

# U.S. Pretrial Services & Probation Office Northern District of Ohio

## COOP

*Continuity of Operations in Emergency Situations*



Emergencies may constitute

- Weather Disasters
- Safety Threat
- Occurrences which may require building closure or an alternate reporting location

In the event of an emergency, contact your probation officer. If you are unable to contact your probation officer, refer to the call in line provided on your COOP card or send an email to the email address provided on the card.

## COOP

Defendants and offenders - in an emergency, you must:

- C**ontact your officer **IF** any change to your residence.
- A**dvice as to your safety.
- L**eave contact phone number(s) and residence changes.
- L**et us know via email or Office Call-In-Line

Check COOP status at [www.ohnp.uscourts.gov](http://www.ohnp.uscourts.gov)

Provide contact information to your officer as follows:

- ▶ call phone numbers provided by your officer;
- ▶ send an email to: [coop@ohnp.uscourts.gov](mailto:coop@ohnp.uscourts.gov)
- ▶ call the Office **Call-In-Line (below)**

Cleveland (216) 357-7340      Akron (330) 252-6222  
Youngstown (330) 884-7472      Toledo (419) 213-5770



## OPTIONS FOR CHILD SUPPORT PAYMENTS

Did you know...? Real-time access to YOUR case information, including payments, is available via the Customer Web Portal at [www.jfs.ohio.gov/ocs](http://www.jfs.ohio.gov/ocs).

### OPTIONS TO RECEIVE CHILD SUPPORT:

**Direct Deposit** - Child support payments are directly deposited into a checking or savings account.

**Ohio e-Quick Pay® Prepaid Mastercard™**- Child support payments are deposited onto a debit card. You do not need a bank account to be enrolled.

To request enrollment in direct deposit or e-Quick Pay, call Ohio Child Support Payment Central at 1-888-965-2676, CJFS-OCSS Contact Center at 216-443-5100 or toll free in Ohio at 1-800-443-1431. The enrollment form is also available on-line at [www.cjfs.cuyahogacounty.us](http://www.cjfs.cuyahogacounty.us).

**OPTIONS TO PAY CHILD SUPPORT:** Please include your name, social security number, SETS case number and court number on each payment.

**Income Withholding Order:** The fastest and most convenient way to pay child support is through an income withholding order with your employer, or other source of income such as Social Security or Unemployment Compensation. Please make sure that OCSS always has current information about your employer for automatic withholding of the child support payment from each paycheck. Withholding orders may also be set up through a bank account if you are not employed. Please contact OCSS for more information. Income withholding orders are mandatory to collect child support.

**Payment By Mail** – Ohio Child Support Payment Central (OCSPC), P.O. Box 182372, Columbus, Ohio 43218. OCSPC accepts checks and money orders.

**Cuyahoga County Treasurer's Office, County Administration Headquarters** - 2079 East Ninth St, Cleveland, Ohio 44115. Cash only (must have exact amount- no change will be given).

**Cuyahoga County Juvenile Court**- 9300 Quincy, 2<sup>nd</sup> floor in the Clerk's Office, Cleveland, Ohio 44106. Cash (must have exact amount-no change will be given), money order or cashier's check

**MoneyGram** - Make your child support payment at any MoneyGram location (CVS, Walmart, Marc's to name a few) use code 14674. Payments are sent directly to OCSPC and will appear on your account within 3 days. Cash only plus the fee of \$3.99.

**In Office Payment Box**- Personal checks, money orders or cashier's checks only can be dropped off at CJFS-Office of Child Support Services 1640 Superior Ave., Cleveland Ohio 44114 and are mailed to OCSPC.

**Electronic Payments** - Make child support payments online at: [www.expertpay.com](http://www.expertpay.com) (bank account debit) or [www.e-childspay.com](http://www.e-childspay.com) (Mastercard payment only)

# Northern District of Ohio

## LifeSkills!

### *CLASSES AND DESCRIPTIONS*

#### *Mock Job Interviewing*

Preparing for your job interview can very well be one of the most important moments of your career. Join this class and learn valuable skills and overcome fears to help during the interview process. Instructors will address common interview questions and explain the importance of body language and attitude. Participants will complete a mock interview and receive useful feedback. Staff will work with participants on an individual basis during the mock interview process. After completing this course you will be energized and well prepared for your next interview.

#### *Thinking for a Change (CBT)*

Thinking for a Change (T4C) is an integrated, cognitive behavioral change program for offenders that includes cognitive restructuring, social skills development, and development of problem solving skills. Designed for delivery to small group, the T4C program can be expanded to meet the needs of specific participant groups. Each participant becomes invested and empowered to participate in their own learning and self development, providing a forum for continued skill and cognitive development.

#### *Fatherhood Initiative*

Currently, one out of every three children in the U.S. now grows up without his or her biological father in the home. Given the harm caused by father absence and the benefits of father involvement, one of the most important things we can do to improve child well being is to increase the proportion of children growing up with involved, responsible, and committed fathers. Our fatherhood initiative program focuses on providing men with the awareness of the significant impact he has in his family. We will help fathers build and maintain healthy and supportive relationships with their children, wife, family, friends, and community.

#### *Grief Recovery*

Grief can be described as a normal and natural emotional reaction to loss or major life changes of any kind. Loss can encompass many areas ranging from death, divorce, job loss, incarceration, illness, financial loss and loss of physical ability. The grief recovery class focuses on helping our clients learn to feel better and to achieve a condition of balance following any type of loss. The class will involve grieving the loss and healing the emotional pain.

***\*\*Registration will be held during New Officer Orientation. You may also sign up at the U.S. Pretrial Services and Probation Office. Registration forms and additional information can be found on our website - [www.ohnp.uscourts.gov](http://www.ohnp.uscourts.gov).***

*Northern District of Ohio*  
LIFE SKILLS PROGRAM

*The following classes will be offered*

LifeSkills!

- ★ Mock Job Interviewing
- ★ Thinking for a Change (CBT)
- ★ Fatherhood Initiative Program
- ★ Grief Recovery

*Please contact your U.S. Pretrial or Probation Officer  
to inquire about class registration.*

## **VOTING RIGHTS**

In Ohio, during any period of incarceration/custody, a felon's right to vote is suspended or lost. However, following release and during any period of community supervision, a felon/ex-offender is qualified to vote and is encouraged to do so. In some counties, the Board of Elections revokes voting privileges upon notice of conviction. As such, offenders should contact the Board of Elections to reinstate voter registration when you become eligible. For your convenience, a Voter Registration form is included in your new offender orientation folder.

## **DNA COLLECTION: *It Is the Law***

Federal Law requires all persons convicted of a felony to submit to DNA testing through the Bureau of Prisons (BOP) or the Federal Probation Office, prior to termination of supervision. Misdemeanor convictions are exempt from this requirement, unless the offense of conviction involves violent behavior, or if the person has a prior federal felony conviction.

*Note:* Any person who submitted a DNA sample while at the BOP does NOT have to resubmit to testing with the Probation Office. Your officer will verify collection through BOP records.

## **HIV/AIDS and Ohio Law**

"On 23 December 1999, the state Governor signed legislation (House Bill 100) making it a felony for a person who knows he or she is HIV-positive to have sex without obtaining the partner's consent in advance. The law expands the existing offense of "felonious assault" to include vaginal; anal or oral sex by a person who knows they are HIV-positive and does not disclose this to their sexual partner. The bill also prohibits HIV-positive individuals from having sexual contact with unmarried minors under the age of 18, and with people who lack the mental capacity to understand an HIV diagnosis. A second-degree felony, the offense carries a sentence of two (2) to eight (8) years in prison and a maximum fine of \$15,000. Before the bill was enacted, Ohio law regarding criminal exposure to HIV applied only to prostitution cases, a third-degree felony. While Ohio had previously seen convictions on "felonious assault" charges for exposing sexual partners to HIV, prosecutors had been required to prove "serious physical harm."

