

# Welcome Home

## Hamilton County Common Pleas Court Welcome Home Reentry Docket APPLICATION

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The Hamilton County Reentry Docket is committed to working with defendants to end the cycle of incarceration. The Reentry Docket identifies, assesses, and links offenders to services specific to their needs in order to increase the likelihood of success and rehabilitation.

The Reentry Docket offers a coordinated, intensive supervisory approach to Judicial Release. Persons accepted into the Reentry Docket are transferred only with the Sentencing Judge's approval. If a person is accepted for the Re-entry Docket, and jurisdiction is transferred to the docket of the Reentry Judge, Honorable Wende C. Cross, 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 the Reentry Docket 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 the Reentry Docket has received jurisdiction and granted Judicial Release, the defendant will be supervised by the Reentry Docket 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 Reentry Docket Judge.

All Reentry Docket clients who are granted Judicial Release will be required to abide by the Rules of Probation as well as the individual Reentry Docket 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 Reentry Docket client is convicted in a new case, he/she also faces possible consecutive sentences on the Reentry case and new case.

### Eligibility

The following eligibility criteria is non-negotiable and applied consistently.

- Offender must be statutorily eligible for Judicial Release.
- All non-violent offenses are eligible except any contact sex offense.
- Applicant must intend to reside in Hamilton County, Ohio.
- Applicant must be serving a non-mandatory term of less than 2 years and serve a minimum of 30 days in ODRC before being eligible for screening.
- Applicant must have been sentenced in Hamilton County, Ohio.
- If the participant is homeless, must agree to living in shelter until other housing is available. Electronic monitoring will be used, if necessary.
- Male and Females will be accepted into the program.
- Participants with mental health and substance use history are eligible.

### Ineligibility Criteria

The following ineligibility criteria is non-negotiable and applied consistently.

- Applicant cannot have 3 or more prison commitments.
- Incomplete application.
- Applicant is currently serving time on 3 or more cases.
- Applicant is ineligible if he or she is sentenced outside of Hamilton County, Ohio.
- Applicant was previously denied for Re-Entry Court Docket.
- Applicant cannot have any outside felony warrants, or capiases, other than minor traffic.
- Applicant has any pending/open municipal or felony cases in any Court.
- Serving mandatory sentence.

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**Hamilton County Common Pleas Court Reentry Docket  
Application**

**Application Process**

Complete the attached application and questionnaire and mail it to the address below. Completing the application for the Reentry Docket does not constitute a Motion for Judicial Release. In the event you are accepted, and jurisdiction transferred to the Reentry Docket, you may retain counsel or The Reentry Docket 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 Reentry Docket decision will also appear on your case docket.

Factors for Reentry Docket 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 Wende C. Cross  
Hamilton County Common Pleas Reentry Docket  
1000 Main Street, Courtroom 380  
Cincinnati, Ohio 45202

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Hamilton County Common Pleas Court Reentry Docket  
Application

APPLICATION

PERSONAL INFORMATION

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security No. \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_

ADDRESS INFORMATION

Do you plan to reside in Hamilton 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: \_\_\_\_\_

OFFENSE INFORMATION

Current Offense(s): \_\_\_\_\_

Current Judge: \_\_\_\_\_

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**Hamilton County Common Pleas Court Reentry Docket Application**

Sentencing County: \_\_\_\_\_

Docket Number(s): \_\_\_\_\_

Length of Current Sentence: \_\_\_\_\_

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: \_\_\_\_\_

[3 If no, I agree to accept the public defender as counsel and give my permission to file a motion for The Re-entry Docket 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

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**Hamilton County Common Pleas Court Reentry Docket  
Application**

Describe any past or current health problems:

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Describe any past or current mental health issues:

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Describe any past or current substance abuse issues:

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

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**Hamilton County Common Pleas Court Reentry Docket  
Application**

Please tell us why you are a good candidate for The Reentry Docket:

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\*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.

