

STATUS REPORT TO COURT FOR PLAN COMPLIANCE

Use of form: Completion of this form meets the requirements of ss. 23.33(13)(e), 30.80(6)(d), 161.472 or 350.11(3)(d), Wis. Stats.

Name (Last, First, MI)		Birthdate	Telephone Number
Street or R.F.D.		City	State and Zip Code
		County of Residence	
ORDERED BY COURT	Name - Judge		MRV (motorized recreational vehicle) includes boats, snowmobiles and all terrain vehicles. <input type="checkbox"/> Implied consent - MRV <input type="checkbox"/> OWI - Great bodily harm - MRV <input type="checkbox"/> OWI - MRV <input type="checkbox"/> OWI - Homicide - MRV <input type="checkbox"/> OWI - Injury - MRV <input type="checkbox"/> Possession - controlled substance
	Address - Court (Street, City, Zip)		
	Case Number	Date - Conviction	

PLAN RECOMMENDATION

Outpatient treatment Regimen _____ Facility _____
 Inpatient treatment or residential treatment Regimen _____ Facility _____
 Medical exam* Psychiatric exam* Detoxification* Residential* Day treatment* Other*
 *Facility

Explain

DISPOSITION

- Compliance
 Noncompliance

Remarks:

Date	SIGNATURE
Agency	Title
Address	