

DWI Treatment Court Application

Defense Attorney/Court

PLEASE NOTE: Applications must be emailed to both
lemedina@epcounty.com and an.dominguez@epcounty.com

Date of Application: _____ City/State of Residence: _____
Name of Defendant: _____ Age/DOB: _____ Telephone #: _____
Case #(s): _____ Court (s) # _____
Defense Attorney Name: _____ Attorney Phone #: _____ email address: _____
District Attorney (s) Name: _____ Attorney Phone #: _____
Residency Status: US Citizen Legal Resident

Is the person in custody? _____

Case info (please circle answer):

- 1st DWI
- 2nd DWI w/prior within a year
- 2nd DWI w/BAC of .15 or higher
- 3rd DWI or more
- DWI w/child

Attorney/DA Pre-screening questions:

1. Does the defendant live within El Paso County? [] yes [] no
2. Does the defendant have arrests or convictions for violence or gang activity? [] yes [] no
If yes, explain: _____
3. Can the defendant and his/her household members comply with an alcohol ban? [] yes [] no
4. Is the defendant's employment cooperative with the demands of the program (appearing in court, probation supervision, treatment and testing)? [] yes [] no
5. Is the defendant familiar with the program and its activities? [] yes [] no
6. Does the defendant have a transportation plan which will allow him/her to appear at all activities (without driving in violation of their license suspension or revocation)? [] yes [] no
7. Does the defendant believe that he/she has a substance abuse problem and wants to participate in treatment for the problem? [] yes [] no
8. Has defendant received prior treatment (TAIP, Detox, Residential, AA Meetings etc.)? [] yes [] no
If yes, explain: _____
9. Has defendant ever participated in a drug court before? [] yes [] no
10. I have screened the applicant and believe the applicant has no medical or mental health issues that would prevent regular and successful participation in the program. (If the applicant is under a doctor's care for a chronic health issue or mental health treatment a doctor's letter explaining the issue, the treatment proposed and necessary medications will be helpful). [] yes [] no Please list diagnosis and medication(s): _____

Is the Court/ADA in agreement with this DWI Treatment Program screening for your client?

Defense Attorney Signature Date

Name of ADA(s): _____