



Court Services and Offender Supervision Agency
for the District of Columbia

OPERATIONAL INSTRUCTION

Operational Instruction CSS/CJP-2007-01

Policy Area: Supervision

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Approved:

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PAROLE/SUPERVISED RELEASE OFFENDER MENTORING

I. COVERAGE

This Operational Instruction provides procedures for the Court Services and Offender Supervision Agency (CSOSA or Agency) staff involved in the supervision of offenders in accordance with the Guidelines on Supervision, Collateral and Field Contacts. CSOSA staff with specific responsibilities under these procedures include Transitional Intervention for Parole Supervision (TIPS) CSOs and their supervisors (SCSOs) stationed at Residential Reentry Centers (RRCs) general supervision CSOs and SCSOs, Branch Chiefs, Community Justice Programs (CJP) staff and Community Supervision Services (CSS) Intake and Administrative staff.

II. GUIDANCE

Referral to Mentoring Services shall be mandatory based on findings from CSOSA's assessment process that indicate whether the offender is in need of and can benefit from Mentoring Services. CSOs in the TIPS units located in RRCs and general supervision units are required to refer qualifying offenders to Mentoring Services using the Mentoring Services Criteria Form and provide appropriate monitoring for those referred. To be eligible for Mentoring Services offenders must:

1. have at least six (6) months of community supervision to complete upon release from RRC;

2. have been assessed at the medium to high risk level of supervision based on the results of the AUTO Screener and contingent upon SCSO approval; and
3. be in compliance with CSOSA's drug testing schedule and have no residential drug treatment obligations pending at the time of the referral. Although it is preferable that the offender demonstrate abstinence from drugs, alcohol and other psycho-active substances for a three (3) month period prior to the referral to the Mentoring Initiative, one (1) or two (2) positive drug tests during the three (3) month period immediately prior to the referral may not disqualify an offender for mentoring services.

Job retention difficulties, unstable living arrangements and/or a lack of family/social connections or support shall not disqualify an offender.

An offender shall be excluded from receiving Mentoring Services if he/she has been classified as a sex offender under CSS guidelines; has been classified as a mental health offender under CSS guidelines; has a documented pattern of aggravated assault, violent felony arrests or convictions; has active substance abuse as evidenced by three (3) or more positive urine results within the past two (2) months; is currently in a loss of contact status or has been in a loss of contact status within the past four (4) months; or is currently in a level two (2) or above sanction status.

General supervision CSOs are required to participate and document monthly contacts with the offender's assigned mentor. General Supervision CSOs are also required to meet with the offender and his/her mentor at least quarterly and make note of mentor activity in SMART. The Mentoring Services Liaison shall, among other duties, serve as a conduit between CSOSA staff, assigned Cluster Coordinators and mentors.

APPENDIX A
GENERAL PROCEDURES

A. Initial Orientation for Offender/Mentee Candidate

1. Within five (5) business days of the offender's arrival to the RRC, the TIPS CSO shall schedule a meeting with the offender to introduce Mentoring Services and other programs to the offender. Prior to this meeting the TIPS CSO will have reviewed the offender's case documentation and the Mentoring Services Mentee Criteria Form (Appendix B).
2. If the offender agrees to participate in mentoring services, he/she shall be scheduled to attend an Initial Family Support/Mentoring Initiative Staffing (this meeting is in lieu of the general family/community support meeting.)
3. The TIPS CSO shall request that the offender complete the Privacy Act Waiver Form (Appendix C) and the Authorization for Release of Information and Waiver: Third Party Disclosure for Alcohol and Drug Treatment Form (Appendix D). The TIPS CSO shall follow the Mentoring Services Mentee Orientation Checklist (Appendix E) as guidance to ensure that the correct procedures are followed. Should the offender refuse to sign either Waiver, he/she shall not be further considered for Mentoring Services.
4. The TIPS CSO shall conduct an Initial Mentoring Services Staffing with the offender. The head of the household in which the offender will potentially reside, the appropriate Cluster Coordinator, the Mentor Services Liaison, and the identified mentor will be invited to participate in the Initial Staffing two (2) weeks prior to the offender's release from the RRC.

