



Chippewa County COMPAS Referral

Kayce Planert, Diversion Specialist- Kayce.Planert@Lsswis.org

Rose Baier, CJCC Coordinator- rbaier@co.chippewa.wi.us

REFERRING PERSON/AGENCY	
Contact Name:	
Agency:	
Phone Number:	Email Address:
Date of Referral:	

LIST OF PERSONS THAT SHOULD RECEIVE THE COMPAS RESULTS:		
<input type="checkbox"/> DA	Name:	Email:
<input type="checkbox"/> Public Defender	Name:	Email:
<input type="checkbox"/> Private Attorney	Name:	Email:

PARTICIPANT INFORMATION:	
Name:	D.O.B.:
Phone Number:	SID #:
Location: <input type="checkbox"/> County Jail <input type="checkbox"/> Own Residence <input type="checkbox"/> Other:	
Pending Case #:	

REASON FOR EVALUATION:	
<input type="checkbox"/> Treatment and Diversion Program (TAD)	<input type="checkbox"/> Attorney Request
<input type="checkbox"/> Non PSI Felony	<input type="checkbox"/> Joint Agreement <input type="checkbox"/> Other:

TYPE OF EVALUATION:		
<input type="checkbox"/> Core COMPAS	<input type="checkbox"/> NIJ Mental Health	<input type="checkbox"/> URICA (motivation scale)
<input type="checkbox"/> TCU AODA	<input type="checkbox"/> TCU Criminal Thinking	<input type="checkbox"/> Pre-trial Risk

Refer to TAD if appropriate risk level Yes No

Send this completed referral to: **Kayce Planert, Diversion Specialist**

Kayce.Planert@Lsswis.org

715-225-6928

- Completed COMPAS will be returned to referring agency for dissemination within 2 weeks unless noted otherwise.