

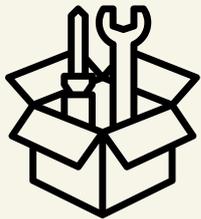


A Detailed Map of the Criminal Legal System



B Sample Forms

- Referral Form**
- Intake Questionnaire/SSA Interview Form**
- Case contact log sheet**



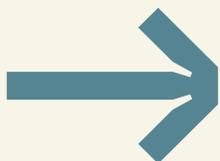
C Sample Mitigation Work Product Documents and Resources

- Witness List**
- Records Log**
- Records Digest**
- Chronology**
- Sample Mitigation Reports**
- Sample List of Records to Gather**
- Life History Checklist**
- Topics for Developing Social History**
- Life Story Outline for Clients**
- Do's and Don't's - Record Collection & Interviews**
- Character Reference Letter Guide**



D Sample Record Releases

- General HIPAA Compliant Release**
- Health Information Release**



APPENDICES

APPENDIX A

Detailed Map of the Criminal Legal System

Map of a Case in the Criminal Legal System

Pretrial

Preliminary Arraignment: following arrest, a hearing before a low-level judge where clients are informed of their charges and bail is set. In some instances an attorney is appointed.

Preliminary Hearing: a hearing before a low-level judge where the prosecution must show it is more likely than not that the client committed every legal element of the charge filed. If not, the charge should be dismissed.

Formal Arraignment: whatever charges are held for court at a preliminary hearing move forward to trial in the court of common pleas. At this hearing, those charges are filed with the court. Discovery may be passed. A plea offer may be made.

Pretrial Motions: there are many types of motions lawyers may file before trial, including those to:
seek more discovery, dismiss a case for untimely prosecution, suppress evidence, or to limit what is talked about during the trial (motions in limine).

Resolving the Case

Bench or Jury Trials: a trial in front of a judge without a jury to determine guilt or innocence is bench trial. In a criminal Jury Trial, 12 citizens from the county (+ alternates) decide guilt or innocence. To convict or to acquit, all 12 must agree. If all 12 do not agree on the verdict, it is a hung jury, and the case may be reprosecuted.

Open or Negotiated Guilty Pleas: in a negotiated plea the prosecution and defense agree the client will admit guilt to certain charges for a proposed sentence. In an open plea there is no agreement as to the sentence, which is left wholly up to the judge.

Post Trial

Sentencing: following guilty plea or trial, a judge determines whether a person is sentenced to probation, county jail, state prison, and potential parole supervision following a jail or prison sentence.

Post-Sentence Motions & Appeals: there are a variety of ways to claim that an error was made by the courts during prosecution or at trial. These challenges may be litigated in either a post-sentence motion before the judge that presided over the trial or plea; or in an appeal to the PA Superior Court.

Violations of Probation/Parole Hearings: if a client is on probation or parole and is alleged to not follow the rules for supervision, they are brought before the sentencing judge to determine whether they violated their sentence and, if so, what the penalty should be for doing so.

Map of a Case in the Criminal Legal System

Diversion

A client's case is considered diverted when the case enters a program designed to reduce or remove criminal consequences. The most effective diversion wipes away a conviction entirely. SSAs aid diversion either by putting together mitigation information or connecting clients to services.

Diversion can happen at many points as a case moves through the system, depending on the opportunities available and the will of the prosecutor to divert cases in each county. Examples of diversion include:

- **ARD (accelerated rehabilitation disposition):** ARD is for adult clients, and most frequently reserved for first-time arrests of nonviolent misdemeanor arrests. District Attorneys control whether clients are accepted into ARD.
- **Section 17:** Section 17 of PA's Controlled Substance Act provides for probation without verdict for an adult arrested for a first-time, nonviolent arrest, if they can show addiction. Probation without verdict allows a judge to order probation, with or without drug treatment, without an actual conviction. If a client successfully completes section 17 probation, the client's case is discharged without any finding of guilt or record of conviction (See subsection 3). It is up to the judge, not the prosecutor whether someone is eligible for Section 17 probation.
- **Deferred Adjudication/Consent Decree:** both of these are diversion options for juveniles only. Consent decrees function like ARD does for adults. Upon a finding of guilt following a juvenile trial, a judge can defer adjudication pursuant to 237 Pa. Code Rule 409 and permit probation services without adjudicating a juvenile delinquent. If the juvenile successfully completes the requirements of probation, the case is discharged without becoming a final conviction.
- **Treatment Courts & Specialty Courts:** there are a variety of drug treatment courts and court programs that provide services for specific types of clients (veterans, those with a history of prostitution arrests, those with mental health issues). In some specialty courts, successful completion of the court program will remove a conviction or reduce a prison sentence. Failure to complete these court programs can, in some instances, result in long state prison sentences. Check with the lawyers in the office about whether these options do provide more risk than benefit to clients.