Excerpt from Canadian HIV/AIDS Policy Law (Newsletter), Volume 5, Number 2/3, Spring/Summer 2000 Criminal Justice.

**To ensure your information is updated, please do the following:**

1. Print this form.
2. Complete all required fields.
3. Sign and date your form.
4. Fold and insert your form into an envelope.
5. Mail your form to your county board of elections. For your county board's address please visit [www.OhioSecretaryofState.gov/boards.htm](http://www.OhioSecretaryofState.gov/boards.htm).

If you have additional questions, please call the office of the Ohio Secretary of State at 877-SOS-OHIO (767-6446).

#### **HOW TO OBTAIN AN OHIO ABSENTEE BALLOT**

You are entitled to vote by absentee ballot in Ohio without providing a reason. Absentee ballot applications may be obtained from your county board of elections or from the Secretary of State at: [www.OhioSecretaryofState.gov](http://www.OhioSecretaryofState.gov) or by calling 1-877-767-6446.

#### **OHIO VOTER IDENTIFICATION REQUIREMENTS**

Voters must bring identification to the polls in order to verify identity. Identification may include current and valid photo identification, a military identification, or a copy of a current (within the last 12 months) utility bill, bank statement, government check, paycheck, or other government document, other than a notice of an election or a voter registration notification sent by a board of elections, that shows the voter's name and current address. Voters who do not provide one of these documents will still be able to vote by providing the last four digits of the voter's Social Security number and by casting a provisional ballot pursuant to R.C. 3505.181. For more information on voter identification requirements, please consult the Secretary of State's website at: [www.OhioSecretaryofState.gov](http://www.OhioSecretaryofState.gov) or call 1-877-767-6446.

**WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY  
OF A FELONY OF THE FIFTH DEGREE.**

# Voter Registration and Information Update Form

Please read instructions carefully. Please type or print clearly with blue or black ink.

For further information, you may consult the Secretary of State's website at: [www.OhioSecretaryofState.gov](http://www.OhioSecretaryofState.gov) or call 1-877-767-6446.

### Eligibility

You are qualified to register to vote in Ohio if you meet all the following requirements:

1. You are a citizen of the United States.
2. You will be at least 18 years old on or before the day of the general election.
3. You will be a resident of Ohio for at least 30 days immediately before the election in which you want to vote.
4. You are not incarcerated (in jail or in prison) for a felony conviction.
5. You have not been declared incompetent for voting purposes by a probate court.
6. You have not been permanently disenfranchised for violations of election laws.

Use this form to register to vote or to update your current Ohio registration if you have changed your address or name.

**NOTICE:** This form must be received or postmarked by the 30th day before an election at which you intend to vote. You will be notified by your county board of elections of the location where you vote. If you do not receive a notice following timely submission of this form, please contact your county board of elections.

**Numbers 1 and 2 below are required by law.** You must answer both of the questions for your registration to be processed.

### Registering in Person

If you have a current valid Ohio driver's license, you must provide that number on line 10. If you do not have an Ohio driver's license, you must provide the last four digits of your Social Security number on line 10. If you have neither, please write "None."

### Registering by Mail

If you register by mail and do not provide either an Ohio driver's license number or the last four digits of your Social Security number, you must enclose with your application a copy of one of the following forms of identification:

Current and valid photo identification, a military identification, or a current (within the last 12 months) utility bill, bank statement, paycheck, government check or government document (other than a notice of voter registration mailed by a board of elections) that shows your name and current address.

### Residency Requirements

Your voting residence is the location that you consider to be a permanent, not a temporary, residence. Your voting residence is the place in which your habitation is fixed and to which, whenever you are absent, you intend to return. If you do not have a fixed place of habitation, but you are a consistent or regular inhabitant of a shelter or other location to which you intend to return, you may use that shelter or other location as your residence for purposes of registering to vote. If you have questions about your specific residency circumstances, you may contact your local board of elections for further information.

### Your Signature

In the area below the arrow in Box 14, please write your cursive, hand-written signature or make your legal mark, taking care that it does not touch the surrounding lines so when it is digitally imaged by your county board of elections it can effectively be used to identify your signature.

Please see information on back of this form to learn how to obtain an absentee ballot.

**WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.**

FOLD HERE

I am:       Registering as an Ohio voter       Updating my address       Updating my name

1. Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	2. Will you be at least 18 years of age on or before the next general election? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If you answered NO to either of the questions, do not complete this form.</b>	

3. Last Name	First Name	Middle Name or Initial	Jr., II, etc.
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4. House Number and Street (Enter new address if changed)	Apt. or Lot #	5. City or Post Office	6. ZIP Code
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7. Additional Mailing Address or P.O. Box (if necessary)	8. County (where you live)
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9. Birthdate (MO-DAY-YR) (required)	10. Ohio Driver's License No. OR Last Four Digits of Social Security no. (one form of ID required to be listed or provided)	11. Phone No. (voluntary)
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12. PREVIOUS ADDRESS IF UPDATING CURRENT REGISTRATION - Previous House Number and Street		
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Previous City or Post Office	County	State
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13. CHANGE OF NAME ONLY Former Legal Name	Former Signature
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14. I declare under penalty of election falsification I am a citizen of the United States, will have lived in this state for 30 days immediately preceding the next election, and will be at least 18 years of age at the time of the general election.	Your Signature ↓      Date <u>    </u> / <u>    </u> / <u>    </u> MO      DAY      YR	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">FOR BOARD USE ONLY SEC4010 (Rev. 6/14) City, Village, Twp.</td></tr> <tr><td style="text-align: center;">Ward</td></tr> <tr><td style="text-align: center;">Precinct</td></tr> <tr><td style="text-align: center;">School Dist.</td></tr> <tr><td style="text-align: center;">Cong. Dist.</td></tr> <tr><td style="text-align: center;">Senate Dist.</td></tr> <tr><td style="text-align: center;">House Dist.</td></tr> </table>	FOR BOARD USE ONLY SEC4010 (Rev. 6/14) City, Village, Twp.	Ward	Precinct	School Dist.	Cong. Dist.	Senate Dist.	House Dist.
FOR BOARD USE ONLY SEC4010 (Rev. 6/14) City, Village, Twp.									
Ward									
Precinct									
School Dist.									
Cong. Dist.									
Senate Dist.									
House Dist.									

## **Cleveland Office Contact Information**

- Cleveland Office General Line 216.357.7300
- Robin Grimes, Chief PO 216.357.7345
- Keith Schutter, Deputy Chief PO 216.357.7328
- William Mooney, Deputy Chief PO 216.357.7334
- David Abraham, Supervising PO 216.357.7374
- Suzanne Evans, Supervising PO 216.357.7384
- Brian Laffin, Supervising PO 216.357.7311
- William Radaker, Supervising PO 216.357.7373
- Henry Serna, Supervising PO 216.357.7315
- Craig Stubbs, Supervising PO 216.357.7387

**Transportation/Bus routes to DOWNTOWN Facilities**

Agency	Directions	RTA Route
Veterans Upward Bound— Cuyahoga Community College	S side of Community College, N of S. Woodland, between E. 22 <sup>nd</sup> and E. 30 <sup>th</sup>	8, 11, 14, 15,51
Dept. of Veterans Affairs-Painesville Comm. Based Outpatient Clinic	Near corner of Jackson and Richmond, near Social Security Admin Bldg	28, 806, to Laketran route 2 to route 1 to route 5
Veterans Service Commission	N side of Prospect, across from Wolstein Cntr	8, 11, 55f, 75, 263
Bishop Cosgrove Center	Superior between E. 17 <sup>th</sup> and E. 18 <sup>th</sup>	3, 38,
Frontline Services	Payne between E. 17 <sup>th</sup> and E. 18 <sup>th</sup>	3,22, Health Line, 38, 76f, 76x, 88x

