

STREET OUTREACH COURT

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 the opportunity to resolve Washtenaw County cases of civil infractions and non-violent misdemeanors, including warrants. Clients must demonstrate their commitment to working with service programs to reduce the recurrence of offending behavior.

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 Ann Arbor City Hall Basement Conference A. The service provider must accompany the client to the hearing. The setting is relatively informal. The judge will ask the service provider to state on the record the efforts the client has made toward self-sufficiency.

With this Application please include:

- **APPLICATION and RELEASE OF INFORMATION** so that there may be an exchange of information between you, the service provider, court, program evaluator, defense attorney and prosecutor.
- **ACTION PLAN** – Indicate the steps you have decided upon with your client. A sample action plan is included with this application.

SERVICE PROVIDERS MAY SUBMIT COMPLETED APPLICATIONS TO:

Address:

15th District Court Probation
Attn: Street Outreach Court
301 E. Huron St., P.O. Box 8650
Ann Arbor, MI

Contact for Inquiries:

Joseph Royal
Phone: 734.794.6761, 47535
Fax: 734.794.6762
Email: JCRoyal@a2gov.org

Responsibilities of the Service Provider:

1. The Service Provider must provide a **Progress Report** describing how the client is progressing on the Action plan. This must be submitted to Joe Royal via fax or email **no later than two weeks prior to the hearing date**. Without this documentation your client's case may not move forward. A sample **Progress Report** is included at the end of this application.
2. **The service provider must attend the Street Outreach Court hearing with the client.**
3. Until you have confirmed with the Street Outreach 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 (Please print clearly): _____

Application for Street Outreach Court page 2

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**):

<input type="checkbox"/> Action Plan
<input type="checkbox"/> Compliance/Non-compliance

Purpose or Need for Request/Disclosure:

<p>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.</p> <p>This form was completed in its entirety and read by me or to me prior to signing.</p>
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• 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.

Sample Action Plan

1. Mr. Client agrees to attend the Substance Abuse program at the VA Medical Center every Monday at 2 pm with Dr. ***** (name).
2. Mr. Client agrees to take all medications as prescribed for psychiatric and medical conditions
3. Mr. Client agrees to follow up with all medical care at the VA Medical Center
4. Mr. Client agrees to attend at least 3 AA meetings per week and to get attendance sheet signed
5. Mr. Client agrees to check in with Susan Social Worker (service provider's name) at least once weekly
6. Mr. Client agrees not to get any new criminal charges or tickets
7. Mr. Client agrees to abstain from the use of alcohol or illegal drugs
8. Mr. Client agrees to comply with urine drug screens every three weeks at Community Corrections

Client Signature

Date

Sample Progress Report

Date: 11/26/09

Re: Mr. Client

Mr. Client is scheduled to appear before the Street Outreach Court on Dec 9, 2009 on a charge of *****.

Mr. Client is treated by VA psychiatrist Dr. ***** for a diagnosis of *****. Mr. Client has fulfilled the steps of his Action Plan.

Specifically, he has been attending all psychiatric appointments, taking his prescribed medications, following up with his medical care at the VA, checking in with me regularly and attending 3 AA meetings each week. He has also been getting drug screened regularly at the VA. All drug tests have been negative.

I therefore support his participation in the next Street Outreach Court docket. If you need any further information please contact me at the address below.

Sincerely,
Susan Social Worker