APPENDIX B

Referral Form

Case contact log sheet

Intake Questionnaire/SSA Interview Form

Thanks to Chester County Client Assistance Coordinator Katie Wagner for sharing her office's forms for Appendix B.

Case Contact Log

CLIENT NAME _____

<i>Date</i>	<i>Contact Person</i>	<i>Telephone #</i>	<i>Relationship to Client</i>

Notes:

<i>Date</i>	<i>Contact Person</i>	<i>Telephone #</i>	<i>Agency or Relationship</i>

Notes:

<i>Date</i>	<i>Contact Person</i>	<i>Telephone #</i>	<i>Agency or Relationship</i>

Notes:

<i>Date</i>	<i>Contact Person</i>	<i>Telephone #</i>	<i>Agency or Relationship</i>

Notes:

<i>Date</i>	<i>Contact Person</i>	<i>Telephone #</i>	<i>Agency or Relationship</i>

Notes:

<i>Date</i>	<i>Contact Person</i>	<i>Telephone #</i>	<i>Agency or Relationship</i>

Notes:

--

SOCIAL SERVICE ADVOCATE INTERVIEW FORM

Name: _____ **Age:** ____ **D.O.B:** _____ **Gender Identity:**

Address: _____

Contact Information: _____

LOCATION:

Home: ____ County/State Prison ____ Shelter : ____ Transient/Homeless: ____

FAMILY/SUPPORT SYSTEM:

Does the client have a support system: Yes ____ No ____ Limited/Minimal ____

Name(s) and relationship(s) to client:

Contact information:

EDUCATION:

Did client graduate from high school: Yes ____ No ____

Highest grade completed: _____

Higher education (name of school and type of degree earned/pursued):

Vocational/Tech training/certificates: _____

EMPLOYMENT:

Currently Employed: Yes ____ No ____

Employer: _____

Address/Location: _____ Contact Information: _____

Job Description: _____ Dates: _____

Past Employment: Yes ____ No ____

Employer: _____

Address/Location: _____ Contact Information: _____

Job Description: _____ Dates: _____

MEDICAL HISTORY

Medical condition(s):

Health Insurance: Type: _____ None ____

Current Medications: Yes ____ No ____

Name(s)/Type(s):

Recent/Past Medical Hospitalizations:

	<u>Hospital Name</u>	<u>Date(s)</u>	<u>Presenting Problem</u>
1.			
2.			
3.			
4.			

MENTAL HEALTH HISTORY

Mental Health Diagnosis:
 Current Psychotropic Medications:
 Past Psychotropic Medications:

MENTAL HEALTH HISTORY (cont.)

Past/Present Suicidal Ideation: Yes ____ No ____
 Explain:

Past/Present Suicide Attempts: Yes ____ No ____
 Explain:

Inpatient Mental Health Hospitalizations:

	<u>Hospital Name</u>	<u>Date(s)</u>	<u>Reason</u>
1.			
2.			
3.			
4.			

Out Patient Mental Health Treatment:

	<u>Program Name</u>	<u>Date(s)</u>	<u>Reason</u>
1.			
2.			
3.			
4.			

SUBSTANCE ABUSE HISTORY

Primary Substance:
 Secondary Substance(s):
 Longest period of sobriety:
 Reason for relapse:

Inpatient Substance Abuse Treatment:

Hospital Name

Date(s)

Reason

1. _____
2. _____
3. _____
4. _____

Outpatient Substance Abuse Treatment:

Program Name

Date(s)

Reason

1. _____
2. _____
3. _____
4. _____

CRIMINALITY HISTORY

Current charges and/or type of case:

Prior incarcerations:

Total (lifetime) incarceration time:

Probation/Parole Officer (if applicable): _____ Phone:

Form completed by:

Date:

APPENDIX C

Sample Mitigation Work Product Documents and Resources

Witness List

Records Log

Records Digest

Chronology

Sample List of Records to Gather

Life History Checklist

Topics for Developing Social History

Life Story Outline for Clients

Do's and Don't's - Record Collection & Interviews

Character Reference Letter Guide

SAMPLE LIST OF INSTITUTIONAL RECORDS TO GATHER

Please note that this is a California created resource and some items mentioned will not be specific to PA.

