

STATE OF WISCONSIN, CIRCUIT COURT, \_\_\_\_\_ COUNTY

Amended

State of Wisconsin

-vs-

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

\_\_\_\_\_, Defendant  
Name

\_\_\_\_\_  
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 – Original
- 2. Inmate
- 3. District Attorney