, list jurisdiction and reason:</i>
<input type="checkbox"/> NO <input type="checkbox"/> YES	<b>Has Defendant ever been convicted of a crime involving violence (e.g. Assault, Aggravated Assault, etc.)?</b> <i>If yes, list jurisdiction and offense:</i>
<input type="checkbox"/> NO <input type="checkbox"/> YES	<b>Has Defendant ever been convicted of or placed on probation for a felony offense?</b> <i>If yes, list jurisdiction and offense:</i>
<input type="checkbox"/> NO <input type="checkbox"/> YES	<b>Is Defendant on active community supervision (probation) in Williamson County or any other county?</b> <i>If yes, list jurisdiction, offense, and probation officer:</i>
<input type="checkbox"/> NO <input type="checkbox"/> YES	<b>Does Defendant admit to, appear to have, or ever been diagnosed with an alcohol or drug abuse problem?</b> <i>If yes, list diagnosis, date of diagnosis, and who made said diagnosis:</i>
<input type="checkbox"/> NO <input type="checkbox"/> YES*	<b>Has Defendant ever been treated for or diagnosed with a mental illness?</b> <i>If yes, list diagnosis, date of diagnosis, and doctor's name:</i>
<input type="checkbox"/> NO <input type="checkbox"/> YES*	<b>Is Defendant currently on any prescribed medications?</b> <i>If yes, list all prescribed medications:</i>
<input type="checkbox"/> NO <input type="checkbox"/> YES	<b>Does Defendant have adequate and reliable transportation?</b> <i>If no, explain:</i>

**\* Defendant must provide written documentation from a doctor regarding any mental health diagnosis and a written list of all current prescription medications at the assessment interview.**

(revised 03/2022)

### PART 3: APPLICANT'S WRITTEN STATEMENT

(To be completed by Defendant) Please explain in your own words your reasons for applying with the DWI/Drug Court Program and what you hope to accomplish while in the Program:

DEFENDANT/APPLICANT

DATE \_\_\_\_\_

#### PART 4: ACKNOWLEDGEMENTS

I understand I must meet with the Felony DDCP Specialty Court Coordinator located at the Williamson County Adult Probation Office at 301 S.E. Inner Loop, Suite 101, Georgetown, Texas for an initial interview to determine further eligibility.

In addition, I must complete a clinical assessment with the DDCP Substance Abuse Counselor, located at the Williamson County Adult Probation Office at 301 S.E. Inner Loop, Suite 101, Georgetown, Texas for a substance abuse evaluation.

I understand the requirements for the DWI/Drug Court Program, and the requirements have been fully explained to me by my attorney.

\_\_\_\_\_  
**DEFENDANT/APPLICANT**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**ATTORNEY FOR DEFENDANT/APPLICANT**

\_\_\_\_\_  
**DATE**

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***For District Attorney Use Only***

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

☐

Accepted

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Denied