B. Offender/Mentee Information Gathering

1. As a part of the standard TIPS investigative and general assessment process, the TIPS CSO shall conduct all Mentoring Services (e.g., housing, education, positive socialization, etc.) activities related to cases for offenders with a stay of forty-five (45) days or more. In cases where the offender has less than a forty-five (45) day stay, the TIPS CSO shall conduct abbreviated activities to include an initial staffing and a combined discharge/community staffing.
2. Within ten (10) business days of the offender's initial Mentoring Initiative Orientation, the TIPS CSO will determine cluster assignment.

C. Mentor Referral Process

1. Within five (5) business days of the determination of the offender's Police Service Area (PSA) (see B.2. above), the TIPS CSO shall complete the Universal Referral Form (Referral Form - Appendix F) and fax it to the TIPS SCSO.
2. The TIPS SCSO shall review the Referral Form for completeness and approve or deny the referral within three (3) business days of receipt. If the SCSO or designee approves the referral, he/she shall fax the Referral Form to the Cluster Coordinator. In accordance with the Mentoring Services agreement, the Cluster Coordinator is responsible for matching the offender/mentee to a church located within the community where the offender resides. The faith organization is responsible for matching the offender with an appropriate mentor.
3. The Cluster Coordinator shall fax, email or call the TIPS SCSO to inform him/her of the name and contact information of the mentor. The TIPS SCSO or designee shall forward this information to the assigned TIPS CSO via e-mail or telephone.
4. If the TIPS SCSO or designee does not receive the completed Referral Form from the cluster coordinator within five (5) business days, he/she shall follow-up with the cluster coordinator via e-mail and/or a telephone call.
5. The Community Supervision Assistant (CSA) or other administrative staff shall add to the Mentee Profile Spreadsheet (Spreadsheet) the name of each new offender participating in Mentoring Services. The CSA or administrative staff shall forward the updated version of the Spreadsheet to the Agency designee immediately following the update.

D. Family Support/Mentoring Initiative Staffing

1. The TIPS CSO shall conduct the initial Mentoring Services staffing in accordance with the date established in the Referral Form.
 - a. For offenders with less than a forty-five (45) day stay, the initial/discharge staffing related to the faith-based program, shall occur three (3) to ten (10) business days prior to release.
 - b. For offenders with more than a forty-five (45) day stay, the initial staffing related to the faith-based program, shall occur seven (7) to fourteen (14) days after the PSA has been identified.
2. The TIPS CSO shall notify the mentee, mentor, SCSO, the General Supervision CSO and the Cluster Coordinator of the date of the staffing.

3. The TIPS CSO shall be responsible for facilitating the Initial Mentoring Services staffing (e.g., timeline for meeting goals of the faith-based program, and role/responsibility of participants).
- E. Release Planning for Offenders With RRC Stay of 45 Days or More
1. Release planning for offenders with a RRC stay of forty-five (45) days or less, see Section F. below.
 2. The CSA or other administrative staff shall schedule monthly Mentoring Services staffings to monitor the status of the mentoring relationship and review goals and objectives. The offender, mentor, Mentoring Services Liaison, and currently identified General Supervision CSO should discuss the offender's progress in order to reinforce the relationship between the offender and the assigned mentor.
 3. Two (2) weeks prior to the offender's scheduled release date, the TIPS CSO shall coordinate and schedule a final discharge mentoring staffing.
 4. The TIPS SCSO or designee shall notify the TIPS CSO of the mentor name and information received from the Cluster Coordinator within two (2) business days of receipt.
 5. The Cluster Coordinator or designee shall be invited to attend the meeting. During this meeting, the cluster coordinator/designee, and the mentor if identified, establishes contact with the offender, the head of household where the offender will reside and/or members of the offender's family.
 6. As a part of the monthly staffings conducted at the RRC, the offender and mentor should discuss the offender's progress in order to reinforce the relationship between the offender and the assigned offender mentor.
 7. Ten (10) business days prior to the offender's release from the RRC, the TIPS SCSO shall advise the general supervision SCSO of the offender's participation in Mentoring Services by faxing the Referral Form to the general supervision SCSO. The general supervision SCSO shall have one (1) business day to advise the TIPS SCSO of the assigned general supervision CSO handling the case. The Referral Form shall indicate the date, time and location of the discharge staffing.
 8. The TIPS CSO shall exchange contact information with the General Supervision CSO, the offender and the mentor at either the Discharge Staffing or the Family Support Night. The Mentoring Services Liaison shall schedule the follow-up meeting with the mentor and mentee.

