

PROCEDURES TO BE FOLLOWED IN FILING AND PROCESSING

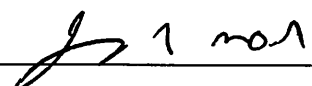
A MOTION FOR INTERVENTION IN LIEU OF CONVICTION

IN A CASE ASSIGNED TO JUDGE JERRY MCBRIDE

The following procedure will apply with respect to any motions for intervention in lieu of conviction that are filed in cases assigned to Judge McBride:

- 1) Before a defendant will be considered for intervention in lieu of conviction, the defendant must be assessed by an appropriate treatment provider. If the motion is based on substance abuse, the Clermont Recovery Center, BrightView, and Talbert House are examples of agencies that will qualify to perform a substance abuse assessment. If the motion is based on mental illness, or any factor other than substance abuse, Greater Cincinnati Behavioral Health Services is an example of an agency that will qualify to perform an assessment. The assessment is for the purpose of determining the defendant's eligibility for intervention in lieu of conviction and of recommending an appropriate treatment plan.
- 2) Following the assessment, the defendant must begin engaging in treatment in accordance with the recommended treatment plan. The defendant is expected to show compliance with the treatment plan at the time of the hearing on the motion for intervention in lieu of conviction.
- 3) At the time of filing a motion for intervention in lieu of conviction, counsel shall deliver the following to the Probation Department: 1) verification that the assessment has been completed (a letter from the treatment agency will suffice), 2) contact information for the defendant including full name, residence address, mailing address (if different from the residence address), telephone number, and e-mail address, 3) a copy of the motion for intervention in lieu of conviction stating specifically the factors(s) which is (are) alleged to have led to the commission of the offense(s), 4) a fully completed intervention in lieu of conviction questionnaire, and 5) two completed (and signed by the defendant) release of information forms. Necessary forms to be completed can be obtained from Sharon Ingle, Judicial Assistant, or John Walters, Bailiff. No motion for intervention in lieu of conviction will be processed or set for hearing without all of these papers being completed and presented to the Probation Department with a copy of the motion for intervention in lieu of conviction.
- 4) Upon receipt of all of the necessary paperwork as set forth above, the Probation Department will notify the Assignment Office of the receipt of the necessary paperwork. Counsel may then obtain a hearing date (in 2-3 weeks) for the motion for intervention in lieu of conviction.
- 5) All of these procedures must be followed in order for a motion for intervention in lieu of conviction to be scheduled for hearing and to be considered. A motion which is filed without compliance with these procedures will be summarily overruled. Failure of a defendant to continue in treatment, to engage in treatment as recommended, and to attend all treatment appointments while a motion for intervention in lieu of conviction is pending may result in the motion being denied.

DATED: _____



Judge Jerry R. McBride

CLERMONT COUNTY COMMON PLEAS COURT

Adult Probation Department

270 Main Street
 Batavia, Ohio 45103
 (513) 732-7265 (phone)
 (513) 732-7347 (fax)

•PRE-SENTENCE INVESTIGATION QUESTIONNAIRE / INTERVENTION IN LIEU OF CONVICTION QUESTIONNAIRE •

You have been referred to the Adult Probation Department for either a Pre-Sentence Investigation (PSI) or Intervention in Lieu of Conviction Investigation (ILC). You are not on community control at this time. The information obtained from this questionnaire and the interview will be used in the PSI/ILC reports which are viewed by the Judge prior to your sentencing/ILC hearing. This report will aid the Court in determining an appropriate disposition (outcome) for your case. *(Please use pen and print clearly)*

Please complete the following questionnaire before leaving today and dial ext. 7371. At that time, you will be provided with an appointment for a telephone interview.

Please bring all **CURRENT MEDICATIONS** and **ANY PRIOR/CURRENT TREATMENT RECORDS** with you to your appointment.

