



## **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 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 either electronically or by printing it out and filling it in by hand.
2. E-mail the application to [joell.guzman@wilco.org](mailto:joell.guzman@wilco.org).
3. If tentatively approved, contact CSCD Specialty Courts Coordinator Jo-Ell Guzman to set up an interview and assessment:

**Jo-Ell Guzman**  
Specialty Court Coordinator  
(512) 943-1568  
[joell.guzman@wilco.org](mailto:joell.guzman@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</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>	<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:

<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>

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 03/2017)

### 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 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 \_\_\_\_\_