RECORD	RELEASE	WHERE / HOW TO GET THEM	RECORDS TO ASK FOR & CONTENT
Adoption	Yes (may need subpoena and/or court order)	<ul style="list-style-type: none"> ▪ County Adoption Agencies ▪ Department of Social Services ▪ Private Adoption Agencies ▪ Court files from court in which the adoption occurred <p>NOTE: Requests should be made to the California Department of Social Services, in addition to the specific Adoptions Branch or the licensed public or private adoption agency that handled the adoption. The laws governing disclosure are the same for both, but you may get more from one.</p>	
Ambulance / Paramedic	Yes	<ul style="list-style-type: none"> ▪ Contact public and private companies 	
Autopsy Reports/ Coroner		<ul style="list-style-type: none"> ▪ Available from the County the report was generated in, usually only need to provide proof of death 	Autopsy report Coroner's final investigation report Photographs Raw notes & data
Burial / Cremation	No	<ul style="list-style-type: none"> ▪ Cemetery & Funeral Homes 	Funeral cards often have names of family member Look at headstone for info and at surrounding stones for family members
Census Records	Public after 72 years	<ul style="list-style-type: none"> ▪ Ancestry.com ▪ National Archives and Records Administration ▪ Available at many University Libraries & main branches of public libraries, and historical societies ▪ Abstracts for 1790-1960 available on-line http://fisher.lib.virginia.edu/census/index.html 	Records contain family address, immigration status, employment status, languages spoken, ethnicity, names and ages of all members in the household.
Court Files	No	<ul style="list-style-type: none"> ▪ County Superior and Municipal Courts (may be merged) – there are usually multiple branches within each county ▪ Appellate Courts 	County Court Files: <ul style="list-style-type: none"> ▪ Civil ▪ Criminal (felonies and misdemeanors) ▪ Traffic

RECORD	RELEASE	WHERE / HOW TO GET THEM	RECORDS TO ASK FOR & CONTENT
		<ul style="list-style-type: none"> United States District Courts <p>NOTE: Archived USDC CA court files are stored at the San Bruno NARA office. You must court search, get a file, location & accession number for each case file, and then make an appointment at NARA to view the cases. [www.nara.gov/regional/sanfranc.html]</p>	<ul style="list-style-type: none"> Probate Small Claims Family Law Unlawful Detainers, Temporary Restraining Orders (TRO's) Domestic Relations Mental Health <p>United States District Court (USDC) Files:</p> <ul style="list-style-type: none"> Bankruptcy Records Civil Suits (including civil rights claims by inmates against jail guards, class action suits, cases re. police brutality, etc.) Criminal cases (including federal crimes like bank robbery & drug trafficking)
Criminal History Reports		Differs by state (check www.publicrecordsources.com Check their home page for login information)	Many states offer criminal background searches on individuals for a fee
Driver's Records	Usually not	Try the Department of Motor Vehicles office in the state you need and explain you need the information for legal purposes. California DMV records are confidential, but most other states' are not.	<p>Photograph</p> <p>Identifying information</p> <p>Driving history (arrests and moving violations)</p> <p>Vehicle Licensing Information</p> <p>Application (In California it's called a DL-44)</p>
Employment	Yes	<ul style="list-style-type: none"> Get list of employers from the Social Security Administration's Detailed Earning Report (DEQYs) - see social security records. Request from each employer 	May contain income, work accidents, performance evaluations, attendance, initial application, insurance information, and lists of home addresses and dependants.
Fire Department Records		Contact the local Fire Department.	They are often the first ones to respond to 911 calls and may have records that have absolutely nothing to do with fires.
Immigration -- INS Records		<ul style="list-style-type: none"> Immigration & Naturalization Records: http://www.archives.gov/research/guide-fed-records/groups/085.html 	

RECORD	RELEASE	WHERE / HOW TO GET THEM	RECORDS TO ASK FOR & CONTENT
		<ul style="list-style-type: none"> ▪ Check Ancestry.com, NARA, historical societies, and libraries for immigration records 	
Jail Records	Yes	Call or go to the Jail—each one is different. Many have off-site archives.	Medical, psychiatric, transportation logs, visiting (attorney and general) logs, booking files, and general custody records may have to be separately requested.
Juvenile Criminal Records	Yes	<ul style="list-style-type: none"> ▪ California Youth Authority (CYA) ▪ California Archives http://findaid.oac.cdlib.org/findaid/ark:/13030/tf1j49n4h9 ▪ Juvenile Court Records (Usually requires a court order) ▪ Juvenile Court Camps & Schools - County agencies that are separate from CYA 	<p>CYA Educational Records are maintained separately. Send request to:</p> <p>Department of the Youth Authority Education Services Branch 4142 Williamsborough Drive Sacramento, CA 95823-2088 Telephone: 916-262-1500 Fax: 916-262-1510</p> <p>GED Records - State GED Office California Department of Education P.O. Box 710273 Sacramento, CA 94244-0273 Telephone: 916-327-0037</p> <p>NOTE: Search for a local Youth Law Center that can serve as a resource; they often track the various services and agencies that are serving young people in the community</p>
Law Enforcement Records	Yes, sometimes it must be Notarized	<ul style="list-style-type: none"> ▪ Police ▪ FBI ▪ Border Patrol/INS ▪ Sheriff ▪ Highway Patrol 	

