



## 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](mailto:erin.lucas@wilco.org) or [brenda.staples@wilco.org](mailto:brenda.staples@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**  
Brenda Staples  
Specialty Court Coordinator  
(512) 943-1568  
[brenda.staples@wilco.org](mailto:brenda.staples@wilco.org)

**For questions contact**  
Erin Lucas  
Program Case Manager  
(512) 943-1664  
[erin.lucas@wilco.org](mailto:erin.lucas@wilco.org)

**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 and Age</b>	
<b>Highest Education Completed</b>	<b>Marital Status</b>	<b>Number of Dependents</b>	
<b>Social Security Number</b>	<b>Driver's License or State ID Number</b>	<b>State</b>	<b>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>Do you Rent or Own?</b>	

<b>Primary Phone Number</b>	<b>Secondary Phone Number</b>	<b>E-mail Address</b>
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**Employment Information**

Employment Status (*check one*):      Full-time      Part-time      Not employed      Seasonal/Contractor  
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>	<b>Branch of Service</b>	<b>Dates of Service</b>
NO      YES		

**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:

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

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

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

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

NO	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>
NO	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>
NO	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>
NO	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>
NO	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>
NO	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>
NO	YES*	<b>Is Defendant currently on any prescribed medications?</b> <i>If yes, list all prescribed medications:</i>
NO	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 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**

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#### *For County Attorney Use Only*

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_ Accepted \_\_\_\_\_ Denied \_\_\_\_\_