F. Release Planning for Offenders With RRC Stay of 45 Days or Less

1. The TIPS SCSO shall notify the TIPS CSO of the mentor's name and information received from the Cluster Coordinator upon receipt of the notification from the Cluster Coordinator, but no later than two (2) business from receipt of the information.
2. The Cluster Coordinator or designee shall be invited to attend the initial/discharge staffing. During this staffing, the cluster coordinator/designee, and the mentor if identified and in attendance, establishes contact with the offender and the head of household where the offender will reside and/or members of the offender's family.
3. As a part of the initial/discharge staffing conducted at the RRC or alternate sites, the offender and mentor should discuss the offender's progress in order to reinforce the relationship between the offender and the assigned offender mentor.
4. The SCSO or designee shall fax or e-mail the Referral Form to the general supervision SCSO to notify him/her of the offender's participation in Mentoring Services within three (3) business days of the verified home plan. The Referral Form shall indicate the date, time and location of the Discharge Family Support/Mentoring Services Staffing. The TIPS SCSO or designee shall advise the Mentoring Services Liaison of the Mentee Profile Spreadsheet updates via e-mail.
5. The TIPS CSO shall exchange contact information with the General Supervision CSO, the offender and the mentor at either the Discharge Staffing or the Family Support Night. The Mentoring Services Liaison shall schedule the follow-up meeting with the mentor and mentee.

G. Offender Transition to Community Supervision

1. Release to Community Supervision With a RRC Stay
 - a. Initial Community Supervision Office Visit
 - i. As a part of the general supervision procedures outlined in the Guidelines on Supervision, Collateral and Field Contacts, the CSO shall provide a brief overview of his/her role in the Mentoring Services.
 - ii. The CSO will receive confirmation of the name and contact information of the offender's mentor from the Mentor Services Liaison. The Mentor Services Liaison will monitor and facilitate ongoing contact and staffing between the mentor, mentee, and the CSO, when needed. Within the first thirty (30) days of case assignment the Mentor Services Liaison shall contact the assigned

CSO to determine whether the CSO has any questions regarding the Offender Mentoring Initiative or any issues that require resolution.

- iii. The CSA or other administrative staff shall complete the Mentor/Mentee Contact Sheet (Appendix E) and provide a copy to the offender.

2. Release to Community Supervision Without a RRC Stay

- a. After completion of the AUTO Screener, if it is determined that an offender is suitable for the Mentoring Services, the CSO shall introduce the Mentoring Services during the initial orientation interview, if the offender agrees. Upon referral of the offender to the Mentoring Services, the CSO shall request that the offender complete the Privacy Act Waiver Form and the Authorization for Release of Information and Waiver: Third Party Disclosure for Alcohol and Drug Treatment Form. The CSO shall follow the Mentoring Services Mentee Orientation Checklist as guidance to ensure that the correct procedures are followed. Should the offender refuse to sign either Waiver, he/she shall not be further considered for the Mentoring Services.

b. Mentor Referral Process

The CSO and SCSO shall then follow the procedures listed in Section C: Mentor Referral Process.

