

Welcome
Home

**HAMILTON COUNTY REENTRY
DOCKET**



**Judge Wende Cross
Hamilton County Common Pleas Court**

Welcome Home

Hamilton County Common Pleas Court Welcome Home Re-Entry Docket APPLICATION

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

The Re-entry Docket offers a coordinated, intensive supervisory approach to Judicial Release. Persons accepted into the Re-entry 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 Re-entry Judge, Wende 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 Re-entry 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 Re-entry Docket has received jurisdiction and granted Judicial Release, the defendant will be supervised by the Re-entry 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 Re-Entry Docket Judge.

All Re-entry Docket clients who are granted Judicial Release will be required to abide by the Rules of Probation as well as the individual Re-entry 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 Re-entry Docket client is convicted in a new case, he/she also faces possible consecutive sentences on the Re-entry 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 4 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.
- Negative Institutional Report Summary and/or Negative Probation History can be means for denial.

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Application Process

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

Factors for Re-entry 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 Cross
Hamilton County Common Pleas RE-Entry Docket
1000 Main St, Courtroom 280
Cincinnati, Ohio 45202

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Hamilton County Common Pleas Court Welcome Home Re-Entry 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? Yes No

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? Yes No

EMPLOYMENT HISTORY

If released, do you have a job? Yes No

Employer Name.

Location:

Last Employment:

EDUCATION

Highest Grade Completed:

Year Completed/Graduated:

OFFENSE INFORMATION

Current Offense(s): _____

Current Judge: _____

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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: Yes No

Do you have any prior contact sex convictions?
No Yes

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

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: Yes No

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 Docket consideration on my behalf. I further understand in some cases counsel may be assigned.

MILITARY HISTORY: Yes No
Branch:

Discharge Date: _____

Type of Discharge. Honorable General
Dishonorable Medical

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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:

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Hamilton County Common Pleas Court Welcome Home Re-Entry Docket APPLICATION

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.

Hamilton County Common Pleas Welcome Home Re-Entry Docket Questionnaire

Client Name (First, MI, Last)

Address:

Phone:

Living Situation

My Home **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 Re-Entry Docket Questionnaire

| | |
|--|--------|
| Client Name (First, MI, Last) | Phone: |
| Have you ever done volunteer work? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: <hr/> <hr/> | |
| What do you enjoy doing in your spare time? (Hobbies, Interests, etc.) <hr/> <hr/> | |
| Have you ever attended AA/NA meetings? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever attended any support group? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain/Where: <hr/> <hr/> | |
| Religious Preference: <hr/> <hr/> | |

| Education, Employment, and Military Information | | |
|--|--|---|
| Education History (check all that apply): <input type="checkbox"/> GED <input type="checkbox"/> HS Grad <input type="checkbox"/> Some College <input type="checkbox"/> College Graduate | Highest Grade Completed <hr/> If no High School diploma, why not? <hr/> | Vocational Year Completed: <hr/> Vocational Program Completed. <hr/> |
| Number of Yrs, Qtrs, or Semesters in College: _____ | | |
| Degree/Major: | | Other Certification/Degree: |

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

Yes No

Reported Learning Disability/Type.

Developmental Delays Special

School Placement: Yes No

Other:

Barriers to Learning

None Reported Inability to Read or Write Other:

Military History Yes No

If yes, What Branch? _____

When? : _____

What type of discharge? _____

Receiving VA Benefits? Yes 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 Know by Client

Other Comments Regarding Mental Health Treatment History:

No Comments

Current Medication Information (prescription/OTC/herbal)

None Reported

| Medication | Diagnosis/Medical Problem | Prescribed By | Compliance | | | |
|------------|---------------------------|---------------|------------|----|---------|---------|
| | | | Yes | No | Partial | Unknown |
| | | | | | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |

Primary Care Physician:

None Reported

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?

Alcohol/Drug Treatment History

Have you ever received treatment for alcohol or drug use? Yes No

If yes, was treatment inpatient or outpatient? _____

| Name of Provider Agency | Type of Service | Date of Service |
|-------------------------|-----------------|-----------------|
| | | |
| | | |
| | | |

Parental History

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

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 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) Yes No
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 No

Have you ever been the victim of abuse?

Physical Abuse Domestic Violence Abuse Community Violence Physical Neglect Emotional Abuse Sexual Abuse/Molestation
Other: _____

Marital History

Marital Status:
Never Married Married Partnership Additional Information: _____
Separated Divorced Widowed