RECORD	RELEASE	WHERE / HOW TO GET THEM	RECORDS TO ASK FOR & CONTENT
		<ul style="list-style-type: none"> ▪ State Department ▪ US Marshalls 	
Medical Records	Yes (and it must be HIPAA compliant)	<ul style="list-style-type: none"> ▪ Hospitals (Sweep entire city) <ul style="list-style-type: none"> - www.ahd.com (American Hospital Directory) ▪ Private Doctors <ul style="list-style-type: none"> - American Medical Association on-line search www.ama-assn.org/aps/amahg.htm - Doc Finder – links to many state licensing agencies http://www.docboard.org/docfinder.html ▪ Dental ▪ VAMC (Veterans Administration Medical Center) <ul style="list-style-type: none"> - Veterans Health Administration Facilities Directory: www.va.gov 	<ul style="list-style-type: none"> ▪ Prenatal (get doctor's name from birth certificate) ▪ Birth Records (get doctor's name from birth certificate) ▪ Clinics (Research city & county public clinics) ▪ Emergency Room Records (often kept separate from other records) ▪ Drug & Alcohol Abuse Treatment / Recovery Program Records ▪ Mental Health Records (often have to be specifically requested, even when getting other records from the same hospital/clinic) ▪ Involuntary Commitments (5150's) – need to be specifically requested
Military Records		<ul style="list-style-type: none"> ▪ National Personnel Records Center 9700 Page Blvd. St. Louis, MO 63132 ▪ VA Claims Folders – contact regional storage facility & have folder sent to local VA Office ▪ National Archives and Records Administration ▪ Separation papers – public information available in County Recorder's Offices; gives all the information necessary to request records above <p>NOTE: A fire in 1973 destroyed many records compiled before 1960, but a Records Reconstruction Unit will assemble whatever records are available.</p>	<ul style="list-style-type: none"> ▪ National Personnel Record Center (archived Personnel and Medical records) ▪ Civilian Personnel Records (for dependents of military personnel) ▪ Medical Records - VAMC (for Veterans - see listing under medical records)
Newspapers & Periodicals	No	<ul style="list-style-type: none"> ▪ Newspaper clipping services ▪ College & University Libraries (can often search their holdings on-line) 	Ask librarians and archivists for indexes; most old newspapers were not indexed, although many historical societies have gone back and created their

RECORD	RELEASE	WHERE / HOW TO GET THEM	RECORDS TO ASK FOR & CONTENT
		<ul style="list-style-type: none"> ▪ Main Public Libraries ▪ Historical Societies ▪ Newspapers often keep their own archives 	own indexes.
Passport Records	Yes	<ul style="list-style-type: none"> ▪ Research & Liaison Branch 1111 19th Street NW, Suite 200 Washington, DC 20524 	Passport records & application
Prison Records	Yes	<ul style="list-style-type: none"> ▪ Contact individual prison & the state's Department of Corrections. In California the prison retains the records. <ul style="list-style-type: none"> - CDC Inmate Locator: (916) 445-6713 - Inmate Locators for other states: www.corrections.com/links/state.html - Federal Bureau of Prisons, Inmate Information: http://www.bop.gov/iloc2/LocateInmate.jsp ▪ Files from prior incarcerations (under different CDC numbers) are maintained at the CDC archives in Vacaville ▪ Inmates on Parole: files are kept at the CDC's Parole & Community Services regional office ▪ State Departments of Correction (phone numbers for all states): http://www.bmom.net/prison.htm ▪ National Archives and Records Administration has old inmate case files from all over the country (the San Bruno location has Alcatraz & Hawaii prison records) 	<p>Make separate requests for:</p> <ul style="list-style-type: none"> ▪ Central File (C-File) ▪ Education Records ▪ Medical File ▪ Psychiatric File <p>Be sure to ask if the inmate has had any retired CDC inmate numbers and get all of those records as well. The CDC Inmate Locator can usually tell you the county the inmate was convicted out of and the case number, which makes it far easier to find their records.</p>
Psychiatric/Psychological/Mental health Records	Yes (and it must be HIPAA compliant)	<ul style="list-style-type: none"> ▪ Make sure to include in your hospital sweep request letters that you want any and all mental health/psychiatric/psychological records and testing results. ▪ Make specific requests to individual facilities 	
Probation	Yes	<ul style="list-style-type: none"> ▪ County Probation Department 	