3. Ongoing Community Supervision Office Visits

- a. At the subsequent community supervision office visit, the CSO shall inquire about the offender's initial contact with his/her assigned mentor.
- b. At the time of the CSO/mentee visit, the CSO shall make an entry into the designated SMART fields that reflect whether a mentor/mentee contact occurred, the meeting location, and nature of the contact. Through SMART reports generated monthly, the Mentor Services Liaison will monitor CSO/mentee/mentor activities and report findings to the appropriate program designee.
- c. The Mentor Services Liaison is responsible for ensuring that Community Supervision Services has an active and vital role in the success of the Faith Based Initiative. This individual serves as the liaison to assist with communications between the Community Supervision Services and Community Justice Programs. Specific duties and responsibilities will include, but are not limited to the following:

- Coordinate CSS presentations and information sessions designed to educate CSOs on the program initiative and provide continuing education to CSOs as program changes occur.
- Keep CJP and CSS Associate Directors abreast of current issues related to the Faith Based Initiative.
- Provide program assistance and coordination with video conferencing.
- Attend and assist in the preparation of Community Resource Days.
- Assist TIPS in the gathering and processing of assessment information, as needed.
- Initiate contact with the newly assigned CSO(s) to ensure an understanding of the FBI, its forms and how to contact and work with the mentor.
- Provide appropriate information related to mentee cases to the CSO, Mentor and Cluster Coordinators, and Program COTR.
- Maintain data and provide reports, as requested, relative to staffings, CSO/mentor/mentor relationships and follow up activities.
- Coordinate all press related issues for CSS and CJP related to the Mentoring Services to Mentoring Services in conjunction with the Office of Legislative, Intergovernmental and Public Affairs to include the Annual Re-Entry Week in January.

4. Ongoing CSO Mentoring Services Involvement

- a. Within ten (10) business days of the initial orientation interview, the CSO shall participate in the initial mentoring staffing. The Mentoring Services Liaison shall invite the offender, the head of household, the Cluster Coordinator and the mentor.
- b. As a part of the standard offender supervision requirements, the CSO shall be contacted by offender's mentor on a monthly basis. The CSO shall make note in SMART of each offender mentor communication.
- c. The CSO shall participate in quarterly meetings with the offender, the offender's mentor and the Mentor Services Liaison to ensure that the mentoring process is

meeting the needs of the offender as established in the initial mentoring assessment.

- d. The Mentor Services Liaison shall follow-up on any outstanding Mentoring Services issues that require resolution.

APPENDIX B

Mentoring Services Mentee Criteria Form (TO BE PLACED ON CSOSA LETTERHEAD)

All TIPS and Supervision CSO's shall only refer for Mentoring Services those offenders who meet the following eligibility criteria. Offenders who meet any of the exclusionary conditions listed below should not be referred for Mentoring services.

Eligibility Criteria:

Offender *shall*: (all conditions listed below are required)

- have six months or more remaining under Supervision;
- score in the medium to high risk level on the CSOSA Screener; and
- be in full compliance with the drug testing schedule: negative urine testing results for past three months; one or two positive results during this period may be acceptable

Offender *may*: (any one or any combination)

- have job retention difficulties;
- have unstable living arrangements; or
- have a lack of family/social connection/support.

Exclusionary Conditions

Offender:

- has been classified as a Sex Offender under CSS guidelines, no adult sex offender convictions;
- has been classified as a Mental Health Offender under CSS guidelines, no mental health needs;
- has a documented pattern of aggravated assault/violent felony arrests/convictions, especially offenses resulting in personal injury and a weapon was involved;
- has active substance use as evidenced by three (3) or more positive urine results within the past two months;
- currently is in loss of contact status or has been in loss of contact status during some period within the past four months; and
- is currently in a level two or above sanction status, (level one Sanction status is acceptable).
- is determined not suitable, based upon the results of pre-screening and/or assessment

APPENDIX C

Privacy Act Waiver Form
(TO BE PLACED ON CSOSA LETTERHEAD)

I, _____, hereby authorize and give my prior written consent pursuant to 5 U.S.C. 552a(b) to any and all officers and employees of the Court Services and Offender Supervision Agency for the District of Columbia, to disclose to the Mentoring Services Cluster Coordinator, Program Coordinator, and mentor(s) the following information: *Release address; Police Service Area (PSA); living arrangements; total number of adult arrests and convictions; major pattern of convictions; length of most recent incarceration; marital status; number of children; employment history since age 18; educational background; substance abuse history; drug(s) of choice; length of substance abuse; religious preference; adjustment while located in community corrections center; drug test results; adjustment while under community supervision*, concerning me for the following purpose: *To permit the recipients of the information to assist me during my participation in Mentoring Services which shall include, but not be limited to: job training, job counseling, life skills, educational services, family counseling, housing and clothing assistance and individual self-help coaching.*

I declare under penalty of perjury that the foregoing is true and correct.

