

Criminal Justice Program Information Sheet How-to Guide

Date must be completed

DATE: _____

Each line MUST be filled out, including "Preferred Method of Contact"

RECOVERY WORKS CJP INFORMATION SHEET

This sheet with the pertinent criminal justice documentation/ relevant materials to PACE recoveryworks@paceindy.org. Forms submitted without proper CJ documentation won't be processed.

PARTICIPANT INFORMATION

Name: _____ Date of Birth: _____
 County:
 Phone Number(s): _____
 Email: _____
 Preferred Method of Contact: Phone Text Email

The four (4) confirmation boxes OR the Misdemeanor Pilot box must be checked.

RECOVERY WORKS ELIGIBILITY

Resident of Indiana Entered the Criminal Justice System with current felony charge or prior felony conviction
 Age of 18 or older Misdemeanor Pilot Eligible
 Household income below 200% of Fed. Poverty Level

This information is required and will be given to Direct Service Providers.

CRIMINAL JUSTICE PARTNER INFORMATION

Name: _____
 Agency: _____
 Phone Number: _____
 Email: _____

Check the appropriate option and select county if incarcerated. If incarcerated, fill out box.

IS PARTICIPANT INCARCERATED?: Yes (Jail) Yes (Work Release) No COUNTY:

Is participant needing in-house services or outpatient services?
 In-house (mark Reentry Services below)
 Outpatient: post-release or while in Work release (mark outpatient services below)
 *IF a Work Release participant is eligible to leave the facility, they must be allowed to choose their preferred option.

Select anticipated participant need

ANTICIPATED PARTICIPANT NEEDS

Outpatient Services- Participant Preference:
 Mental Health Services Addiction Treatment Services Both
 Recovery Residence- Participant Preference:
 Reentry Services (for in-house jail services ONLY)

MUST be participant choice; if participant does not have preference, leave as is.

CASE INFORMATION

Cause Number: _____
 Next Court Date: _____
 Anticipated Release Date (if incarcerated): _____
 Court has ordered participant to engage in treatment by: _____
 Required to Register as Sex Offender: Yes No
 Ordered into (or will be ordered into) Problem-Solving Court: Yes No
 If yes, Court: _____ County: Judge: _____
 Does participant have an open DCS/CHINS case? Yes No
 Any additional case information: _____

If court has specified that participant must engage in treatment by a certain date, put that date here.

Important for planning. If there is more than one open case, put most recent cause #.

Regional Liaisons will contact participant within 24 business hours and will notify CJP of status of contact with participant within 72 business hours

Examples:

"If housing is found before next court date, we can move up court date."
 "Court will need the name of the agency that participant is accepted into prior to release"