PERSONAL INFORMATION

First Name	Middle Name	Last Name	Title (Jr./Sr.)
Alias/Nick Name (s):		Maiden Name:	
Other Last Names Used:		Other Legal Name Changes:	
Current Address			
Street No./Street Name	Apt. or Lot #	City	State Zip
What county?		Whom do you reside with?	
If granted community control (probation) where do you plan to reside?			
Street No./Street Name	Apt. or Lot #	City	State Zip
What county?		Whom do you reside with?	
Home Phone	Work Phone	Cell Phone	Other Phone Email address
Date of Birth	Social Security Number	Attorney's Full Name	Public Defender? YES or NO
Height	Weight	Eye Color	Hair Color
Age	Race	Sex	Are you a US Citizen? YES or NO

FAMILY/SOCIAL HISTORY

Childhood:

Full name of biological mother :			
What kind of relationship do you have with your mother? How often do you see your mother?			
Full name of biological father :			
How kind of relationship do you have with your father? How often do you see your father?			
Were you adopted? If yes, provide details.			
Total number of children your mother and father had together:	#	Your Birth Order (1 st , 2 nd , etc.)	
How many half and/or step-siblings do you have?			
Have your parents ever been arrested? Please explain.			
Are your biological parents divorced? If yes, how old were you when they divorced?			
Who primarily raised you as a child?			
As a juvenile, were you ever placed in Foster Care or in a group home? Please explain.			
In what county and state were you born?			
In what county and state were you raised? Specific area?			
How would you describe your overall childhood? (happy or unhappy) (good, adequate, deprived, neglected)			
Were you abused (physical/sexual/ psychological) or neglected as a child? If yes, please explain.			
If you were abused/neglected, by who were you abused/neglected and when did the abuse occur?			

Children:

Total number of your biological children		Total number of your dependents	
Child's Name	Age	Other Parents First & Last Name	Who has custody of the child?
When was the Relationship/Marriage to other parent?		From when to when?	
Do you owe Child Support for this child? Yes or No		In what county do you owe child support?	
Child's Name	Age	Other Parents First & Last Name	Who has custody of the child?
When was the Relationship/Marriage to other parent?		From when to when?	
Do you owe Child Support for this child? Yes or No		In what county do you owe child support?	
Child's Name	Age	Other Parents First & Last Name	Who has custody of the child?
When was the Relationship/Marriage to other parent?		From when to when?	
Do you owe Child Support for this child? Yes or No		In what county do you owe child support?	
Child's Name	Age	Other Parents First & Last Name	Who has custody of the child?
When was the Relationship/Marriage to other parent?		From when to when?	
Do you owe Child Support for this child? Yes or No		In what county do you owe child support?	

Have you had any prior or current involvement with Children's Protective Services (CPS)? If so, please explain:

Relationship(s):

Marital Status:	Never Married	Married	Divorced	Separated	Widow / Widower
Please list all prior marriage(s)/divorce(s) below:					
Full Name	Date of Marriage		Date of Divorce (if applicable)		

Are you currently involved in a relationship? If so, please provide the name of the person and how long you have been in the relationship.						
Are you satisfied with your relationship? If you are single, are you happy being single? (please explain)						
How would you rate the level of emotional and personal support that you receive from your family, spouse, significant other, close friends? <i>Circle one</i>		Very Strong	Strong	Okay	Weak	None
How satisfied are you with the level of support that you receive? <i>Circle one</i>		Very satisfied	Satisfied	Somewhat satisfied	Not satisfied	
Approximately how many close friends do you have?		How often do you have contact with them?				
How many of your close friends have been in trouble with the law or engage in criminal activities (ie: drug use)?						
How many of your acquaintances have been in trouble with the law or engage in criminal activities (ie: drug use)?			How often do you have contact with them?			
How do you know these acquaintances ? <i>Old high school friends, live in same neighborhood, met through friends</i>						
Have you ever been affiliated with a gang? If yes, please explain.						