Executed this ____ day of _____.

Name of Subject

Signature

Offender's Date of Birth

Offender's DCDC Number

Offender's PDID Number

APPENDIX D

**Authorization for Release of Information and Waiver: Third Party Disclosure
for Alcohol and Drug Treatment
(TO BE PLACED ON CSOSA LETTERHEAD)**

I, _____, hereby consent to the disclosure of information
(Name of Offender)

specified below between the Court Services and Offender Supervision Agency for the District of Columbia and the Mentoring Services Cluster Coordinator, Program Coordinator, Mentor(s), and Assigned Community Supervision Officer(s).

The purpose of and need for the disclosure is to inform the party named above of my participation in drug and/or alcohol treatment as a condition of my release to the community. I understand that my status in a substance abuse treatment program will be shared with the party named above for the sole purpose of apprising the party named above of my individual efforts to remain clean and sober.

The extent of the disclosure that I am authorizing by this release form is information about my previous participation in and compliance with substance abuse treatment and, if applicable, my current progress in substance abuse treatment.

I understand that this consent will remain effective until it is revoked by me, or until the end of my participation in the Faith-Based Initiative Program.

I also understand that a disclosure made as a result of this authorization is governed by 42 Code of Federal Regulations Part 2, which relates to confidentiality of alcohol and other drug abuse treatment records, and that no redisclosure of this information is permitted under those regulations without my express written authorization.

Signature of Offender/ Date Signed

Witnessed By/Date Signed

Offender's Date of Birth

Offender's DCDC Number

Offender's PDID Number

APPENDIX E

FAITH BASED INITIATIVE MENTEE ORIENTATION CHECKLIST
 (TO BE PLACED ON CSOSA LETTERHEAD)

The FBI Mentee Orientation Process is designed to ensure that each offender entering the Community Correctional Centers is oriented about the FBI Mentor Initiative objectives.

The documents, processes and expectations have been reviewed with me by _____ on _____ (date). I had an opportunity to ask questions and all questions were explained.

| YES | NO | |
|--------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Offender Education: Define the CSOSA Faith Based Community Partnership Initiative |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Offender Education: Define Criteria and Eligibility Requirements |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Intake: Review and Complete Consent Form |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Screening and Assessment: Review findings: CSOSA Screener, ASI, Needs Identification Assessment (future document), Treatment Plan/Transitional Plan/Initial Supervision Plan |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Transitional Plan Development: Review the Treatment Plan/Transitional Plan |

| YES | NO | |
|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Offender Education: Discuss how the inmate can benefit from the Mentor Initiative: objectives: guidance, assistance, direction in the areas of pro-social development, reunification with family, and counseling; and referrals: housing assistance, employment assistance and a positive re-connection back into the community. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Referral: Review and Complete the Faith Based Initiative Re-Entry Referral Form |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Family Intervention: Schedule the first Family Community Social Meeting at the CCC or Alternative Site, Faith Based Institution, if required by the HWH Administrator or BOP Official |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Offender Education: Review the Frequently Asked Questions from a Mentee's Perspective Fact Sheet (future) |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Offender Education: Review the Role of the Mentee, Mentor and How the Group Mentoring Process Works Handout (future), Review the Do's and Don't s of Being a Mentee (future) |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Offender Education: Review the various types of Sessions/Meetings scheduled, frequency, location and Mentee/Mentor contacts: <ul style="list-style-type: none"> • Family Social Community Meeting: w/in 1st three (3) weeks of admission, Participants: Inmate, TIPS CSO, HWH CMgr., |