RECORD	RELEASE	WHERE / HOW TO GET THEM	RECORDS TO ASK FOR & CONTENT
Records			
Professional License Searches	No	<ul style="list-style-type: none"> ▪ Bureau of Behavioral Science Examiners – Locate psychologists, licensed clinical social workers & marriage, family and child counselors ▪ BMQA (Board of Medical Quality Assurance)- Locate physicians and psychiatrists ▪ California Consumer Affairs & Licensing: http://www2.dca.ca.gov 	<p>Examples:</p> <ul style="list-style-type: none"> ▪ Gun Permits ▪ Private Investigator Licenses ▪ Auto Repair Dealers ▪ Doctors ▪ Pharmacists ▪ Security Guards <p>Inquire about complaints, license status, and education background.</p>
Property Records	No	<ul style="list-style-type: none"> ▪ County Assessor, Clerk or Records Office (usually in the same building as the court) 	<p>You can trace land ownership records to determine family's economic standing, relationships, property value, etc.</p>
School Records	Yes	<ul style="list-style-type: none"> ▪ Contact each school American School Directory www.asd.com ▪ Contact every School District (same web site as above) ▪ Also check with the Historical Society, local history museums, the Main Public Library and the Clerk/Recorder's Office. 	<ul style="list-style-type: none"> ▪ Transcripts, attendance, standardized testing, teacher's notes ▪ Psychological testing ▪ Counseling ▪ Medical Records ▪ Special Education / Learning Disability records ▪ Adult Education / GED ▪ School census records ▪ Student Attendance Review Boards (differs by district) <p>NOTE: Ask specifically about family and home information sections—they may be considered confidential and not be included among the records you receive! For example, Los Angeles Unified School District records have a Section 17 entitled "Significant Information" that contains home information and is not sent unless you specifically request it in your letter.</p>

RECORD	RELEASE	WHERE / HOW TO GET THEM	RECORDS TO ASK FOR & CONTENT
Snitch Records		<ul style="list-style-type: none"> ▪ Los Angeles County District Attorneys Office has a computerized system to track witnesses in felony cases - JILIT/HABLIT/PIMS (Prosecution Information Management System) ▪ Check other counties for similar information. 	
Social Security Records	Yes	<ul style="list-style-type: none"> ▪ All requests should be sent directly to your local SSA office. They will then forward our requests to the necessary departments. If they are unfamiliar with these requests, you may need to make relationships with the staff and supervisors. ▪ SF Requests should be addressed to: Lillian Faga (<i>contact may be out of date</i>) 939 Market St., 3rd Floor San Francisco, CA 94103 ▪ A number of offices have allowed us to make copies of the case files using their machines, but ask us to provide the paper 	<ul style="list-style-type: none"> ▪ SEQY – Yearly income (requires a special SSA release, Form-SSA-7050) ▪ DEQY (Detailed Earnings Query) – lists all legal employers and income (requires a special SSA release, Form-SSA-7050) ▪ Case Files (Disability Records, SSI) – can be a wonderful source of information, often including school & medical records on several family members ▪ Application for a Social Security Number – can be requested on all deceased persons; lists parents, date of birth, address and employer. https://secure.ssa.gov/apps9/eFOIA-FEWeb/internet/main.jsp
Social Service Agencies	Yes	<ul style="list-style-type: none"> ▪ Public – get from county Department of Social Services ▪ Private – contact each agency ▪ Child Protective Service Records in California may require Declaration in Support of Access to Juvenile Records (WIC § 827/828) 	<p>Sample public agencies:</p> <ul style="list-style-type: none"> ▪ AFDC / Welfare ▪ Foster Homes ▪ Intervention ▪ Child Protective Services ▪ Head Start ▪ Meals on Wheels <p>Sample private agencies:</p> <ul style="list-style-type: none"> ▪ Catholic Social Services ▪ Salvation Army ▪ Big Brothers ▪ Boys Club ▪ Juvenile Shelters (private)

RECORD	RELEASE	WHERE / HOW TO GET THEM	RECORDS TO ASK FOR & CONTENT
Vital Records		<ul style="list-style-type: none"> ▪ Get vitals from the state vital registry or county clerk/recorder ▪ Check for on-line resources through the state's vital record web site and library sites, as some states have indices. <ul style="list-style-type: none"> - http://vitalchek.com/listphone.asp - http://www.ancestry.com - http://www.vitalsearch-ca.com (For CA) <p>NOTE: In most states these are public records, but not in all. For states where they are not public records you can usually speak with a supervisor and explain why you need the records and then get access. Also check libraries, historical societies, etc.</p>	<ul style="list-style-type: none"> ▪ Birth Certificates ▪ Death Certificates (will list funeral director & tell you if an autopsy was performed) ▪ Marriage Certificates ▪ Marriage Applications (they often include valuable information of the witnesses) <p>NOTE: Many states have <u>confidential sections</u> on their vitals that you should ask for.</p>
Voter Registration Records		<ul style="list-style-type: none"> ▪ County departments 	<p>Has full name, last known address and party affiliation.</p> <p>NOTE: You may be able to pull the precinct voter lists from past elections and see whether an individual has voted and their signature on the voting rolls.</p>
Weather Reports		<ul style="list-style-type: none"> ▪ On-line sources (http://www.weatherunderground.com/) 	<p>Reports of weather conditions on days of crime.</p>
Workers Compensation Records		<ul style="list-style-type: none"> ▪ Obtain from the local Workers Compensation Board 	<p>Should include medical records.</p>