**Transportation/Bus Routes to SOUTH AND WEST Facilities**

Agency	Directions	RTA Route
Spanish American Committee	Corner of W. 44 <sup>th</sup> and Lorain	22
Vet Center—West	Pearl Rd, on 3 <sup>rd</sup> block N of Snow	51 45-45a
Dept. of Veterans Affairs— Mc Cafferty Outpatient Clinic	Lorain and W. 44 <sup>th</sup>	22,

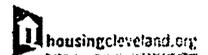
**Transportation/Bus Routes to EAST Facilities**

Agency	Directions	RTA Route
Paralyzed Veterans of America— Buckeye Chapter	Near intersection of Euclid and Babbitt Rd.	28
Northeast Ohio Coalition for the Homeless	In between Chester and Payne, off E. 36 <sup>th</sup>	Health Line, 7, 9, 38,
VA Community Resource Referral Center	7000 Euclid Ave.	Health Line, 2,7,8,9,16
Vet Center—East	Warrensville Center between Warrensville Center Libby & Rock side	41
Dept. of Veterans Affairs— Medical Center at Wade Park	University Circle on the NE corner of East Blvd and E. 105 <sup>th</sup>	10, 38
VOA Veterans Resource Center	E. 152 <sup>nd</sup> , just N of Aspinwall	37, 1
Congresswoman Marcia L. Fudge's Office	Richmond and Miles Rd. Located in the Citizen Bank Building First Floor	24, 41,15
Dept. of Veterans Affairs- Painesville Comm. Based Outpatient Clinic	Near corner of Jackson and Richmond, near Social Security Admin, Bldg.	28, 806, to Laketran route 2 to route 1 to route 5
Northern Ohio Recovery Association	3746 Prospect Ave.	8, 26, 86

If you are experiencing a shelter emergency between 8 a.m. to 6 p.m. go to Veterans Community Resource Referral Center at 7000 Euclid Ave. on the Second Floor.

If it is after 6 p.m. to 8 p.m. go to 1736 Superior 2<sup>nd</sup> Floor for Intake. After 8 p.m. and you are male go to 2100 Lakeside Ave. Shelter-- for women go to 2227 Payne Ave. shelter. Families call 2-1-1.

For Housing Assistance go to [www.housingcleveland.org](http://www.housingcleveland.org) to search for available housing.



This Street Card is a resource guide for **VETERANS!**

All of the above programs help veterans directly without a referral.

The standard Street Card offers more services for persons of both veteran and non-veteran status. This card was made by the Northeast Ohio Coalition for the Homeless.

For additional copies, call NEOCH at (216) 432-0540 or go to [www.neoch.org](http://www.neoch.org).

**Please feel free to make copies of this card.**

**- IMPORTANT PHONE NUMBERS -**

Agency	Phone
Disabled Veterans Assistance Line	800-378-4559
United Way's First Call for Help	2-1-1 or 216-436-2000
State of Ohio ODJFS Veterans Representatives 1020 Bolivar Rd.	(216) 664-2876 (216) 664-2774 (216) 664-2805
State of Ohio ODJFS Veterans Representative 11699 Brookpark	(216) 898-8356
Last Updated February 2015	

**- LEGEND -**

Educational Assistance	Emergency Services *	Transitional Housing/ Shelter	Recreation
Social Services Assistance	Substance Abuse Programs	Financial Assistance \$	General Health Care
Employment Assistance	Mental Health Care/ Counseling	Advocacy	Legal Assistance
Outreach	Community Meals	Referral	Only Serve Honorably Discharged



# VETERANS EDITION



National Call Center for Homeless Veterans  
 TOLL-FREE 1-877-424-3838 or 1-877-4AID-VET  
 Live 24/7 Chat on VA's Homeless Veterans website [www.va.gov/homeless](http://www.va.gov/homeless)

## DOWNTOWN

Agency	Address	Phone	Hours	Restrictions	Services Provided
Veterans Upward Bound—Cuyahoga Community College	2900 Community College Ave	(216) 987-4938	8:30 a.m. – 5 p.m. Mon - Fri	H	
Dept. of Veterans Affairs—Regional Office	1240 E. 9th St A. J. Celebrezze Bldg	1-800-827-1000	9 a.m. – 4 p.m.	None	
Veterans Service Commission	1849 Prospect Ave Rm. 100	(216) 698-2600	8:30 am-4:30 pm Mon - Fri	H	* \$
Bishop Cosgrove Center	1736 Superior Ave	(216) 781-8262	10 a.m. – 12 p.m. Mon, Wed	None	
Frontline Services Veterans Outreach/Housing	1744 Payne Ave.	(216) 274-3591	9 am to 5 pm	Men or Women (Can serve other than honorable discharge)	
Op. Homefront / Supportive Services for Vets /Frontline Sv	1701 Payne Ave.	216) 623-2113 216)583-0615	9 am – 5 pm Mon – Fri	Men or Women (Can serve other than honorable discharge)	

## SOUTH AND WEST

Agency	Address	Phone	Hours	Restrictions	Services Provided
Spanish American Committee	4407 Lorain Ave	(216) 951-2100	8:30 a.m. – 5 p.m. M-F (W til 7:30)	Emphasis on Hispanic/Latino	bilingual
Vet Center—West	5700 Pearl Ste. 102 Parma	(440) 845-5023	8 am. – 4:30 p.m. Mon - Fri	Conflict zone vets	
Dept. of Veterans Affairs Mc-Cafferty Outpatient Clinic	4242 Lorain Ave	(216) 939-0699	8 a.m. – 4:30 p.m. Mon – Thu 9 am – 4:30 pm Fri	None	

## EAST

Agency	Address	Phone	Hours	Restrictions	Services Provided
Veterans Community Resource Referral Center "Go here first"	7000 Euclid Ave. Ste. 202 Central Service Cntr—	216- 391-0264 Ext. 2001	8:00 a.m.—6p.m. Mon - Fri	None	
Paralyzed Veterans of America—Buckeye Chapter	26250 Euclid Ave. Ste. # 115	(216) 731-1017 (216) 731-6404	9 a.m. – 5 p.m. Mon – Fri	Paralyzed	
Vet Center—East	5310 1/2 Warrensville Ctr. Rd. Maple Hts.	(216) 707-7901	8 a.m. – 4:30 p.m. Mon - Fri	Conflict zone vets	
Veterans Affairs—Medical Center-at Wade Park	10701 East Blvd	(216) 791-3800 Ext 2718	8 a.m. – 4:30 p.m. Mon - Fri	None	
VOA Domiciliary at Wade Park	1563 East Blvd	(216) 485-2525 Ext (2024)	24 hours a day	Referral only H	
Northern Ohio Recovery Association	3746 Prospect Ave.	(216) 391-6672	8:30 a.m.- 5:00 p.m. Mon – Fri.	Women	
Northeast Ohio Coalition for the Homeless	3631 Perkins Ave 3rd Floor	(216) 432-0540	9 a.m. – 5 p.m. Mon - Fri	Homeless	
VOA Veterans Resource Center (meals available to any veteran for lunch and dinner)	775 E 152nd St	(216) 541-9000	9 a.m. – 5 p.m. Mon – Fri	H	
Congresswoman Marcia L. Fudge's Office	4834 Richmond Rd. Warrenville Hts.	(216) 522-4900	9 a.m. – 5 p.m. Mon - Fri	None	
VOA Veterans Family First Center	4415 Euclid Ave Suite 110	(216) 302-2602	8 a.m. – 5 p.m. Mon-Friday	None	

