

State of Wisconsin, Plaintiff  
-vs-

Amended

Defendant's Name \_\_\_\_\_

**Petition for  
Determination of Eligibility for  
the Substance Abuse Program  
§302.05(3)(e), Wis. Stats.**

Date of Birth \_\_\_\_\_

Case No. \_\_\_\_\_

1. I am presently serving the confinement portion of a bifurcated sentence.
2. I was not convicted of a crime specified in chapter 940 or §§948.02, 948.025, 948.03, 948.05, 948.055, 948.06, 948.07, 948.075, 948.08 or 948.095, Wis. Stats.
3. My sentence was imposed
  - A. before July 26, 2003, the effective date of the Substance Abuse Program.
  - OR**
  - B. on or after July 26, 2003, and the sentencing court did not determine if I was eligible or ineligible to participate in the Substance Abuse Program.
4. Attached is form CR-264, Department of Corrections Approval to File Petition for Determination of Eligibility for the Substance Abuse Program.
5. A copy of this petition is being served on the district attorney in the county of conviction. The district attorney may file a written response.

I request the sentencing court to determine if I am eligible or ineligible to participate in the Substance Abuse Program within 90 days after the filing of this petition.

▶ \_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Name Printed or Typed

\_\_\_\_\_  
Date

DISTRIBUTION:

1. Court
2. Inmate
3. District Attorney