SAVE Supervison
Referral and Screening Eligibility Form

Referring Individual: _____

This form must be completed and signed by the referring Probation Officer in order for the probationer/parolee to be considered for placement in the supervision.

Defendant's Name: _____
First M.I. Last Name

Case No(s): _____ D.O.B.: _____ Phone: _____

Additional Information: _____

_____

Eligibility Screening

Both columns must have at least one check to be eligible:

Must have one of the following: (Chose all that apply)	**Must have one of the following: (Chose all that apply)**
_____ RANT SCORE	**_____ DRUG USE (include date of last use and substance)**
_____ WISCONSIN RISK/NEED SCORE	**_____History of Probation/Parole Failures (2 or more)**
	_____Violation Guideline Recommendation (Highest Tier prioritized)

The referred probationer/parolee has been screened for placement in the Swift Alternative Violation Enforcement Supervision, and the probationer/parolee **DOES or DOES NOT** meet the eligibility requirements.

_____ _____
Signature or Probation Officer/Coordinator Date