

DRIVER SAFETY PLAN STATUS REPORT

Wisconsin Department of Transportation
s. 343.16, 343.30(1q), or 343.305(10) Wis. Stats.
MV3631 10/2004

Completion
Report

General Information

Name (Last, First, MI) SCHUETTE, SAMANTHA, MARY	Birth Date [REDACTED]	Sex F	Driver License Number [REDACTED]	State WI
Address [REDACTED]	City, State, ZIP Code MADISON, WI 53711	County of Residence DANE	Area Code - Telephone	
Judge	Court Address (Street, City, ZIP Code)			Client Occupation
Citation Number BC506698-3	Court Case Number	Non-UTC Number	Most Recent Conviction Date(s)	

Arrest Information

Arrest Date(s) 05-06-2021/WI	Arrested For ☐ Controlled Substance and/or Other Impairing Drug: ☐ Implied Consent ☒ OWI - Operating While Intoxicated ☐ Repeat Offense ☐ OWI - Injury ☐ OWI - Great Bodily Harm ☐ OWI - Homicide			
Blood Alcohol Level .190				
Total Lifetime OWI Arrests: 2				

Referred Information: ☐ Court ☐ DOT ☒ Voluntary

Assessment Finding Information

☒ Alcohol	☐ Other Drug(s)	☐ Controlled Substances
Final Diagnosis Client completed 10 sessions with a prognosis of benefits from individual therapy. Client fully engaged in the therapeutic process and learned new coping and behavior strategies.		

Driver Safety Plan Information - Program Recommendation

☐ Group Dynamics	☐ Multiple Offender Program	Provider Name
☒ Outpatient Treatment	Regimen and Provider Name tools for coping and self evaluation Choice #77777779	
☐ Inpatient Treatment	Regimen and Provider Name	
☐ Victim Impact Panel		

For any of the 6 choices below, please give provider name and explanation

☐ Medical Exam	☐ Psychiatric	☐ Detoxification	☐ Residential	☐ Day Treatment	☐ Other
Provider Name					

Explanation

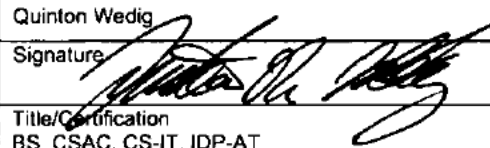
Client to follow recommendations of the provider.

Plan Completion Date 05-15-2023	Plan Extended Through - Total Assessment Period Cannot Exceed 16 Months
In Compliance Date(s) Plan	Non-Compliance Date(s) Assessment Interview
Assessment Fee	Plan
Treatment Fee	Assessment Fee
N/C Report Sent in Error	Treatment Fee

(Provide date(s) only for the action(s) being taken for this report filing.)

Description, Prognosis or Comments
Completed, case closed.

Assessment Facility/Assessor Information

Agency Journey Mental Health Center - Clinical Assessment Unit	Name - Please Print Quinton Wedig		
Address 25 Kessel Ct. Suite 200	Area Code - Telephone 608 280 2546	Signature 	Date 5-15-23 06-09-2022
City, State, ZIP Code Madison WI 53711	Title/Certification BS, CSAC, CS-IT, IDP-AT		

Distribution: 1 - Assessment; 2 - Plan Provider; 3 - DOT; 4 - Client