

STREET OUTREACH COURT

Application version 1/09

A community project of the Washtenaw County criminal justice system and advocates for the homeless.

The Washtenaw County Street Outreach Court (SOC) offers individuals who are homeless or at risk of homelessness and who have demonstrated their commitment to working with service programs to reduce the recurrence of offending behavior, the opportunity to resolve Washtenaw County cases of civil infractions and non-violent misdemeanors, including warrants.

To apply, you must have voluntarily entered into an action plan with your service provider. The action plan will address the behavior that led to the criminal charge(s), including any victim concerns.

The Street Outreach Court meets on scheduled Wednesdays at noon in the first floor conference room at 110 N. Fourth in the Washtenaw County Annex. It is extremely helpful if the service provider accompanies the client to the hearing. The setting is relatively informal. The judge may ask the service provider to state on the record the efforts the client has made toward self-sufficiency.

With this application please include:

- **INITIAL LETTER OF SUPPORT FROM YOUR SERVICE PROVIDER.** The letter of support must be on program letterhead and include:
 1. Date of entry into program
 2. Advancements made on a personal level towards self-sufficiency.
 3. Anything else you think may be helpful
- **ACTION PLAN** – use the form provided to tell us what your plan is to address the issues that may have caused you to have legal problems.
- **RELEASE OF INFORMATION** so that there may be an exchange of information between you, the service provider, court, program evaluator, defense attorney and prosecutor.
- **A BRIEF INITIAL QUESTIONNAIRE**– **The Street Outreach Court is a new program. Answering this questionnaire is completely voluntary and will not affect the outcome of your cases in any way. We're interested in how (and if) the program helps people.**

SERVICE PROVIDERS MAY SUBMIT COMPLETED APPLICATIONS TO:

Street Outreach Court

Attn: Ann Savickas

15th District Court Probation

206 East Huron

Ann Arbor MI 48107

Phone: 734-994-2753 or 734-994-2751, ext. 0

fax 734 997-1595

E-mail: amsavickas@a2gov.org

Responsibilities of the Service Provider:

1. The Service Provider must provide written documentation of the progress the client is making on the action plan. This must be submitted to Ann Savickas via US mail, fax or email **no later than two weeks prior to the hearing date.** Without this documentation your client's case may not move forward.
2. The service provider must attend the Street outreach Court hearing with the client.
3. Until you have confirmed with the SOC coordinator that your client has been accepted into the program, please make sure the client attends all scheduled court hearings.

APPLICATION FOR STREET OUTREACH COURT

COMPLETION AND SUBMISSION OF THIS APPLICATION DOES NOT GUARANTEE ACCEPTANCE INTO THE STREET OUTREACH COURT PROGRAM. The information you provide will be reviewed by the court, service provider, defense counsel and the prosecutor to determine your eligibility.

Applicant Information:

Name: _____
Last First Middle

A.K.A.s: _____

Date of Birth: _____ Race _____ Sex: Male _____ Female _____

Driver's License/ID No./State _____

APPLICANT'S CONTACT INFORMATION:

Your current address: _____

Phone: _____

E-mail: _____

LEAD SERVICE PROVIDER'S CONTACT INFORMATION:

Service Provider: _____

Organization: _____

Address: _____

Phone: _____ FAX: _____

E-Mail: _____

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Applicant verification:

I understand that any warrants cancelled while I voluntarily participate in this program will be re-entered on the Law Enforcement Information Network if I fail to comply with the Action Plan. I have read (or someone has read to me) the above terms and I would like to be considered for the Street Outreach Court.

Date: _____

Signature of Applicant

This Application must be submitted to the Street Outreach Court by your service provider.

Submitted by: _____

Signature

Print Name: _____

Date: _____

Organization: _____

Street Outreach Court Release of Information



Release of Information Authorization

Washtenaw County Street Outreach Court

Client Name: _____ DOB: _____

I, _____, authorize:

Name of

Organization/Individual: _____

Address: _____ City/State: _____

Zip Code: _____

To release/exchange information to:

The Washtenaw County Street Outreach Court including Prosecuting attorney(s) Defense Counsel and a program evaluator.

Specific Information to be Requested/Disclosed (**check all that apply**):

- Action Plan
- Compliance/Non-compliance

Purpose or Need for Request/Disclosure:

This information is needed for verification of participation in a service provider program and qualification of application for closure and/or dismissal of certain civil infractions, misdemeanors and warrants resulting from those offenses through the Washtenaw County Street Outreach Court.
This form was completed in its entirety and read by me or to me prior to signing.

• I understand that authorizing the request/disclosure of information in my records is voluntary, and that my services will not be affected if I choose not to sign this form. Upon request, the client/parent/guardian who signed this form may review or copy the information released/disclosed pursuant to this Authorization as allowed in 45 CFR 164.524, the Michigan Mental Health Code, 42 CFR Part 2, and any other applicable laws, rules and regulations.

• I understand that any release/disclosure of information carries with it the potential for unauthorized redisclosure and the information may not be protected by Federal Confidentiality Laws. Authorized redisclosure may be made, as allowed by law.

This authorization, except for action already taken, can be revoked at any time by verbal or written notice to the Street Outreach Coordinator. Without expressed revocation this authorization **expires after one year, or sooner** for any one or more of the following reasons:

A. Date: _____ B. Event: _____

If information related to substance abuse has been disclosed to you, it was disclosed from records whose confidentiality is protected by State and Federal Laws which prohibit you from making any further disclosure of this information without the specific consent of the client to whom it pertains or as otherwise permitted by such regulations. A general authorization for the request/disclosure of medical or other information is NOT sufficient for this purpose. Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

_____ Client Signature Date	_____ Date	_____ Parent/Guardian/Representative Signature
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_____ Witness Signature	_____ Date	_____
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RELEASE OF INFORMATION AUTHORIZATION – COPY TO ACCOMPANY COURT APPLICATION AND COPY TO PROGRAM FILE

Name _____

STREET OUTREACH COURT

Initial Questionnaire

The Street Outreach Court is a new program. We're interested in how (and if) the program helps people. Answering this questionnaire is completely voluntary and will not affect the outcome of your cases in any way.

1. About how many outstanding charges do you think you have?

2. Do you think you have any outstanding warrants? How many do you think you have?

3. Are any of the following the reasons why you haven't taken care of this case before now?

Check **all** that apply.

- Fear of the police
- Fear of going to jail
- No money for fines
- I have no one to help me understand what is going on
- I owe back child support
- I have no transportation to get to court
- I am unsure of where or when to go to court
- I am homeless and I have nowhere to leave my belongings
- Other _____

4. How have these outstanding charges affected your life? Check **all** that apply.

- I can't renew my driver's license
- I can't rent an apartment because of the background check
- I can't apply for a job because of the background check
- I can't apply for /receive disability or other benefits
- other _____

5. What is your opinion of the legal system up until now? (before you heard of Street Outreach Court)

1 2 3 4 5 6 7 8 9 10
Uncaring/Unfair Fair trying to help people

6. What is your opinion of the police?

1 2 3 4 5 6 7 8 9 10
Uncaring/unfair Fair trying to help people

E-mail: amsavickas@a2gov.org
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