

Cuyahoga County Common Pleas Re-Entry Court A P P L I C A T I O N

The Cuyahoga County Re-Entry Court (REEC) is committed to working with defendants to end the cycle of incarceration. The Re-Entry Program identifies, assesses and links offenders to services specific to their needs, in order to increase the likelihood of success and rehabilitation.

The REEC offers a coordinated, intensive supervisory approach to Judicial Release. Persons accepted into REEC are transferred only with the Sentencing Judge's approval. If a person is accepted for REEC, and jurisdiction is transferred to the docket of the REEC Judge, Judge Nancy Margaret Russo, then a hearing will be held on Judicial Release. The State has the right to appear at the hearing and present evidence. Transfer of jurisdiction to REEC does not guarantee Judicial Release. The hearing must still be held and evidence presented, at which time a ruling will be made.

In those cases where REEC has received jurisdiction and granted Judicial Release, the defendant will be supervised by the REEC Judge and staff. In those cases where jurisdiction is transferred, and a Motion for Judicial Release is denied, jurisdiction does not transfer back to the sentencing Judge, but remains with the REEC Judge.

All REEC clients who are granted Judicial Release will be required to abide by the Rules of Probation as well as the individual Re-Entry Court conditions. Failure to comply may result in sanctions, including time in the County Jail, the CBCF, or a return to prison to complete the balance of the offender's sentence. If a REEC client is convicted in a new case, he/she also faces possible consecutive sentences on the REEC case and new case.

Minimum eligibility criteria:

1. Offender must be statutorily eligible for Judicial Release or Super Shock
2. Offender must have been sentenced in Cuyahoga County Common Pleas Court and may not be serving time on any case outside of Cuyahoga County.
3. Offender should intend to reside in Cuyahoga County during the term of supervision.
4. Offender may be serving time on two Cuyahoga County cases, but not three or more.
5. Offender may be in his/her 6th Prison term, but not 7th or more.
6. Offender cannot have any outside felony warrants, or capiases, other than minor traffic.
7. Offenders serving time on any contact sex offense are ineligible.
8. Offender cannot have any pending/open municipal or felony cases in any Court.
9. Incomplete applications/questionnaires will not be considered.

A p p l i c a t i o n P r o c e s s

Complete the attached application and questionnaire and mail it to the address below. Completing the application for REEC does not constitute a Motion for Judicial Release. In the event you are accepted, and jurisdiction transferred to REEC, you may retain counsel or The REEC Judge will assign counsel to file a Motion for Judicial Release and represent you in Court. The application is **NOT** a motion for Judicial Release and is not filed with The Clerk.

Any incomplete applications will be rejected. Any application containing false or inaccurate information will not be considered. Upon review, you will be notified by mail and the journal entry of the REEC decision will also appear on your case docket.

Factors for Re-Entry Court consideration include: Institutional adjustment – review of Institutional Summary reports/discipline history/conduct reports, institutional programming (education participation during current incarceration) programs completed in prison, family support, honesty, and recognition of your challenges to reintegration.

Judge Nancy Margaret Russo
Cuyahoga County REEC
1200 Ontario Street Courtroom 18-C
Cleveland, Ohio 44113

Cuyahoga County Common Pleas Re-Entry Court APPLICATION

Personal Information

Last Name: _____
First Name: _____ MI: _____
Date of Birth: _____
Social Security No.: _____
Race/Ethnicity: _____

Offense Information

Current Offense(s): _____
Current Judge: _____
Sentencing County: _____
Docket Number(s): _____
Length of Current Sentence: _____

ADDRESS INFORMATION

Do you plan to reside in Cuyahoga County if you are released from prison? No Yes

I will live with (Name): _____
Relationship: _____

Street Address: _____
City: _____
State: _____ Zip: _____
Phones:
Home: (____) _____ Cell: (____) _____

MARITAL STATUS

Married Single Divorced
 Separated Widowed

Name of Spouse: _____
Number of Children: _____
Court Ordered Child Support: No Yes

Employment History

If released, do you have a job? No Yes
Employer Name: _____
Location: _____
Last Employment: _____

EDUCATION

Highest Grade Completed: _____
Year Completed/Graduated: _____

Have you served more than three prior prison terms in any facility? (Not including this commitment) No Yes

Do you have pending felony charges: No Yes

Do you have any prior contact sex convictions:
 No Yes

Do you have any outstanding warrants other than minor traffic offenses: No Yes

Prison Information

Institution: _____
Inmate Number: _____
Date Admitted to Prison: _____
Scheduled Release Date: _____

What prison programs did you participate in?