# Hamilton County Common Pleas Welcome Home Reentry Docket Questionnaire

Client Name (First, MI, Last)

Phone:

Address:

### Living Situation

My Home:(circle one)    **\*\*Residential Care/Treatment Facility**

Rent                  Own                  Hospital                  Temporary Housing                  Residential Care                  Nursing Home

**\*\*Other**

Friend's Home                                  Relative's/Guardian's Home

Homeless Living with Friend    Homeless in Shelter/No Residence    Others:

Household Member Names                  Relationship to Client                  Age                  How do you get along?

Significant Family Members/  
Others Not Listed Above                  Relationship to Client                  Age                  How do you get along?

Any family 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 have ever had

Savings Account	Yes	No
Budget	Yes	No
Checking Account	Yes	No
Outstanding court debts/payments	Yes	No, Explain

# Hamilton County Common Pleas Welcome Home Reentry Docket Questionnaire

Client Name (First, MI, Last)	Phone:
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Have you ever done volunteer work?    Yes    No Explain:

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

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

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Religious Preference:

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### Education, Employment, and Military Information

Education History (check all that apply)	Highest Grade Completed  If no High School diploma, why not? <hr/>	Vocational Year Completed  Vocational Program Completed. <hr/>
GED                      HS Grad		
No. of Yrs, Qtrs., or Semesters Degree/Major College	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**

C] None Reported      Inability to Read or Write      Other:

**Military History**

Yes    If yes, What Branch? \_\_\_\_\_  
When? : \_\_\_\_\_  
What type of discharge? \_\_\_\_\_  
Receiving VA Benefits? C] Yes C] No

**Mental Health Treatment History**

Outpatient Mental Health Treatment      None Reported

Agency	Past Date	Clinician Name

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  
C] No Comments

Current Medication Information (prescription/OTC/herbal)

None Reported

Medication	Diagnosis/Medical Problem	Prescribed By	Compliance			
			Yes	No	Partial	Unk

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

Current Medical Conditions:

\_\_\_\_\_

Dental problems: \_\_\_\_\_

Visual problems: \_\_\_\_\_

Where do you currently go for medical care?  
\_\_\_\_\_

Client Name (First, MI, Last)

Phone.

Alcohol/Drug Treatment History

Have you ever received treatment for alcohol or drug use? C] Yes C] No If yes, was treatment inpatient or outpatient?  
\_\_\_\_\_  
\_\_\_\_\_

Name of Provider Agency

Type of Service

Date of Service

Do you have any children? Yes No If yes, how many? \_\_\_\_\_

Living at Home

First and Last Names: \_\_\_\_\_ Age: \_\_\_\_\_  Yes  No

First and Last Names: \_\_\_\_\_ Age: \_\_\_\_\_  Yes  No

First and Last Names: \_\_\_\_\_ Age: \_\_\_\_\_  Yes  No

First and Last Names: \_\_\_\_\_ Age: \_\_\_\_\_  Yes  No

First and Last Names: \_\_\_\_\_ Age: \_\_\_\_\_  Yes  No

Who has physical custody? Self Spouse Joint Other

Who has legal custody? Self Spouse Joint Other

Do you have contact? Daily Weekly Monthly Occasionally None

Special Circumstances?  
\_\_\_\_\_

Civil Proceedings past or present C] Yes    NO	Do you have any past or present Domestic Relations Cases? Yes    No  Do you have any children who are currently in the Juvenile Justice System?    Yes    NO  Do you have any children who have previously been in the Juvenile Justice System?    Yes    No		
Are you currently involved in Juvenile Court (related to child abuse, neglect, or dependency)			
Current:	Yes	Comment:	
Past:	Yes	Comment:	
Do you have any Child Support Enforcement Orders?    Yes    No		Has paternity been established?    Yes    NO	
Have you had any Children's Protective Services Involvement with Family Yes C] No			
Have you ever been the victim of abuse?			
Physical Neglect  Other:	Physical Abuse  Emotional Abuse	Domestic Violence/Abuse	Community Violence  Sexual Abuse/Molestation
Marital Status:			
Never Married	Married	Partnership	Additional Information: _____
Separated	Divorced	Widowed	