

State of Wisconsin, Plaintiff

Amended

-VS-

Defendant's Name _____

Date of Birth _____

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

Case No. _____

1. The petitioner is presently serving the confinement portion of a bifurcated sentence. The petitioner 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.
2. The court has not yet determined if the petitioner is eligible or ineligible to participate in the Substance Abuse Program.
3. The Department of Corrections approves filing of the Petition for Determination of Eligibility for the Substance Abuse Program.

I declare under the criminal penalty of false swearing that the information I have provided is true and accurate.



Signature _____

Name Printed or Typed _____

Address _____

Email Address _____

Telephone Number _____

Date _____

State Bar No. (if any) _____

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