EDUCATION/VOCATIONAL TRAINING

Name of School	City & State	Highest Grade Completed	Dates
High School			
Vocational School			
GED			
College			

Please list any additional education/certifications you may have. _____

If you did not graduate from high school, under what circumstances did you leave school? _____

Were you ever suspended or expelled from school? If yes, please explain. _____

MILITARY HISTORY

Please bring your DD-214 to the pre-sentence interview.

Do you have any prior military experience? YES or NO

Branch of Service	Entry Date	Discharge Date	Type of Discharge
Reason for Discharge	Reserve Status	Commendations/Medals	Rank at Time of Discharge
Other Information			

LEISURE/RECREATION/ATTITUDES/BELIEFS

During the last year, what type of organizations or clubs have you participated? (AA/NA, church, sports leagues, etc.) _____

In your opinion, do you have a lot of free time? YES or NO

What percentage of your week is free time? _____%

Walk me through a typical day: _____

How do you feel about lying? : _____

A lot of people like to take chances and risks. (Taking risks you might not normally take.) Do you consider yourself a risk taker? Please explain. (This includes risks like cliff diving, bridge jumping, as well as illegal activities.)

When you committed the offense, did you consider it risky? YES or NO

Would you consider yourself someone who "walks away from a fight," "tries to avoid it but seems to find you," or "first one into a fight." Please explain. _____

Have you ever hurt anyone because you lost your temper? If yes, please explain. _____

With regards to the following statement, "Do unto others before they do unto you," (*Do others or they'll do you; Watch out for yourself first; Get them before they get you.*) would you agree, disagree or believe it depends on the situation? Please explain. _____

Do you think law enforcement, courts and the law are fair? Please explain. _____

Do you think you were treated fairly during your legal proceedings, including arrest, your bond hearing, and your plea deal? Please explain. _____

Are there victims in this offense? **YES** or **NO**

How do you feel about the victim(s) of the offense? Please explain. _____

As a rule, are you concerned about other people's problems? **YES** **SOME** **NO**

If anyone, who are you often concerned about? (family members, friends, acquaintances, etc.) _____

Lately, do you feel like you have control over your life? **YES** **SOMETIMES** **NO**

If granted community control, would you be willing to comply with the Court, including possible participation in substance abuse or mental health treatment? **YES** or **NO**

What do you think the hardest part of being on probation would be? _____

Describe (*in detail*) who would provide your transportation to and from probation or treatment appointments. How will you get to all your required commitments, if you are granted community control? _____

PHYSICAL HEALTH

***You are required to provide verification of your medical conditions and all medications. (You must bring all medications to the Adult Probation Department in the bottles in which they were prescribed. Do not remove the medications from their bottle.)

Do you have health insurance or Medicaid? **YES** or **NO**

If so, what is the name of your insurance provider? _____

How would you describe your overall physical health? **GOOD** or **FAIR** or **POOR**

Do you have any physical health concerns? (List prior surgeries/hospitalizations and current health issues/symptoms, history of seizures, etc.) If yes, please explain.

Do you have any dental concerns? If yes, please explain.

Are you currently under the care of a doctor? If yes:

Name of Physician	Type of Physician	Name of Practice	Phone Number

Are you currently prescribed medications?

Medication & Dosage	Reason for Medication	Prescribing Physician

Do you have a Medical Marijuana Card? YES or NO

If so, what is the issue/expiration date? _____

****Please provide copy of your card.**

MENTAL HEALTH

Have you ever sought or receiving any type of mental health services? If so, list the name of the provider/agency, the type of programming, the dates when you attended, whether or not it was Court ordered and whether or not you successfully completed programming.

Program/Agency Name	Type of Mental Health Programming	Dates Attended	Court Ordered?	Completed?

Have you ever been officially diagnosed with having a mental health condition? If yes, please provide the official diagnose, when you were diagnosed and by whom you were diagnosed.