Family/Friend/Significant Other

- **Monthly Staffing:** Minimum of 1 face to face contact per month while in the HWH: **Participants:** Inmate, TIPS CSO, Case Mgr., Family/Friend/Significant Other
- **Final Discharge Staffing: 2-3 weeks** prior to projected release date: Inmate, TIPS CSO, HWH CMgr., Family/Friend/Significant Other
- **Monthly Supervision Staffings:** Inmate, Supervision CSO, Mentor with Supervision CSO
- **Weekly contact with the Mentor:** minimum of two (2) hours a week x eight (8) hrs a month

| YES | NO | |
|--------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Community Supervision Phase: Monthly Supervision Staffings with Supervision CSO Weekly contact with the Mentor: minimum of 2 hours a week x 8 hrs a month for a minimum of one year |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Comments from the Inmate: |

Signature: _____
Offender Name/REG PDID/DCDC Date: _____

Signature: _____
 CSO Date: _____

Signature: _____
 SCSO Date: _____

APPENDIX F
Universal Referral Form
 (TO BE PLACED ON CSOSA LETTERHEAD)

A. Offender Information:

| | | | |
|-------------------------------|-------------------|-------------------------------------------|------------|
| Name of Offender: | | Length of Incarceration: | 3-9yrs |
| Age and Date of Birth: | 45 | Name and Address of Halfway House: | |
| DCDC # / PDID #: | | Date of Arrival: | 11/14/2002 |
| Offense: | UCSA (PWIDHeroin) | Expected Release Date: | 01/13/2003 |

B. Offender Home Release Plan:

| | | | |
|-----------------------------------|-----------------|-----------------------------------|-----|
| Primary Home Address: | | Secondary Home Address: | N/A |
| Primary Telephone #: | 202-000-6184 | Secondary Telephone #: | |
| PSA: | 502 | PSA: | |
| Contact Person: | pppppita Carter | Contact Person: | |
| Telephone #: | 202-000-6184 | Telephone #: | |
| Other Collateral Contacts: | Sister | Other Collateral Contacts: | |

C. Offender Employment Plan:

| | | | |
|-----------------------------|----------------|-------------------------------|-----------------------------------|
| Name of Employment: | | Employment Address: | 22 Varnum St. Mt. Rainier, Md. |
| Name of Supervisor: | Ms. Washington | Telephone #: | 301- |
| Employment Schedule: | 9:00am-4:00pm | Employment Adjustment: | |

D. Intervention/Supervision Plan: (check appropriate selection)

| | | |
|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| Mentoring Services Recommended: | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | NO <input type="checkbox"/> |
| Recommended Discharge Supervision Plan: | Employment Services Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Provider <input type="checkbox"/> CSOSA Vote Unit _____ |
| Services to be Provided by: (Mentoring Services Program or CSOSA) | Marital Family Services Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Provider _____ |
| | Associates/Social Interaction yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | FBI Provider _____ |
| | Substance Abuse Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Provider <input type="checkbox"/> CSOSA _____ |
| | Community Functioning Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Provider <input type="checkbox"/> FBI _____ |
| | Personal/Emotional Orientation | |

| | |
|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Provider <u>FBI</u> Attitude (Specify) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Provider <u>FBI</u> Other Services Recommended _____ _____ |
| | |

E. Scheduled Family Community Support Meeting at Community Correctional Center and Monthly Staffing Dates

| | | | |
|----------------------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------|
| Initial Staffing Date: | | Monthly Staffing Dates: | |
| Time: | | Time: | |
| Location: | | Location: | |
| Name of Assigned Cluster Contact and Telephone #: | Rev. Lisa Fidderman #2-544-2510 Mr. Darryl Irving #2-547-8850 | Assigned Community Supervision Officer and Telephone #: | SCSO Maurice Jones #2-442-1261 |

F. Final Discharge Staffing:

| | |
|----------------------------------------------------------|--|
| Discharge Staffing Date: | |
| Time: | |
| Location: | |
| Name of Assigned Cluster Contact and Telephone #: | |

Signatures:

 TIPS Community Supervision Officer _____
 Date

 CSO Telephone Number

 Offender Signature -----
 Date

 SCSO Signature _____
 Date