Chemical Dependency Services	Phone Number	
Alateen/AL-ANON	521-1351	
Alcoholics Anonymous	241-7387	
Alcohol & Drug Resource Hotline	1-800-252-6495	H
Cocaine Anonymous (Hotline)	523-8701	
Drug & Alcohol Hotline	1-800-821-4357 1-800-821-4357	H
First Call for Help Drug Info Program (United Way)	435-2000	H
Free Clinic	721-4010	
Harbor Light Detoxification	781-2121	
Hispanic UMADAOP	459-1222	H
Merida Behavioral Medicine	353-2122	H
Narcotics Anonymous	1-888-438-4573	
Northern Ohio Recovery Association	391-6672	
Recovery Resources (Information and referrals)	431-4131	H
St Vincent Rosary Hall	353-2590	H
Salvation Army ARC	551-2625	
Cleveland Urban Minority Alcoholism and Drug Outreach Program (Listen to entire recording)	351-2040	
Women's Alliance for Recovery Services	216-575-9120	H

Counseling Services	Phone Number	
Applewood Centers, Inc.	595-5800/741-2241	H
Battered Women/Domestic Violence Hotline	391-4357	H
Catholic Charities Services	631-3499	H
Center for Families & Children Hispanic Behavioral Health	651-1650	H
Cleveland Rape Crisis Center	619-6192	H
Family Help Line (Former Bellflower Abuse Hotline)	229-8800	
Free Clinic	721-4010	
May Dugan Center	631-5800	
Murta Taylor Counseling	902-7500	H
Planned Parenthood of Cleveland	851-1680	H
Spanish American Committee	681-2100	H
Witness Victim Services Center	443-7345	H

Mediation / Conflict Resolution	Phone Number	
Cleveland Mediation Center	521-1919	
Cleveland Public Schools (WAVE)	432-4505	
Mental Health Board Client's Rights Officer	241-3400	

Mental Health Services	Phone Number	
Mobile Crisis Team/Suicide Hotline/Mental Health Referral	623-6555	H
Cleveland Clinic Stephanie Tubbs Jones Center	767-4242	H
Free Medical Clinic	707-3500	
Frontline Services/MHS	623-6555	H
Murta Taylor Multi-Service Center	283-4400	
St. Vincent Charity Psychiatric ER	353-2538	H

Assistance With Signing Up with Medicaid	Phone Number	
Care Alliance	781-6724 Ext. 280	H
Foodbank Medicaid Assistance	738-2067	
Cuyahoga Jobs & Family Service www.benefits.ohio.gov	1-800-648-1176 www.ohiohealth.org	
Medicare Enrollment	1-800-772-1213	H
Metro Health Care	957-2355	
St. Vincent Charity Health	353-2524	H
First Call for Help/211 Affordable Health Care	www.211cleveland.org 435-2000	

Important Phone Numbers/Hotlines	Phone No.	#
Police and Fire Emergencies, all other Emergencies, EMS/Ambulance	911	H
Poison Information Center	1-800-222-1222	H
AIDS Task Force	621-0765	H
Alcohol and Drug Addiction Mental Health Board	241-3400	H
Family Help Hotline (former Bellflower Child Abuse)	229-8800	
Beliefline Hotline for Runaway and Homeless Teens	570-8010	
Child Help - Child Abuse National Hotline	1-800-422-4453	H
Cleveland Food Bank/ODJFS Benefits/Food Assistance	738-2067	H
Cleveland Metropolitan School (Project ACT Homeless children)	216-838-0210 1-800-961-1900	H
Community Re-Entry	695-2177	H
Crisis Pregnancy Services	631-0964	
Eviction Assistance call 2-1-1 First Call for Help	211 or 436-2000	
First Call for Help (social service referral)	211 or 436-2000	H
Human Trafficking Hotline	855-431-7627	
Mobile Crisis Team/Suicide Hotline/Mental Health	623-6555	H
National Missing & Exploited Children	1-800-843-5678	H
National Runaway Switchboard	1-800-621-4000 1-800-Run-Away	H
Northeast Ohio Coalition for the Homeless (Chronicle Street Paper/Homeless Congress)	432-0540	12
Cuyahoga Office of Homeless Services	420-6844	
Rape Crisis Center Hotline	619-6192	H
Regional Transit Authority (RTA)	621-9500	H
Social Security Administration	1-800-772-1213	H
WIC Women, Infants, & Children	957-9421	
Witness / Victim Service Center	443-7345	H
Women's Re-Entry Network	696-7535	

Outreach Programs	Phone Number	#
Care Alliance Outreach	Tues/Thursday 10 a.m. at Cosgrove Center	
PATH/OPP Outreach (Frontline Services)	623-6555	H
St. Paul's Church	651-6250	
Beliefline Youth	570-8010	H
VA Homeless Outreach Program	391-0264 x 2000	
Volunteers of America	621-0120	

Domestic Violence Hotlines	Phone Number	
Child Abuse & Neglect Hotline	696-KIDS (5437)	H
Domestic & Family Violence	351-HELP (4357)	H
Elder Abuse Hotline	420-6700	H

#	Veterans Services	Address	Phone Number
19	Cleveland VA Medical Center	10701 East Blvd.	791-3800
	Veterans Community Resource Referral Center	7009 Euclid Ave. #202 M-F 8 to 6 p.m.	391-0264 ext. 2000
	Frontline Operation Homefront Outreach to Veterans	1701 Payne Ave.	623-2113 274-3591
	Veterans Affairs Regional Office	1240 East 9th Federal Building	1-800-827-1000
16	Vet Centers	5310 Warrensville 5700 Pearl Rd.	707-7801 440-845-5023
	Veteran's Service Commission	1849 Prospect Ave. 1st Floor	688-7500
	Veterans Upward Bound Program	In-C 2900 Community College Ave. Humanities Dept.	987-4938
	VCA Veteran's Resource Center	775 E. 157th St.	541-5000

NEOCH publishes a number of Street Cards. Go to [www.nepoch.org](http://www.nepoch.org) to print out the Veterans and Family Street Cards. REVISED: February 2015

For more information on RTA ROUTES call (216)-621-9500  
For more information on Human Service Agency's call 211



**To Get a Birth Certificate**  
If you were born in Cleveland, get your birth certificate at Cleveland City Hall, Bureau of Vital Statistics, for \$25.00 by filling out a request form there.  
If you were born anywhere else in Ohio, request your birth certificate from the Bureau of Vital Statistics in Columbus, Ohio for \$21.50. See their website.  
If you were born in another state, you will need to request your BC from that state. You may also need to send a copy of your state photo ID in some cases. Look up the state's website but avoid private companies (Vital Check, etc.) which can add up to \$60.00

**To Get a State Photo ID**  
You must show your certified birth certificate, your Social Security Card or printout, and proof of residency at any of the Bureau of Motor Vehicle offices. If you have no proof of residency, you will need to ask for a "Proof of Residency-Certified Statement" form for a social service agency or church to fill out. Cost for an ID is \$8.50. Financial assistance may be available. Call 211 for further instructions.

## BUS Route ASSISTANCE

The numbers on the Street Card correspond to this directory of available bus routes.