Attorney Information

I will retain private counsel to file a motion for Judicial Release
 No Yes

If yes, Attorney Name: _____

If no, I agree to accept the public defender as counsel and give my permission to file a motion for The Re-Entry Court consideration on my behalf. I further understand in some cases counsel may be assigned.

Military History No Yes

Branch: _____
Discharge Date: _____
Type of Discharge: Honorable General
 Dishonorable Medical

**Cuyahoga County Common Pleas Re-Entry Court
A P P L I C A T I O N**

Describe any past or current health problems:

Describe any past or current mental health issues:

Describe any past or current substance abuse issues:

Provide the name(s) of any prison programs, reintegration programs in which you participated in:

Please tell us why you are a good candidate for The Re-Entry Court:

*Attach any certificates or documentation you believe would be helpful.

Signature of Offender

Date

My signature acknowledges that I have completed this form and if I have not retained an attorney, I further agree to accept the Public Defender or assigned counsel as counsel, and give that attorney my permission to file a motion for Judicial Release on my behalf.

Cuyahoga County Common Pleas Re-Entry Court Questionnaire

| | |
|-------------------------------|--------|
| Client Name (First, MI, Last) | Phone: |
|-------------------------------|--------|

| | |
|----------|--------|
| Address: | Phone: |
|----------|--------|

Living Situation

| | |
|--|---|
| My Home <input type="checkbox"/> Rent <input type="checkbox"/> Own | ** Residential Care/Treatment Facility <input type="checkbox"/> Hospital <input type="checkbox"/> Temporary Housing <input type="checkbox"/> Residential Care <input type="checkbox"/> Nursing Home |
|--|---|

****Other**

| | |
|--|--|
| <input type="checkbox"/> Friend's House | <input type="checkbox"/> Relative's/Guardian's Home |
| <input type="checkbox"/> Homeless Living with Friend | <input type="checkbox"/> Homeless in Shelter/No Residence <input type="checkbox"/> Others: |

| Household Member Names | Relationship to Client | Age | How do you get along? |
|------------------------|------------------------|-----|-----------------------|
| | | | |
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| Significant Family Members /Others Not Listed Above | Relationship to Client | Age | How do you get along? |
|---|------------------------|-----|-----------------------|
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| | | | |

Any history of mental health treatment Yes No

Any family history of addiction/alcoholism Yes No

What skills do you have? _____

What type of work have you done? _____

Do you have any work limitations? _____

Are there any skills that you do not currently have but would like to obtain in the future? Explain.

Do you have or ever had a:

| | |
|---|--|
| Checking Account <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have any outstanding debts? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Savings Account <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have any Court Ordered payments? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Budget <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Explain: _____

| | |
|-------------------------------|--------|
| Client Name (First, MI, Last) | Phone: |
|-------------------------------|--------|

Have you ever done volunteer work Yes No Explain: _____

What do you enjoy doing in your spare time? (Hobbies, Interests, etc.)

Have you ever attended AA/NA meetings? Yes No
 Have you ever attended any support group? Yes No Explain/Where:

Religious Preference:

Education, Employment, and Military Information

| | | |
|---|---|---|
| Education History (check all that apply) <input type="checkbox"/> GED <input type="checkbox"/> HS Grad | Highest Grade Completed If no High School diploma, why not? _____ _____ | Vocational Year Completed Vocational Program Completed _____ _____ |
|---|---|---|

| | |
|--|--|
| No. of YRS, Qtrs., or Semesters Degree/Major <input type="checkbox"/> College | <input type="checkbox"/> Other Degree: |
|--|--|

History of Learning Difficulties including (performance/behavioral problems due to AOD use)