Have you had a mental health evaluation within the past twelve months? If yes, please provide the name of the assessor and location of the assessment? _____

Have you ever been hospitalized for a mental health issue? If yes, please explain. _____

Have you ever attempted suicide? If yes, please provide additional details including how many attempts and date of last attempt. _____

SUBSTANCE USE/ABUSE

A drug screen could be conducted as part of the pre-sentence interview. Please be prepared for a drug screen.

Alcohol Use

Age you first drank alcohol?		Age or date you last drank?	
Looking back, when did alcohol most affect your life? <i>From when to when?</i>		When you do/did drink alcohol, how much do/did you consume?	
How often do/did you consume alcohol?		Were you under the influence of alcohol at the time you committed the instant offense?	YES or NO
Do you need treatment for alcohol abuse?	YES or NO		

Drug Use

<u>Drug</u>	<u>Frequency of Use</u> (daily, 1 x weekly, 2 x yearly, etc.)	<u>First Use / Last Use</u> (dates or ages)	<u>Method of Use</u>
Marijuana		/	
Heroin		/	
Fentanyl (illegally)		/	
Pain pills (illegally)		/	
Morphine (illegally)		/	
Suboxone (illegally)		/	
Methadone		/	
Benzodiazepines (illegally) (<i>Xanax, Klonopin, etc.</i>)		/	
Methamphetamine		/	
Cocaine (powder)		/	
Cocaine (crack)		/	
L.S.D./ Mushrooms / DMT		/	
Ecstasy		/	
Duster / Whippets/ Inhalants		/	
K2/ Spice / Bath Salts		/	
Anabolic Steroids		/	
Do you have a current drug problem?		YES or NO	
Were you using drugs at the time of the instant offense?		YES or NO	
Do you need treatment for drug abuse?		YES or NO	
What is your longest period of sobriety from drugs, excluding periods of incarceration? (length and dates)			
Has your drug use interfered with employment, in the past six month?		YES or NO	
What are your primary & secondary drugs of choice?		Primary:	Secondary:

How has substance abuse affected your life?

How serious do you think your drug problems are?

Not at all Slightly Moderately Considerably Extremely
 1 2 3 4 5

How important is it for you to get drug treatment?

Not at all Slightly Moderately Considerably Extremely
 1 2 3 4 5

Have you ever sought or received any type of substance abuse treatment? If so, list the name of the provider/agency, they type of programming, the dates when you attended, whether or not it was Court ordered and whether or not you successfully completed programming.

Program/Agency Name	Type of Program	Dates Attended	Court Ordered?	Completed?

EMPLOYMENT/FINANCIAL HISTORY

*** You are required to provide verification of your employment (copy of pay check stub) and any other types of income (food stamps, child support, disability, etc.).

Employment status: (circle all that apply)

Full-time	Part-time	Retired	Disabled
Student	Unemployed	Incarcerated	Other(specify)

Were you employed at the time of the offense?	YES or NO Part-time or Full-time # of hours worked per week?
Are you currently employed?	YES or NO Part-time or Full-time # of hours working per week?
If unemployed, circle all that apply:	1. I am unemployed, but receive disability benefits: \$ _____ 2. I am unemployed, but receive a retirement pension: \$ _____ 3. I am unemployed, but receive unemployment benefits: \$ _____ 4. I am unemployed and have no forms of income.

Describe your current financial situation. (Can you pay your bills, do you have extra money?)	
Do you struggle to make ends meet?	
Do you worry about finances?	
Are you behind in any debts?	

List ALL employers beginning with your CURRENT employer:

Employer	Job Title	Dates of Employment

If unemployed, who helps financially support you (family, friends, etc.), be specific _____

