



WILLIAMSON COUNTY DWI/DRUG COURT DIVERSION PROGRAM

HON. RICK KENNON

Presiding Judge
368th 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 Phillip Garcia, 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 or by phone: (512) 943-3543, to set up an interview and assessment. You should also copy **Danny Smith** at 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

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**

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

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

Home Phone	Mobile Phone	E-mail Address
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Employment Information

Employment Status (*check one*): ☐ Full-time ☐ Part-time ☐ Not employed ☐ Seasonal
☐ 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? <input type="checkbox"/> NO <input type="checkbox"/> YES	Branch of Service	Dates of Service
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Attorney Information

Attorney Name	Office Phone	E-mail Address
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PART 2: APPLICANT'S CRIMINAL HISTORY AND QUESTIONNAIRE

List all cases/charges currently pending in WILLIAMSON COUNTY:

Cause No.	Date of Arrest	Offense Title

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

Cause No.	Date of Arrest	Offense Title

<input type="checkbox"/> NO <input type="checkbox"/> YES	Does Defendant have any outstanding warrants or holds from any other jurisdiction, including immigration? <i>If yes, list jurisdiction and reason:</i>
<input type="checkbox"/> NO <input type="checkbox"/> 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>
<input type="checkbox"/> NO <input type="checkbox"/> YES	Has Defendant ever been convicted of or placed on probation for a felony offense? <i>If yes, list jurisdiction and offense:</i>
<input type="checkbox"/> NO <input type="checkbox"/> 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>
<input type="checkbox"/> NO <input type="checkbox"/> 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>
<input type="checkbox"/> NO <input type="checkbox"/> 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>
<input type="checkbox"/> NO <input type="checkbox"/> YES*	Is Defendant currently on any prescribed medications? <i>If yes, list all prescribed medications:</i>
<input type="checkbox"/> NO <input type="checkbox"/> 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.**

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 Program, and the requirements have been fully explained to me by my attorney.

DEFENDANT/APPLICANT

DATE

ATTORNEY FOR DEFENDANT/APPLICANT

DATE

For District Attorney Use Only

Reviewed by: _____ Date: _____

☐

Accepted

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Denied