SHELTERS/MEAL SITES OR SERVICES	CROSS STREETS	PUBLIC TRANSPORTATION (RTA)
1. 2100 Lakeside Shelter	Superior, Lakeside & E. 21 <sup>st</sup> St	1, 3, 75
2. City Mission	Carnegie & E. 55 <sup>th</sup> St	5, 14, 16, 2
3. 1744 Payne Ave. (Frontline Services Headquarters)	Superior and East 16 <sup>th</sup> St	3, 38, 75, Healthline
4. Harbor Light/PASS Program	Prospect & E. 18 <sup>th</sup> St	8, 14, 25B/W
5. St. Herman's House of Hospitality	Franklin Blvd & W. 42 <sup>nd</sup> St. In Ohio City	20A, 25
6. Volunteers of America - Young Men	Walton & W. 25 <sup>th</sup> St	20, 22, 25
7. Y-Haven	Woodland @ 6001 E. 51 <sup>st</sup> St	90X, 27F, 29F
8. Cosgrove Center	Superior & 17 <sup>th</sup> St	3, 75X, 96F
9. St. Malach's Church	Superior Viaduct & W. 25 <sup>th</sup> St.	20A, 25, 32B
10. Free Clinic	Euclid & E. 122 <sup>nd</sup> St.	Healthline (6), 6, 25
11. Care Alliance	Payne & E. 22 <sup>nd</sup> St	75
12. NEOCH (Northeast Ohio Coalition for the Homeless)/C/O	Perkins & 35 <sup>th</sup> St	Healthline (6), 35
13. St. Augustine Center	Professor & W. 14 <sup>th</sup> St. In Tremont	81
14. St. Patrick's Club Bldg	Bridge Ave & W. 35 <sup>th</sup> St. In Ohio City	25
15. Westside Catholic Center	Lorain Ave & W. 32 <sup>nd</sup> St. In Ohio City	79A/B
16. Catholic Workers Store & McCallerty Health Clinic	Lorain Ave & W. 45 <sup>th</sup> St. In Ohio City	79A/B
17. Metro Health Hospital	Metro Health Dr. & W. 25 <sup>th</sup> St	20A
18. Norma Harr Shelter/Central Intake	Payne Ave & E. 22 <sup>nd</sup> St.	36
19. Cleveland VA Medical Center	E. 107 <sup>th</sup> St & East Blvd	38

The area codes for all telephone numbers are (216) unless otherwise indicated. H= Someone on staff can communicate in Spanish. H-Se Habla Espanol. Y= Facility is handicapped accessible. Numbers point to the RTA information.

# Street Card

This Street Card is a resource guide for the people on the street or who do not have housing. All of the following programs help homeless people directly. If an address is listed, they also accept walk-ins. This document is now on-line under resources at [www.necoch.org](http://www.necoch.org). Please make as many copies as you need.

**THIS CARD IS FREE!! THIS CARD IS FREE!!!**

This card was made by the  
**NORTHEAST OHIO COALITION FOR THE HOMELESS (NEOCH)**  
 For a few copies of the Street Card please call NEOCH at 216/432-0540.

#	Meal Sites	Address	Phone #	Break-fast	Lunch	Dinner	
	Antioch Baptist Church	8869 Cedar	421-1516		T&Th, 11:00 - Noon	Mon. 4:00 - 5pm	Y
1	St. Augustine Center	2485 W 14th	781-5530	Everyday 7:30-8:30 am	Everyday 11:30 to 12:30 pm	M-Fri 4:30-5:30	Y
3	CLOSED	FIRST WEEK					
8	Cosgrove Center/ Catholic Charities	1735 Superior	781-8262 x19	M-F 8:00-9:00	M-F 12:00-1:30		Y
	Mercy Seat Mission	3510 Broad-View	749-7776	Emergency	M, W, Last Fri. 11:30 Doors open	9:30	
4	Salvation Army Canteen	Various Locations E. Glou	619-4722			M-Fri 6:30a.m. - 7:30p.m.	
5	St. Herman's	4410 Franklin	961-3806	Everyday 6:00-7:15	Everyday 11:30-12:30	Everyday 5:30 p.m.	Y
	St. Malachi Church	2459 W 25th St Detroit	661-5343	Mon-Sat 8:30-3pm	Sandwiches & pastries Sun + Holidays 8:30-1pm	Every Mon 5-45 p.m.	Y
1	St. Patrick's Evening Meals	3510 Bridge Av	281-5854			Tues, W & Thurs 5:30 pm	Y
15	West Side Catholic	3135 Lorain Ave	631-4741	M-Sat 9-10am	M-F 12-12:45	Sat Evenings 4:30pm	Y H

#	Meals Once a Week	Address	Phone #	Hours
	Cleveland Victory Church of Nazarene	1632 E 55th		Dinner: Thu, 5:30-6:30 881-3115
	Faith Baptist Community Ctr.	2355 E. 55th		Lunch: W, 11:30 am-1pm 881-9310
	Trinity Cathedral	2230 Euclid		Lunch: Sun, 12-1 771-3530
3	Divine Outreach Ministries / Care on the Square/Rescuing the Parish	1744 Payne Parking Lot		Lunch: Sat, 12-3pm Dinner: Tues, 7 pm 355-8993

#	Legal Services	Address	Phone #	Hours
	Homeless Legal Assistance	P.O. Box 93061 Cleveland 44101	432-0543	Call for further information/ see website
	Legal Aid Society of Cleveland	1223 W 6th St	687-1900	M, W, F 9:00-4:00 Tues, Th 9:00-2:00 pm H Y

#	For shelter availability go to Coordinated Intake	Phone #	
<b>Men's Privately Funded Shelters</b>			
2	City Mission Shelter	431-3515	Y
5	St. Herman's House of Hospitality	951-3806	Y
<b>Privately Funded Women/Women with Children /Family Shelters</b>			
	Laura's Home	472-5500	Y H
<b>Domestic Violence</b>			
	Domestic Violence Center/24-hour hotline for shelter	391-4357	Y H
<b>Youth Shelters</b>			
	West Haven	941-0062	Y H
	Coordinated Intake 1735 Superior Ave. 2nd Floor	674-6700	Y

All requests for shelter go to 1735 Superior 2nd Floor 8 a.m. to 8 p.m. every day. Enter in front to complete the intake application for help. To access every publicly funded shelter in Cuyahoga County you must complete a central intake application. You can get a referral to 2100 Lakeside, PASS, Ralston, City Mission, Family Promise, Laura's Home, West Side Catholic, and VOA shelters. After hours men go to 2100 Lakeside, women go to 2227 Payne Ave and families call 2-1-1 to review shelter options with Coordinated Intake Staff.

For information on homeless services: Call United Way's "FIRST CALL FOR HELP" Call 211 or 436-2000 24 Hours, 7 days/week. Or go to [www.211cleveland.org](http://www.211cleveland.org)  
 For available housing go to [www.housingcleveland.org](http://www.housingcleveland.org)  
**ALL EMERGENCIES: DIAL 911**

# Cuyahoga County



## University Hospitals

Thanks to Frontline Services for assistance in printing the Cuyahoga County Street Card

#	Housing	Days/Time	Phone Number
7	Cuyahoga Metropolitan Housing Authority-CMHA	M-F 8-4pm 8120 Kinsman Rd. 44104	351-3700 H Y
	HEAP and Housing Office (CEQGG)	M-F 8am-5:30pm Various Locations By Appointment	518-4914 H
	May Dugan Center	Mon-Thur 8:00am-7:00pm 4115 Bridge Ave. Fri. 8:00am-5:00am	631-5800 Y

#	Income/Job Training	Address/Hours	Phone Number
3	Cuyahoga Jobs and Family Services -Virgil Brown Center	1641 Payne Ave. M, Tu 8:00-5:00 W-F 7:00-7:00 Sat 9:00-3:00	697-7000 1-877-644-6562 (unemployment concerns only)
	Employment Connection	1020 Bolivar M-F 8:00-4:30	664-4673 H Y
	Ohio Bureau of Vocational Rehabilitation	14650 Detroit #300 8am-5:00 pm	227-3250
	Social Security Administration	7517 Lorain #1240 E 9th M,T, Th, F 9AM-4PM W-S 9 a.m. to Noon	1-609-772-1213 H
	Towards Employment	1255 Euclid Ave #300 M-F 8am-4:30pm	695-5750 H Y

#	Health Clinics	Address	Phone Number
	Collinwood Health Center	15322 St. Clair	651-1500 H
	Care Alliance	1530 St. Clair	781-6724 H
11	J. Glen Smith Health Center	11100 St. Clair	957-5900 H
	McCafferty Health Center	4242 Lorain Ave	957-4845 H
16	MetroHealth Medical Center	2500 MetroHealth Dr.	778-7650 H
17	MetroHealth Asia Plaza	2999 Payne Ave. # 210	661-4646 H
	MetroHealth Broadway Ctr	6835 Broadway Ave	957-1560 H
	MetroHealth Buckeye Health	2815 East 116th St	957-4000 H
	MetroHealth Brooklyn Ctr	5208 Memphis Ave	359-0100 H
	MetroHealth Lee-Harvard	4071 Lee Road	957-1200 H
	N.E.O.N. Hough Health Ctr	8305 Hough Ave	231-7700 H
	CC-Steph. Tubbs Jones	13944 Euclid Ave	767-4750 H
	SE Medical Center NEON	13301 Miles Ave	761-3100 H
	St. Vincent Charity Health	2351 East 22nd St	363-2524 H
	Superior Health Center NEON	12100 Superior	851-2600 H

Y All health clinics are accessible for those with mobility issues.

