



OFFICE OF THE
DISTRICT ATTORNEY
JEFFERSON COUNTY

COURTHOUSE, ; JEFFERSON, WISCONSIN 53549
Telephone 920-674-7220
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**AUTHORIZATION FOR FOP DIRECTOR AND/OR DESIGNEE
TO SPEAK WITH REPRESENTED DEFENDANT**

I, _____ , attorney for _____ in case number _____ hereby authorize the director of the Jefferson County First Offender Program to speak with my client about all matters including the subject matter of the representation to determine his/her eligibility for participation in the program and also to facilitate program participation should my client be accepted into the program. I understand that my client is not accepted into the program until he/she signs a contract.

If my client successfully completes the program and the State seeks to move the Court to dismiss the charge(s); I waive on behalf of my client [the defendant], any need for the State to provide notice to the defendant and/or counsel any motion to dismiss; prior to or at the same time the State files the *Motion and Order for Dismissal* with the Court. It is sufficient notice for the defendant to receive a copy of the dismissal order after it has been signed by the Court.

Date

Please return this signed document to the DA's office as soon as possible. The FOP Director cannot meet with your client until this authorization has been signed and received.

Julie Klusken – First Offender Program Director (920) 674-7215