

APPLICATION & INSTRUCTIONS
Community Outreach Court
A program of the 86th District Court of Grand Traverse County

The Grand Traverse County Community Outreach Court (COC) offers individuals who are experiencing homelessness or at risk of homelessness (struggling to pay rent and daily necessities) the opportunity to resolve unpaid court fines, fees, bench warrants, and open cases for civil and criminal infractions when they complete an action plan designed to address the root causes of their homelessness or risk of homelessness and criminal history.

This is a voluntary program. To apply, applicants work with one of the following Service Providers to **(1) fill out this application** and **(2) write an action plan**.

Please review the sample action plan in this packet. The Service Provider recommends the applicant for the program by sending this packet by email, fax or mail to:

Attention: Mary Wenger-Townsend

Email: mwengert@grandtraverse.org

Phone: (231) 922-4543

Fax: (231) 922-4472

Address: 86th District Court
280 Washington Street
Traverse City, MI 49684

Participating Service Providers:

- *Addiction Treatment Services, (800) 622-4810*
- *Dann's House, (231) 421-5290*
- *Department of Health & Human Services, (231) 941-3900*
- *Goodwill Industries, (231) 922-4805*
- *Northern Lakes Community Mental Health, (231) 922-4850*
- *Northwest Michigan Community Action Agency, (231) 947-3780*
- *Northwest Michigan Supportive Housing, (231) 929-1309*
- *Traverse Health Clinic, (231) 935-0799*
- *Women's Resource Center, (231) 941-1210*

Responsibilities of the Service Provider:

- (1) **Complete application with client.** Together, write an action plan.
- (2) **Provide progress reports** to the court before each readiness conference. Reports can be made in person (preferred), in writing, by video or teleconference. Providers are not required to attend the full conference.
- (3) **Attend hearing(s) with client.** We expect there will be one progress hearing and one final hearing (graduation) for most clients.

APPLICATION
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Completion of this application does not guarantee acceptance into the program.

APPLICANT

Full Name: _____

Other names or aliases: _____

Current Address: _____

Phone: _____ Email address: _____

Date of Birth: _____ Race: _____ Sex: ___ M ___ F

Driver's License or State ID number: _____

Housing Status (please check and explain):

___ Currently homeless

___ Temporary housing (please explain)

___ Stable housing

Explanation: _____

How are your unpaid fees/fines/warrants affecting your housing or employment?:

SERVICE PROVIDER

Name of Service Provider (referring organization): _____

Name of referring employee/volunteer: _____

Phone Number: _____ Fax Number: _____

Email address (please print clearly or type): _____

Service Provider Address: _____

CLIENT NEEDS: Please check all that may apply. I think I have the following:

___ Bench warrants

___ Unpaid court fees or fines

___ Open court cases, civil or criminal

___ Jail time I haven't served

___ Other: _____

APPLICANT SIGNATURE

I understand that this program is voluntary. I understand that if I fail to comply with my action plan any warrants that were cancelled while I voluntarily participate in this program will be reinstated on the Law Enforcement Information Network. I have read (or someone has read to me) the above terms and I would like to apply to the COC program.

Client Signature: _____ Date: _____

OFFICE USE ONLY: Open cases: _____ Unpaid Fines: _____ Warrants: _____

PROPOSED ACTION PLAN
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Client _____(name) agrees to:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

Client Signature: _____ Date: _____

Referring caseworker agrees to:

1. Submit this application to the court
2. Inform client whether court has accepted client into program
3. Provide progress reports to the court as requested (once every 4-6 weeks)
4. Attend court hearings with client (once every 4-6 weeks, usually 1-2 hearings total).

Caseworker Signature: _____ Date: _____

RELEASE OF INFORMATION
Community Outreach Court
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Client Name: _____ Date of Birth: _____

I, _____ (print name), authorize the following:

Name of Service Provider: _____

Name of caseworker: _____

Organization Address: _____

to release/exchange information to the Community Outreach Court of the 86th District Court, including the participating prosecuting attorney(s), defense counsel, and readiness conference participants. This information includes my Application, Action Plan, and Progress Reports stating whether or not I have complied with my Action Plan at a given time.

Purpose: This information is needed for verification of my qualification and participation in the Community Outreach Court program and for closure and/or dismissal of certain court cases and warrants in the 86th District Court.

By signing below, I agree that I have read this form (or it was read to me). I understand that authorizing the request/disclosure of my information in my records is voluntary. I further 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. This authorization can be revoked at any time by verbal or written notice to the Community Outreach Court coordinator. Without express revocation, this authorization expires after one year.

Client Signature: _____ Date: _____

SAMPLE ACTION PLAN

Client agrees to:

1. Attend the Substance Abuse program of the VA Medical Center every Monday at 2 p.m. with Doctor [name].
2. Take all medications prescribed for psychiatric and medical conditions.
3. Follow up on all medical care at the VA Medical Center.
4. Attend at least 3 AA meetings per week and keep copy of signed attendance sheet.
5. Abstain from using alcohol and illegal drugs.
6. Comply with urine drug screens every 3 weeks at Community Corrections
7. Check in with social worker [name] at least once a week.
8. Not get any new criminal charges or tickets.

Client Signature: _____ Date: _____

Referring caseworker agrees to:

1. Submit this application to the court
2. Inform client whether court has accepted client into program
3. Provide progress reports to the court as requested (once every 4-6 weeks)
4. Attend court hearings with client (once every 4-6 weeks, usually 1-2 hearings total).

Caseworker Signature: _____ Date: _____

SAMPLE PROGRESS REPORT

Date: 11/22/2016

Re: [Client name]

Mr. Client participates in the Community Outreach Court program. I write this progress report for the next readiness conference.

Mr. Client is treated by VA psychiatrist Doctor Smith for a diagnosis of _____. Mr. Client has fulfilled the steps of his Action Plan since he was last before the court for a hearing.

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 regular drug screenings at the VA. All drug test results have been negative.

I attest to the fact that Mr. Client has been making progress to overcome his personal challenges and has been abiding by his Action Plan. If you need any further information, please contact me at the phone number or address below.

Sincerely,

[Social worker name & contact information]