None Reported
 Learning Disability/Type: _____
 Developmental Delays
 Special School Placement: _____
 Other: _____

Barriers to Learning

None Reported
 Inability to Read or Write
 Other: _____

Military History

No Yes If yes, What Branch? _____
 When? _____
 What type of discharge? _____
 Receiving VA Benefits? Yes No

Mental Health Treatment History

| | | |
|--|------------|----------------|
| Outpatient Mental Health Treatment <input type="checkbox"/> None Reported | | |
| Agency | Past(Date) | Clinician Name |
| | | |
| | | |

| | |
|--------------------------------------|---------------|
| Client Name (First, MI, Last) | Phone: |
|--------------------------------------|---------------|

Psychiatric Hospitalizations None Reported

| Hospital | Date of Service | Reason (suicidal, depressed, etc.) |
|----------|-----------------|------------------------------------|
| | | |
| | | |
| | | |

Previous or Current Diagnoses (if known)
 Not Known by Client

Other Comments Regarding Mental Health Treatment History
 No Comments

Current Medical Information (prescription/OTC/herbal)

None Reported

| Medication | Diagnosis/Medical Problem | Prescribed By | Compliance | | | |
|------------|---------------------------|---------------|------------|----|---------|-----|
| | | | Yes | No | Partial | Unk |
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|-------------------------------|-----------------------------------|
| Primary Care Physician | Date of Last Physical Exam |
| | |
| | |

Past or Current Alcohol/Drug Use

| Substance | Age of First Use | Date of Last Use | Frequency of Use | Amount | Method |
|-----------|------------------|------------------|------------------|--------|--------|
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Current Medical Conditions: _____

Dental Problems: _____

Visual Problems: _____

Where do you go for medical care? _____

| | | | |
|---|---|---|---|
| Client Name (First, MI, Last) | | Phone: | |
| Alcohol/Drug Treatment History | | | |
| Have you ever received treatment for alcohol or drug use <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, was treatment inpatient or outpatient? | | | |
| _____ | | | |
| _____ | | | |
| Name of Provider Agency | Type of Service | Date of Service | |
| | | | |
| | | | |
| Do you have any children? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? _____ | | | |
| <u>Living at Home</u> | | | |
| First and Last Names: _____ | Age: _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| First and Last Names: _____ | Age: _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| First and Last Names: _____ | Age: _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| First and Last Names: _____ | Age: _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| First and Last Names: _____ | Age: _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| First and Last Names: _____ | Age: _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Who has physical custody? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other | | | |
| Who has legal custody? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other | | | |
| Do you have contact? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Occasionally <input type="checkbox"/> None | | | |
| Special Circumstances? _____ | | | |
| _____ | | | |
| Civil Proceedings past or present: <input type="checkbox"/> Yes <input type="checkbox"/> No | | Do you have any past or present Domestic Relations Cases? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | Do you have any children who are currently in the Juvenile Justice System? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | Do you have any children who have previously been in Juvenile Justice System? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Are you currently involved in the Juvenile Court (related to child abuse, neglect, or dependency) | | | |
| Current: <input type="checkbox"/> No <input type="checkbox"/> Yes Comment: _____ | | | |
| Past: <input type="checkbox"/> No <input type="checkbox"/> Yes Comment: _____ | | | |
| Do you have any Child Support Enforcement Orders? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | Has paternity been established? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you had any Children's Protective Services Involvement with Family | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever been the victim of abuse? | | | |
| <input type="checkbox"/> Physical Neglect | <input type="checkbox"/> Physical Abuse | <input type="checkbox"/> Domestic Violence/Abuse | <input type="checkbox"/> Community Violence |
| <input type="checkbox"/> Emotional Abuse | <input type="checkbox"/> Sexual Abuse/Molestation | <input type="checkbox"/> Other | |
| Marital Status: | | | |
| <input type="checkbox"/> Never Married | <input type="checkbox"/> Married | <input type="checkbox"/> Partnership | Additional Information: _____ |
| <input type="checkbox"/> Separated | <input type="checkbox"/> Divorced | <input type="checkbox"/> Widowed | |