



WILLIAMSON COUNTY DWI/DRUG COURT PROGRAM

HON. LAURA BARKER
Presiding Judge
County Court at Law No. 2

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

APPLICATION FOR DWI/DRUG COURT

Mission Statement

"The Mission of the misdemeanor Williamson County DWI/Drug Court Program is to enhance public safety by providing supervision and treatment to offenders through a judicially supervised, therapeutic Court that ensures accountability and recovery".

Application Instructions

1. The application can be completed electronically or by printing and filling the application in legible writing, in blue or black ink by hand.
2. Email your completed application to erin.lucas@wilco.org.
You may also mail or bring in person your completed application to the Justice Center, 405 Martin Luther King Jr. Street, Box 4, Georgetown, Texas 78626.
3. If tentatively approved, the Program Case Manager will send you an email to set up an orientation interview to go over program details.

For questions contact

Erin Lucas
Program Case Manager
(512) 943-1664
erin.lucas@wilco.org

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

First Name	Middle Name	Last Name	
Maiden Name	Nickname or Alias	Date of Birth and Age	
Highest Education Completed	Marital Status	Number of Dependents	
Social Security Number	Driver's License or State ID Number	State	Expiration

Address	Apt #	City	State	Zip Code
County	How long have you lived at this physical address?		Do you Rent or Own?	

Primary Phone Number	Secondary Phone Number	E-mail Address
-----------------------------	-------------------------------	-----------------------

Employment Information

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

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

Prior Military Service Information

Prior Military Service?	Branch of Service	Dates of Service
NO YES		

Attorney Information

Attorney Name	Office Phone	E-mail Address
----------------------	---------------------	-----------------------

PART 2: APPLICANT'S CRIMINAL HISTORY AND QUESTIONNAIRE

List all cases/charges currently pending in WILLIAMSON COUNTY:

Is this a request for the Deferred Adjudication Track? _____ or the Post Adjudication Track?

Cause/Case No.	Date of Arrest	What Were you Arrested For?

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

Cause/Case No.	Date of Arrest	What Were you Arrested For?

NO	YES	Does Defendant have any outstanding warrants or holds from any other jurisdiction, including immigration? <i>If yes, list jurisdiction and reason:</i>
NO	YES	Has Defendant ever been convicted of a crime involving violence (e.g. Assault, Aggravated Assault, etc.)? <i>If yes, list jurisdiction and offense:</i>
NO	YES	Has Defendant ever been convicted of or placed on probation for a felony offense? <i>If yes, list jurisdiction and offense:</i>
NO	YES	Is Defendant on active community supervision (probation) in Williamson County or any other county? <i>If yes, list jurisdiction, offense, and probation officer:</i>
NO	YES	Does Defendant admit to, appear to have, or ever been diagnosed with an alcohol or drug abuse problem? <i>If yes, list diagnosis, date of diagnosis, and who made said diagnosis:</i>
NO	YES*	Has Defendant ever been treated for or diagnosed with a mental illness? <i>If yes, list diagnosis, date of diagnosis, and doctor's name:</i>
NO	YES*	Is Defendant currently on any prescribed medications? <i>If yes, list all prescribed medications:</i>
NO	YES	Does Defendant have adequate and reliable transportation? <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 09/21/2020)

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.

DEFENDANT/APPLICANT

DATE _____

PART 4: ACKNOWLEDGEMENTS

I understand I must meet with the DDCP Specialty Courts Coordinator at County Court at Law #2, Williamson County Courthouse Annex, 405 MLK St., Georgetown, TX 78626 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, and the requirements have been fully explained to me by my attorney.

DEFENDANT/APPLICANT

DATE

ATTORNEY FOR DEFENDANT/APPLICANT

DATE

For County Attorney Use Only

Reviewed by: _____ Date: _____ Accepted _____ Denied _____