#	Free Health Care	Address	Phone #	Hours
10	Free Clinic	12201 Euclid	721-4010	Mon.-Thu. 9a.m.-5p.m. Fri. 8a.m.-5:00p.m. H
	Faith Baptist Community Center	2355 E 55th	881-9916	Tue-Thur 9-4:30 Sat 9-4:30pm
	St. Malachi Ctr		771-3035	Mon-Fri 9:30-3:30p.m.

#	Drop-in centers	Address	Phone #	Hours
1	Catholic Worker Storefront (All welcome)	4211 Lorain Ave	631-3059	Wed/Thurs 7:00-9:00, Fri 3-5 p.m. Sat 9:30-11:30, Sun. 3p.m.-5p.m.
5	The LGBT Center	6600 Detroit Ave. CLOSED WEEKENDS	651-5428	Mon.-Wed. 10a.m.-5p.m. Thu. 11a.m.-5p.m. Fri. 11a.m.-3p.m.
8	Cosgrove Center Closed 2nd	1735 Superior Monday	781-8262	Mon-Fri 8:00 am - 2:30pm
	Season of Hope Hitchcock Ctr	(Women Only)	421-0536	Sun.-Wed. 7p.m.-7a.m. Thu.-Sat. 10p.m.-7a.m.
9	St. Malachi Center Available for	2415 Superior Viaduct Showers Only	771-3035	Tue-Fri. 9a.m.-3 p.m. Sat 9-10a.m./4:30 pm to 5:15 p.m.
	St. Paul's Community Church	4427 Franklin Blvd	651-6250	Tues to Friday 9 am to 12:30 pm Sat 12-4 (Youth)
1	West Side Catholic Center	3135 Lorain Ave. (Drop in center)	631-4741	Mon-Fri. 8:30a.m.-4:30p.m. Sat. 9am-11am
5	Metanola Project @ St. Malachi	2415 Superior Viaduct-Social Hall	Winter Only Nov-April	Fri/Sat/Sun 7 p.m. to 7 am. & Holidays

Y= facility is fully accessible to physically disabled  
 H= facility is not fully accessible  
 I= facility has an individual able to speak Spanish (Se Habla Espanol)  
 All numbers are 216 area code unless stated. The numbers correspond to the Directory of Bus Routes on the back of this card.—REV Feb, 2015

## **PAYMENT PROCEDURES**

### **Fines, Restitution, Special Assessments**

- **ALL** payments are to be made at the Clerk of Court at the address below
  - **NO** payments to the U.S. Pretrial Services & Probation Office
  
- Method of payment:
  - Cash
    - i. Cash payments must be made in person, not by mail, and taken directly to the Clerk's Office at the address listed below
  - Personal Check
    - i. Payable to: Clerk, U.S. District Court
    - ii. Indicate the docket number (written below) and type of payment (fine, restitution, or special assessment)
    - iii. Mail or drop off to the address listed below
    - iv. You must submit a self-addressed and stamped envelope with your payment if you wish to receive a receipt for your payment
    - v. Checks remitted by mail will be destroyed after processing
    - vi. Account information is used for electronic (immediate) funds transfer. If the transfer cannot be processed because of insufficient funds, stop payments, or closed accounts, the Clerk's Office will impose a **\$53.00 returned check fee**.
  - Money Order/Bank Check
    - i. Payable to: Clerk, U.S. District Court
    - ii. Indicate the docket number (written below) and type of payment (fine, restitution, or special assessment)
    - iii. Mail or drop off to the address listed below
    - iv. You must submit a self-addressed and stamped envelope with your payment if you wish to receive a receipt for your payment

**Clerk, U.S. District Court  
Attn: Intake  
801 West Superior Avenue  
Cleveland, OH 44113-1830**

**Your Docket Number is:** \_\_\_\_\_

## **Drug and Alcohol Usage**

### **Zero Tolerance Policy**

Zero Tolerance policy is in effect relative to illicit drug use for all offenders in this district. Any instance of illegal drug use is reported to the jurisdictional authority (Court, U.S. Parole Commission).

Illegal drug use jeopardizes your status. Use of drugs that are not prescribed could result in incarceration.

### **Urinalysis**

Random urine screens may be collected from you during the term of supervision.

It is required that probation officers conduct a minimum of one urine screen a year in all supervision cases.

Urine screens will be conducted where there is suspicion of illicit drug use or alcohol abuse.

Breath alcohol screening tests may be also conducted along with a urine screen.

## **Fine, Restitution, Special Assessments**

### **Payment Schedule**

A Fine is to be paid immediately, unless the Court indicates in the Judgment a certain date or installments, with the final payment to occur later than five years from the date of Judgment or five years from release from custody (18 U.S.C. § 3572).

A fine is delinquent if a payment is more than 30 days late (18 U.S.C. § 3572).

A fine is in default if a payment is delinquent for more than 90 days (18 U.S.C. § 3572).

Restitution is to be paid immediately, unless the Court orders otherwise (18 U.S.C. § 3663).

Special Assessments are to be paid immediately following sentencing.

**Note: To view the training videos, click [How to Complete a Pretrial Report](#) or [How to Complete a Probation Monthly Report](#).**

- d. Click **Save** to confirm your new password.
  - e. In the next screen, answer all the security questions.
  - f. Click **Save** when you are finished.
6. In the next screen, click **Accept** to accept the terms and conditions.
7. In the next screen, your personal information and picture display.  
Do one of the following:
- a. If this information is about you, click **Yes**.
  - b. If this information is not about you, click **No**. Your session will end.
8. In the next screen, click **I agree** to certify that you will answer the questions correctly.
9. In the next screens, answer each set of questions completely and correctly.
10. Click the buttons at the bottom of the screens to answer some of the questions and to move forward through the reporting session.
11. Look over your answers in the **Summary & Review** screen and click **Continue**.
12. Scroll down to the bottom of the **Summary & Review** screen and click **Continue**.
13. In the next screen, enter your new password and click **I agree**.
14. Click **OK** in the **Thank You** screen.

**Congratulations! You have completed your first Supervision Report by Internet.**

## COMPLETING A SUPERVISION REPORT BY INTERNET

Your USER NAME is: \_\_\_\_\_

Your PASSWORD is: \_\_\_\_\_

Your REVISED PASSWORD is: \_\_\_\_\_

You will receive an e-mail to advise of your registration. Please cross out your original password, choose new one and note it above for reference. It must be at least 8 characters, all numeric.

Be certain to have all needed and current information gathered before logging in to complete a supervision report - paystubs, bills, vehicle information, etc. The session will otherwise close due to inactivity and you'll have start the report over.

Your monthly report remains due by the 5<sup>th</sup> of each following month (e.g., your August report is due by September 5th.)

Follow these instructions to complete a supervision report by internet:

1. Go to <https://supervision.uscourts.gov>

2. Enter the user ID in the User ID field.

Note: Be sure to enter the dash (-) between the groups of numbers.

3. Enter the password given to you in the Password field.

4. Click Log In.

5. (This steps is required ONLY if you are completing a report for the first time.)  
In the next screen, create a new password.

