COURT ORDER FOR IDP RELATED OFFENSE DRIVER ASSESSMENT AND DRIVER SAFETY PLAN

Wisconsin Department of Transportation
MV3632 3/2021 s.343.30(1q) or 343.305(10) Wis. Stats.

Print

INDIVIDUAL

Name (Last, First, MI)	Birth Date (M M - D D - Y Y Y Y)	Sex	Driver License Number (1 2 3 4 - 5 6 7 8 - 9 10 11 12 - 13 14)	State

Address, City, State, ZIP Code	County of Residence	(Area Code) Telephone Number

COURT

Convicting Court Name	Convicting Court Address, Street, City, ZIP Code

Judge	Court (Area Code) Telephone Number

Citation Number	Court Case Number	Non-UTC Number	Conviction Date (m/d/yyyy)

ARREST INFORMATION

Arrest Date(s)	BAC Level or CS

FIRST	SECOND	THIRD OR MORE	OFFENSE
☐	☐	☐	**Implied Consent Refusal** - s.343.305(10) Wis. Stats.
			Operating while under the influence
☐	☐	☐	- s.346.63(1)(a) Wis. Stats.
☐	☐	☐	- s.346.63(1)(am) Wis. Stats.
☐	☐	☐	- s.346.63(1)(b) Wis. Stats.
☐	☐	☐	**Causing Injury** - s.346.63(2) Wis. Stats.
☐	☐	☐	**Causing Injury/Great Bodily** - s.940.25 Wis. Stats.
☐	☐	☐	**Causing Homicide** - s.940.09 Wis. Stats.

Referred to Assessment Facility – Name
Street Address
City, State, ZIP Code
(Area Code) Telephone Number
Information Attached for Assessment Facility: ☐ Accident Report ☐ Citation ☐ Complaint ☐ Driver Record ☐ Related Offenses ☐ Other:

Having been found guilty or having had an adverse finding for the above indicated offense, you are ordered to submit and comply with an assessment by the approved public treatment facility for your county of residence, as defined in s.51.45(2)(c), Wis. Stats. (or, as referred, to your state of residence). If you are a member or the relative of a member of a federally recognized American Indian tribe or band, you may receive the assessment required under this subdivision from an approved tribal treatment facility as defined in s.51.01(2c). You are further ordered to submit and comply with the development of a driver safety plan.
The purpose of the assessment is to examine your use of alcohol or controlled substances and to develop a driver safety plan. Based on the assessment findings, your plan will involve attendance at a school under s.345.60, Wis. Stats. (or an educational program in another state), treatment, or both. This order and referral shall also serve as notice to you, encouraging your cooperation, since noncompliance with the assessment or the driver safety plan or failure to complete the driver safety plan within 12 months will result in withdrawal of your operating privileges by the Wisconsin Department of Transportation for an indefinite period until you are in compliance. The assessment facility's report on the assessment and the driver safety plan or referral will be submitted within 14 days to the Wisconsin Department of Transportation, the county department under s.51.42, Wis. Stats., or its approved agency, the driver safety plan provider, and yourself.

BY THE COURT: **X** _____ _____
(Judge/Court Commissioner Signature) (Date – m/d/yyyy)

I agree to contact the above-named assessment facility, or if applicable, an approved tribal treatment facility **within 72 hours** to set an appointment for the assessment or request a transfer. I am aware that a fee is charged and must be paid to comply with assessment or any referral. I understand that the assessment facility will report to the Wisconsin Department of Transportation my compliance status and any referral. My failure to participate will result in the Wisconsin Department of Transportation's indefinite withdrawal of my Wisconsin operating privileges until I do satisfactorily complete assessment and my driver safety plan.

X _____ _____
(Defendant Signature) (Date – m/d/yyyy)

Distribution: 1 – Court; 2 – Assessment Facility; 3 – Defendant
GF-176 (CCAP), Court Order for IDP Related Offense Driver Assessment and Driver Safety Plan.

This form shall not be modified. It may be supplemented with additional material.