General Resource / Research Agencies

Genealogical Archives

- On-line Resources: www.ancestry.com/search/ - everything you could possibly think of and more including: vital & church records, military records, census records, and the social security death index.

- Cyndi's List of Genealogical Sites on the Internet: <http://www.cyndislist.com/> - Comprehensive links for a broad range of genealogical topics, including international searches, military history, and culturally-specific resources.
- Mormon Church - on-line & local centers
- Local Libraries & Universities – see below
- National Archives and Records Administration – see below

Historical Societies & Libraries

- Main Public Libraries – Often have local history rooms with old yearbooks, phone books, newspaper clippings, photographs & genealogical materials.
- California State Libraries: searchable on-line catalog (www.library.ca.gov) - They have everything you could ever think of and so much more! (i.e. Grand Jury Reports, government publications, etc.)
- Sutro Library in San Francisco – specializes in out-of-state resources
- University Libraries – loads of resources including newspapers & magazines, genealogical indices, dissertations, and government publications
- Local Libraries – often have local history rooms with newspapers, genealogical resources, yearbooks, photographs, phonebooks & very helpful librarians
- Historical Societies – variety of resources including genealogical material, local government reports, newspaper clippings, old maps, photos, etc.
- California Archives - <http://www.ss.ca.gov/archives/archives.htm> or <http://findaid.oac.cdlib.org/>

National Archives & Records Administration (www.nara.gov)

- Archived USDC case files (see court files)
- Naturalization records
- Prison records
- Native American records (on microfilm)
- African American Records (on microfilm)
- Federal Land Records
- US Census Records & Mortality Schedules
- Military Service Records (Revolutionary War; Post-Revolution, 1784-1811; War of 1812; Indian Wars; Mexican War; Civil War (Union & Confederate); US Regular Army; Misc. Pension & Burial Records (widow applications, etc.)

LIFE HISTORY CHECKLIST

Clients Name:

Clients' Mother:

Clients' Father:

Siblings (if any) :

I. Birth Records

A. Where to Look

1. Birth Certificate (Department of Vital Statistics)
2. Hospital/clinic records of birth
3. Physician/clinic records of pregnancy
4. The family Bible
5. The family photograph album
6. Local newspaper announcements
7. Welfare Department (for AFDC)
8. Social security files.

B. What to Look For

1. Different parents
 - 1a. Was the defendant adopted?
 - 1b. Low birth weights
 - 1c. Place and date of birth

1d. Parents and siblings

1e. Social security numbers of parents and the name of the family doctor.

Mom:

Dad:

II. Pre-Natal, Birth, Post-Partum Medical Records:

A. Where to Look

1.1) .Physician at the time of birth

1(2). Midwife

1(3). Hospital records of the birth and post-partem.

1a. Try to locate the mother's notarized release for all of the medical records. (Do not limit the inquiry just to birth records as subsequent inquiries into the defendant's mental health may be necessary.

B. What to Look For:

1(1). Edema

1(2). Anemia

1(3). Weight loss/gain

1(4). Any medicine during pregnancy and childbirth

1(5). Any illness during pregnancy

1(6). Length of labor

1(7). Use of forceps

1(8). Birth weight

1(9). Alcohol and drug use by the
defendant's parents

1(10). Any stress that would have
interfered with oxygen, menstrual flow to
the mother

1(11). The age of the mother at birth

1(12). Medical complications

1(13). Diseases at infancy

III. Early Childhood

A. Where to Look

(1). All hospital records of emergency
room visits or abnormal childhood diseases

(2). Social service records,

(3). Including SSI and AFDC.

B. What to Look For:

(1). Physical trauma especially head
injuries or anything that would cause
hypoxia

(2). Abuse or neglect complaints

(3). Medical treatment for fever or abnormal illnesses

(4). Weight gain or loss

(5). Inoculation or lack there of

(6). Growth charts.

IV. Siblings

A. Where to Look

(1). Criminal justice records!

(2). Biographical information

(3). Medical and social service records for any sibling with mental! emotional or legal problems.