Do the following:

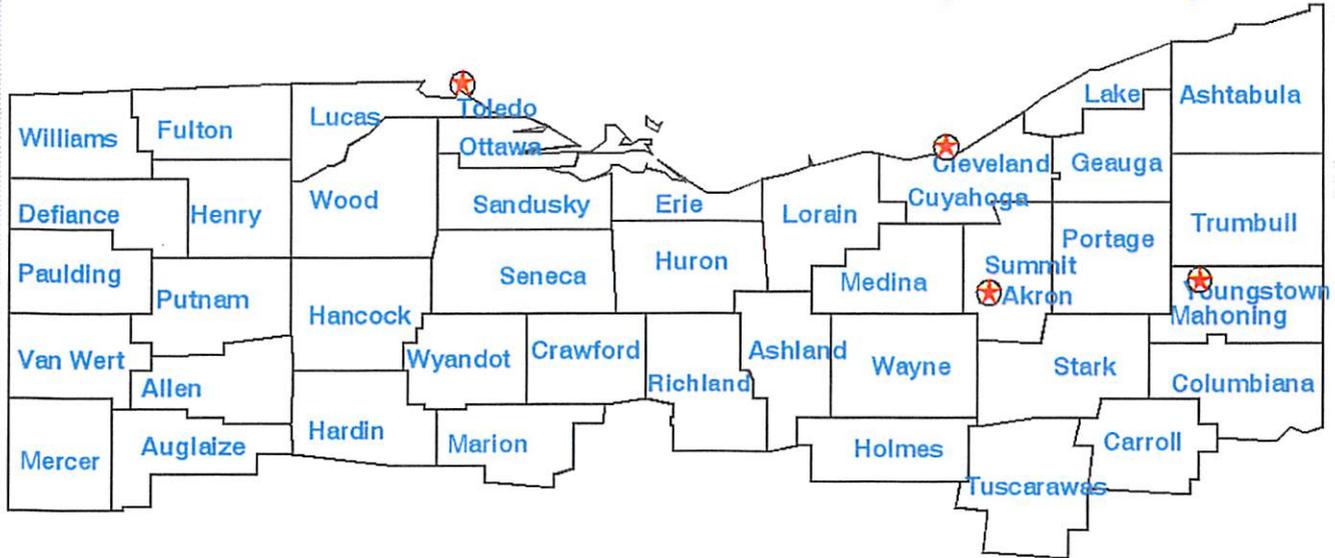
- a. Enter again the password that your officer gave you.
- b. Enter a new password.
- c. Enter your new password again.

Note your new password above. You will use it to log in and complete your future supervision reports.

Note: Do not share your password with anyone.

**U.S. PRETRIAL SERVICES & PROBATION OFFICE  
TRAVEL REGULATIONS**

## Northern District of Ohio by County



**TRAVEL REGULATIONS:** Your travel has been restricted by the Court to areas listed on your conditions of release. The U.S. Pretrial Services & Probation Office does not have the authority to approve travel outside of those limits. If you need to travel outside those limits for legitimate reasons, contact your attorney who must file the appropriate motion with the Court.

If your travel includes the Northern District of Ohio, the map above illustrates the geographical areas and boundaries of this district.

## Travel Request Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Destination: \_\_\_\_\_

Departure Date: \_\_\_\_\_

Return Date: \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_

Persons traveling with: \_\_\_\_\_

**Accommodations (will be verified):**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number (including area code): \_\_\_\_\_

**Mode of transportation:**

Vehicle:

Make and Model \_\_\_\_\_

Tag Number \_\_\_\_\_

Owner of vehicle \_\_\_\_\_

Airline

Name of Airline \_\_\_\_\_

Departure flight number and time \_\_\_\_\_

Return flight number and time \_\_\_\_\_

Other Mode of transportation (Please specify in detail)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# OFFENDER ORIENTATION MEETING

## *YOU MUST ATTEND*

You are required to attend an offender orientation meeting. Policies and procedures will be explained. We will discuss what your rights are and how you are affected by your present status on probation, parole or supervised release. You are automatically scheduled for the next session date. Offender Orientation Meeting is held from 10 a.m. to 12 p.m., in the 7<sup>th</sup> floor Auditorium. Your spouse or significant other may attend. Please bring your policy and procedures packet (folder with forms) with you.

## 2018

January 17

February 21

March 21

April 18

May 16

June 20

July 18

August 15

September 19

October 17

November 21

December 19

### CUSTOMER CONSENT AND AUTHORIZATION FOR ACCESS TO FINANCIAL RECORDS DURING SUPERVISION

I, \_\_\_\_\_, having read the explanation  
*(Name of Customer)*

of my rights which is attached to this form, and having been convicted in the United States District Court, and in accordance with 18 U.S.C. § 3603, I am required to provide complete disclosure of all assets I own or control, fully describe my financial resources to the United States probation officer for the purpose of probation or supervised release supervision ordered at sentencing, and hereby authorize the

Experian, 701 Experian Parkway, Allen, TX 75013  
*(Name and Address of Financial Institution or Credit Agency)*

to disclose the following financial records:

\_\_\_\_\_  
\_\_\_\_\_

to \_\_\_\_\_, an officer of the  
*(Name of Probation Officer Allowed Access)*

United States District Court for the \_\_\_\_\_ Northern District of Ohio  
*(Name of District Court)*

for the purpose of keeping the probation officer informed concerning compliance with any condition of supervision, including the payment of any criminal monetary penalties imposed by the court, and that this financial information may be transferred to the financial litigation unit of the United States attorney's office for the purpose of the collection of financial penalties.

I understand that this authorization may be revoked by me in writing at any time before my records, as described above, are disclosed, and that this authorization is valid from the date of my signature until my release from supervision. I understand further that my authorization cannot be required as a condition of my doing business with the above-named financial institution.

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Signature of Customer)*

\_\_\_\_\_  
*(Address of Customer)*

\_\_\_\_\_  
*(City/State/Zip Code)*

**STATEMENT OF CUSTOMER RIGHTS UNDER  
THE RIGHT TO FINANCIAL PRIVACY ACT OF 1978  
(Disclosure to Financial Institutions, But Not Credit Agencies)**

Federal law protects the privacy of your financial records. Before banks, savings and loan associations, credit unions, credit card issuers, or other financial institutions may give financial information about you to a federal agency, certain procedures must be followed.

**Consent to Financial Records**

You may be asked to consent to make your financial records available to the government. You may withhold your consent, and your consent is not required as a condition of doing business with any financial institution. If you give your consent, it can be revoked in writing at any time before your records are disclosed and, in any event, is effective for a period of not more than three months. Your financial institution must keep a record of the instances in which it discloses your financial information to the government, and this record will be available to you upon request, unless a court order restricting your right to such record has been obtained by the government.

**Without Your Consent**

Without your consent, a Federal agency that wants to see your financial records may do so ordinarily only by means of a lawful subpoena, summons, formal written request, or search warrant for that purpose.

Generally, the Federal agency must give you advance notice of its efforts to obtain your records by one of the above means, explaining why the information is being sought and telling you how to object in court to the release of your records.

**Exceptions**

If the government obtains a search warrant for your records, or if the government convinces the court that there are legitimate reasons to delay giving you notice, the Federal agency will be able to obtain your records without providing you notice beforehand.

In situations where you do not receive advance notice that the government is seeking your financial records, you will be notified once the reason for the delay of notice no longer exists.

**Transfer of Information**

Generally, a Federal agency which obtains your financial records is prohibited from transferring them to another Federal agency unless it certifies in writing that the transfer is proper as noted on the reverse side of this form and sends a notice to you that your records have been sent to another agency.

**Penalties**

If the Federal agency or financial institution violates the Right to Financial Privacy Act, you may sue for damages or to seek compliance with the law. If you win, you may be repaid your attorney's fees and costs.