CLERMONT COUNTY COMMON PLEAS COURT

PRE-SENTENCE INVESTIGATION * FINANCIAL DISCLOSURE FORM

Name: _____ Case #: _____ CR _____ SS #: _____

<u>Type of Income</u>	<u>Self</u>	<u>Spouse</u>	<u>Type of Expenses</u>	<u>Amount</u>
Employment			Child support payment	
Unemployment			Child care	
Worker's Compensation			Utilities (electricity, water/sewer, gas or oil, home phone)	
Retirement Pension			Medical/Dental	
Social Security			Rent/Mortgage (homeowners/renters insurance, property taxes/home improvements)	
Disability			Food/Grocery	
Food Stamps			Transportation (car payment, gas, insurance, other- bus/taxi)	
Cash Assistance			Cell Phone	
Other:			Cable/satellite television	
<u>Total Monthly Income</u>	\$	\$	Credit cards	
			Student loans	
<u>Type of Asset</u>	<u>Estimated</u>	<u>Value</u>	Other loans	
Real Estate/ Home			CRC Back Payments	
Stocks/Bonds/CD's			Other:	
Auto/Vehicle			Other:	
Cash/Savings			Other:	
Other:			Other:	
<u>Total Assets</u>	\$		<u>Total Monthly Expenses</u>	\$

I, _____ (defendant's name), hereby certify that the information I have provided on this financial disclosure for is true to the best of my knowledge.

Defendant's Signature & Date

Common Pleas Court
Clermont County
Adult Probation Department

Judge Jerry R. McBride
Judge Victor Haddad
Judge Richard P. Ferenc
Judge Anthony W. Brock

Mary Brock, Director

270 E. Main Street
Batavia, OH 45103
(513)732-7265 □ Fax: (513)732-7347

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Name: (print) _____

Date of Birth: _____ Soc. Sec. No.: _____

Information to be released includes, but is not limited to: urine toxicology screens, breathalyzer tests, and other medical information obtained verbally or in writing.

I permit my medical information to be released by the Probation Department for case supervision and/or case planning with other agencies, referral to other agencies, prognosis from/to other agencies, and for the purpose of placement or confinement.

I refuse disclosure of my protected health information (PHI) to (specify what information is not to be released and to whom it is not to be disclosed): _____

This information may be transmitted by e-mail, facsimile, phone, in person, or by mail unless otherwise specified: _____

I understand that I may revoke this consent at any time, except to the extent that action has already been taken in reliance upon it. My revocation must be written, dated, and signed by me and delivered to the probation officer of record to be placed into my master file at the Clermont County Adult Probation Department.

This consent expires:

No later than 90 days from the date signed

No later than 180 days from the date signed

When my probation is terminated by the Court

Signature of Probationer (Full Name) Date

Witness: Probation Officer Date

**Common Pleas Court
Clermont County
Adult Probation Department**

Judge Jerry R. McBride

Mary Brock, Director

Judge Victor Haddad
Judge Richard Ferenc
Judge Anthony W. Brock

270 E. Main Street
Batavia, OH 45103
(513)732-7265 □ Fax: (513)732-7347

To Whom It May Concern:

I, _____, the undersigned, hereby waive my rights under the Privacy Act, 5 U.S.C. 8552a, and authorize the Clermont County Probation Office, or its authorized representative(s) or employee(s), bearing this release or copy thereof, to inspect and copy any information in your files pertaining to a juvenile record, expunged juvenile record, adult criminal history, education, medical records, psychological records, employment or credit records, including, but not limited to academic achievement, intelligence, personality, attendance, disciplinary records, personal history, and any records which pertain to my payment of child support through a child support enforcement agency pursuant to a Court or administrative order. I hereby direct you to release such information upon request of bearer. This release is executed with full knowledge and understanding that the information is for the official use of the aforementioned probation office.

I hereby release you, as the custodian of such records, and any school, college, university, or other educational institution, hospital or other repository of medical records, credit bureau, consumer reporting agency or retail business establishment including its officers, employees, agents, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may result to me, my heirs, family or associates because of compliance with this authorization and request to release information.

The information hereby obtained by the aforementioned probation office is to be used solely for purposes of the presentence investigation report; for probation or parole supervision, and, for residential or non-residential treatment or custodial placement.

Signature (Full name)

Date

Full Name (Typed or printed)

Witness: Probation Officer

Date of Birth

Attorney for Defendant