B. What to Look For:

(1). Family history of mental! emotional and physical problems.

V. Immediate and Extended Family

A. Where to Look

(1). Birth/death certificates of any family member sharing home or with a history of emotional or physical problems

(2). Check mental institutionalization records (If applicable)

(3). Military records

(4). Social service records

B. What to Look For:

(1). Family history of mental illness

(2). Emotional problems

(3). Drug or alcohol dependency

VI. School Records

A. Where to Look

(1). Elementary, secondary, post-high school records

(2). Contact teachers, counselors, or school administrators who may remember the defendant or the defendant's family

(3). Retired teachers and those that have moved to other districts can be located through the personnel office of the local school board and through the teacher's union.

(4). School records from juvenile facilities

(5). Referrals for psychological testing

(6). School yearbooks.

B. What to Look For

(1). **Attendance**

(2). Teachers observations and notes of the defendant's educational development

(3). Standardized test scores

(4). IQ tests

(5). School nurse entries any of this relevant information should also be located for the defendant's siblings.

VII. Juvenile Records

A. Where to Look

(1). For client and siblings from shelters

(2). Juvenile homes

(3). Juvenile detention centers

(4). Lawsuits and investigations against any of the facilities.

B. What to Look for

(1). Psychological testing

(2). Suicide attempts

(3). Reports of child abuse

(4). Medical records

(5). School records

(6). Job assignments

(7). Names of counselor and teachers

(8). Housing assignments

(9). Disciplinary reports.

VIII. Military Records

A. Where to Look

(1). All military records including those deemed confidential

B. What to Look For

(1). Substance abuse

(2). IQ scores

(3). Educational and vocational test results

(4). Literacy tests

(5). Referral for psychological counseling and testing

(6). Injuries

(7). Awards

(8). Disciplinary reports

(9). Station (to find those who knew him during service.)

IX. Employment Records

A. Where to Look

- (1). Pay sheets
- (2). Job assignments
- (3). Personnel reports
- (4). Medical leave
- (5). Referrals for counseling
- (6). Reports of the employer from other sources
- (7). Harvest of Shame, for migrant workers.
- (8). Description of employers services
- (9). Workmenrs compensation/unemployment benefits.

B. What to Look For

- (1). Use of organic solvents at the work place
- (2). Exposure to toxic fumes or toxic agents -- To develop a causal relation to employment and brain damage

X. psychiatric Records

- A. For both the defendant and family members
- B. Medical records
- C. Previous testing done in other criminal investigations
- D. Testing done at a juvenile facility or in the military
- E. Medication charts
- F. Evidence of electroshock therapy
- G. Behavior modification programs
- H. Experimentation projects done in any facilities in which the defendant spent some time.

XI. Social Service Records

A. Where to Look

- (1). Welfare
- (2). AFDC
- (3). Job training
- (4). SSI
- (5). Mental health counseling for the defendant and family
- (6). Beneficiary-guardian proceedings
- (7). Confidential reports about abuse and neglect.

B. What to Look For

1. Dysfunctional family
2. Substance abuse
3. Mental health notes
4. Economic status
5. Social worker's notes
6. Referrals for testing

XII. Criminal Record

A. Complete file on any prior crimes

1. Court records
2. Transcripts
3. Public defender's or the prosecution's investigations
4. Autopsy of the victim if a prior crime is involved
5. Death of the victim
6. Probation and parole reports.

B. What to Look For

1. Determination of incompetency

2. Referral for psychiatric evaluation

3. Grounds to challenge validity and reliability of the prior offense.

(a). Was he not counseled

(b). Change in the law

(c). Lack of violence in the crime

(d). Law enforcement notes on the defendant's mental state.

XIII. Prison or Jail Records

A. Where to Look

- 1.- From all prior incarcerations
2. Including pre-trial on priors and weekly review of current jail records
3. Medical and medication charts
4. Disciplinary reports
5. Cell assignments
6. Visiting logs
7. Psychological tests
8. Educational tests
9. Job assignments

10. Lawsuits and investigation on prison conditions where the defendant was held.

B. What to Look For

1. Antipsychotic medication
2. Intelligence or vocational test scores
3. Potential for rehabilitation
4. Parole
5. Acts of heroism
6. Guards notes about the defendant's mental state during incarceration.