## U.S. Probation Office Use Only

A U.S. probation officer has instructed me on the conditions specified by the court and has provided me with a written copy of this judgment containing these conditions. I understand additional information regarding these conditions is available at the [www.uscourts.gov](http://www.uscourts.gov).

Defendant's  
Signature

Date

### MANDATORY CONDITIONS

1. You must not commit another federal, state or local crime.
2. You must not unlawfully possess a controlled substance.
3. You must refrain from any unlawful use of a controlled substance. You must submit to one drug test within 15 days of release from imprisonment and at least two periodic drug tests thereafter, as determined by the court.
  - The above drug testing condition is suspended, based on the court's determination that you pose a low risk of future substance abuse. *(check if applicable)*
4.  You must cooperate in the collection of DNA as directed by the probation officer. *(check if applicable)*
5.  You must comply with the requirements of the Sex Offender Registration and Notification Act (42 U.S.C. § 16901, et seq.) as directed by the probation officer, the Bureau of Prisons, or any state sex offender registration agency in which you reside, work, are a student, or were convicted of a qualifying offense. *(check if applicable)*
6.  You must participate in an approved program for domestic violence. *(check if applicable)*
7.  You must make restitution in accordance with 18 U.S.C. 2248, 2259, 2264, 2327, 3663, 3663A, and 3664. *(check if applicable)*
8. You must pay the assessment imposed in accordance with 18 U.S.C. 3013.
9. If this judgment imposes a fine, you must pay in accordance with the Schedule of Payments sheet of this judgment.
10. You must notify the court of any material change in your economic circumstances that might affect your ability to pay restitution, fines, or special assessments.

You must comply with the standard conditions that have been adopted by this court as well as with any other conditions on the attached page.

## STANDARD CONDITIONS OF SUPERVISION

**As part of your supervised release, you must comply with the following standard conditions of supervision. These conditions are imposed because they establish the basic expectations for your behavior while on supervision and identify the minimum tools needed by probation officers to keep informed, report to the court about, and bring about improvements in your conduct and condition.**

1. You must report to the probation office in the federal judicial district where you are authorized to reside within 72 hours of your release from imprisonment, unless the probation officer instructs you to report to a different probation office or within a different time frame.
2. After initially reporting to the probation office, you will receive instructions from the court or the probation officer about how and when you must report to the probation officer, and you must report to the probation officer as instructed.
3. You must not knowingly leave the federal judicial district where you are authorized to reside without first getting permission from the court or the probation officer.
4. You must answer truthfully the questions asked by your probation officer.
5. You must live at a place approved by the probation officer. If you plan to change where you live or anything about your living arrangements (such as the people you live with), you must notify the probation officer at least 10 days before the change. If notifying the probation officer in advance is not possible due to unanticipated circumstances, you must notify the probation officer within 72 hours of becoming aware of a change or expected change.
6. You must allow the probation officer to visit you at any time at your home or elsewhere, and you must permit the probation officer to take any items prohibited by the conditions of your supervision that he or she observes in plain view.
7. You must work full time (at least 30 hours per week) at a lawful type of employment, unless the probation officer excuses you from doing so. If you do not have full-time employment you must try to find full-time employment, unless the probation officer excuses you from doing so. If you plan to change where you work or anything about your work (such as your position or your job responsibilities), you must notify the probation officer at least 10 days before the change. If notifying the probation officer at least 10 days in advance is not possible due to unanticipated circumstances, you must notify the probation officer within 72 hours of becoming aware of a change or expected change.
8. You must not communicate or interact with someone you know is engaged in criminal activity. If you know someone has been convicted of a felony, you must not knowingly communicate or interact with that person without first getting the permission of the probation officer.
9. If you are arrested or questioned by a law enforcement officer, you must notify the probation officer within 72 hours.
10. You must not own, possess, or have access to a firearm, ammunition, destructive device, or dangerous weapon (i.e., anything that was designed, or was modified for, the specific purpose of causing bodily injury or death to another person such as nunchakus or tasers).
11. You must not act or make any agreement with a law enforcement agency to act as a confidential human source or informant without first getting the permission of the court.
12. If the probation officer determines that you pose a risk to another person (including an organization), the probation officer may require you to notify the person about the risk and you must comply with that instruction. The probation officer may contact the person and confirm that you have notified the person about the risk.
13. You must follow the instructions of the probation officer related to the conditions of supervision.

Employed  Yes  No Date \_\_\_\_\_ Salary \_\_\_\_\_ Freq \_\_\_\_\_ Hrs/Wk \_\_\_\_\_  
 Status  Full time  Part time  Temp Occupation \_\_\_\_\_  
 Title \_\_\_\_\_ Reason/Leave \_\_\_\_\_  
 Special Skill \_\_\_\_\_ Return to Job \_\_\_\_\_

**Name, Address, Phone Numbers of Employer**

\_\_\_\_\_ Contact Name \_\_\_\_\_  
 \_\_\_\_\_ Title \_\_\_\_\_  
 \_\_\_\_\_ Phone \_\_\_\_\_  
 \_\_\_\_\_ Fax \_\_\_\_\_  
 Employer Aware  Yes  No E-Mail \_\_\_\_\_  
 Contact  Yes  No

**Name, Address, Phone Number of Collateral Contact (ASIDE FROM PERSON RESIDING WITH)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Comments**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Photo taken for file, if file photo is not recent (within one year).
- Reviewed Orientation Packet which includes policy and procedures on travel, monthly supervision reports, payment procedures and zero tolerance. Advised offender that the assigned officer will review and explain all instructions in greater detail.
- Advised offender that the assigned officer will be in contact within one week.
- Scheduled the offender for the next scheduled Offender Orientation.  
 Time \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
 USPO/Duty Officer Name

## Initial Chronological Record

**The following IS REQUIRED to be filled out completely and accurately.**

**Client Name:** \_\_\_\_\_ **PACTS #** \_\_\_\_\_

HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR	PLACE OF BIRTH/CITIZEN	EDUCATION
DNA #	Military <input type="checkbox"/> YES <input type="checkbox"/> NO	TATTOOS/SCARS	ANYONE RESIDING WITH YOU WITH FELONY? <input type="checkbox"/> NO <input type="checkbox"/> YES WHO? _____		PCRA FORM <input type="checkbox"/> YES <input type="checkbox"/> NO

DATE	DESCRIPTION
_____	<input type="checkbox"/> Subject reported to the office subsequent to being placed on probation. Conditions of supervision were read and explained.
_____	<input type="checkbox"/> Subject submitted signed Notice of Release and Arrival. He/She was released from _____ on _____.

**THE FOLLOWING SPECIAL CONDITIONS WERE ORDERED:**

<input type="checkbox"/> LMP (Length _____) <input type="checkbox"/> Drug/Alcohol Aftercare _____ <input type="checkbox"/> Mandatory UA Taken* _____ <input type="checkbox"/> Other _____ <i>* If not completed explain in comments as to reasoning.</i>	<input type="checkbox"/> Mental Health Aftercare _____ <input type="checkbox"/> Special Assessment <input type="checkbox"/> Paid \$ _____ <input type="checkbox"/> Community Service # Hours _____ <input type="checkbox"/> Restitution \$ _____ <input type="checkbox"/> Fine \$ _____ <input type="checkbox"/> BOP Custody for _____ Months. <small>Arrangements to be made by Community Corrections Manager, BOP.</small>
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Residence _____	Name on Lease _____
_____	Monthly Payment _____
_____	Name on Utilities _____
CITY _____ STATE _____	Other _____
Zip *(REQUIRED) _____ County _____	Phone _____
Address Type <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other _____	Cell _____
From/To Date _____	E-mail _____
Resides With _____	Fax _____
Occupants Names _____	Other _____

HAZARDS _____	DIRECTIONS _____
_____	_____
_____	_____