XIV. FBI/DEA Records

A. Use a Freedom of Information Act request to get documents concerning prior offenses.

B. Look for:

1. Grounds to challenge priors
2. Mental state
3. Drug abuse

4. Investigator's notes

XV. Previous and Current Co-defendants

A. Where to Look

1. Locate as many criminal justice records as obtainable
2. Life history
3. Nicknames
4. Reputation in the community

B. What to Look For

1. Domination
2. Propensity for violence
3. Higher intelligence
4. Psychological reports
5. Lengthier record

XVI. AN OVERVIEW -- IN AN INTERVIEW

A. What to ask for

1. Friends
2. Employers
3. Co-workers
4. Teachers
5. Principals
6. Coaches
7. Military superiors or peers
8. Spouse
9. Children
10. Girlfriends
11. Clergy
12. Prior attorneys and prosecutors
13. Prior co-defendants
14. In-laws
15. Parents friends

XVII. What to Look For Generally

A. Family history of psychiatric hospitalization

1. suicide
2. depression
3. mental retardation
4. organic brain disorders

5. mental health problems
6. congenital diseases and disorders
7. seizures

B. Family history of sexual, physical,
psychological abuse and neglect

C. Difficult pregnancy for the mother

- (1). birth trauma
- (2). in-utero medication
- (3). fetal alcohol syndrome
- (4). physical abuse to the mother during
pregnancy

D. Slow development

- (1). illnesses during developmental years
- (2). diet during developmental years
- (3). any and all head injuries
- (4). scars of the defendant's body
- (5). blackouts

E. Substance abuse

F. Poor school performance

(1). absenteeism

(2). performance on intelligence tests

G. Marked changes in behavior

H. Exposure to toxins or chemicals at the work
place

I. Ingestion of lead paint as an infant

J. Domination by others

K. Fears and phobias

L. Physical ailments and all diseases

(1). Car accidents

(2). Employment accidents

XVIII. Cultural or Race Related Issues:

A. Consult with experts that can explain the mores

of the community or the societal dynamics of the defendant's life and background.

- (1) . Social scientists
- (2) . Mental health professionals
- (3) . Social justice activists
- (4) . Clergy
- (5) . Academicians
 - (1a). For example sociologists that study the Mariel Refugees
- (6). Labor leaders
- (7). Mental health professionals
- (8). Clergy that provide services to undocumented farm workers
- (9). Social workers
- (10). Drug counselors who deal with substance abuse and child abuse
- (11). Early childhood development specialists
- (12). Mental health advocates
- (13). Prison reform activists

TOPIC AREAS FOR DEVELOPING THE SOCIAL HISTORY

Write your memo on the interview as soon as possible. It's important that you always include the following information in your memo.

Interviewer's name
Interviewee's name
Others present
Date
Location
Contact Information
Email

****Please note these are not the questions to ask. These are topic areas for you to develop your questions from.**

FAMILY BACKGROUND

FAMILY COMPOSITION

Gather the following information for client, mother, mother figures, father, father figures, grandmothers, grandfathers, great-grandmothers, great-grandfathers, brothers, sisters (full, half, step), and their descendents. Also include client's spouse(s) or co-parent and offspring. Include former family members (i.e., those divorced), household members, adoptees, foster children, and people who are considered members of the family even if there is no biological or legal link.

For each:

Name
Date of birth
Place of birth
Gender
Race / ethnic identification
Religious identification and affiliation
Educational attainment
Occupation
Marital status
Any special conditions (e.g. intellectual impairment, mental illness, addiction)

Complete the family tree as you gather this information

PRE-BIRTH FAMILY

- Circumstances around parents meeting; nature and extent of their relationship
- Circumstance around conception of client (planned?)
- If parents were married, circumstances of marriage
- Parents' relationships with own parents, in-laws, and extended family

- Mother's pre-pregnancy health status (Age? Health conditions? Smoke? Use alcohol or drugs?)
- Mother's health during pregnancy (Health care? Complications? e.g. bleeding, illness, toxemia, prescription drugs during pregnancy or birth process, smoking, alcohol or drug use? Suffer injuries during pregnancy? Stress level?)
- Preparation for childbirth (e.g. Classes? Prepare clothing, place for baby?)
- Major events in the community, the nation, or the world at this time?

CHILDHOOD DEVELOPMENTAL HISTORY

BIRTH

- Complications (e.g. full term or premature, respiratory difficulties, jaundice, birth defects, fever)
- Mother's condition immediately after birth (Complications? Fatigue? Depression?)
- Social support at and in weeks after birth
- Breastfeeding
- Health condition and early health care
- Primary caregiver of the child
- Quality of family residence, sources of income
- Quality of parents' relationship
- Birth order; siblings, any miscarriages, stillbirths, or loss of other children

ALL AGES (birth-18)

Note information about these topics will change over the child's lifespan – a thorough history will record all answers at each age or stage

- Household composition
 - Who lived with the child?
 - Primary caregiver of the child; quality of nurture
- Quality of parents' relationship, whether together or not
- Supervision & developmental support
 - Child care arrangements while parents at work or unavailable; quality of care
 - Parents' involvement in child's daily life; routine, e.g. were meals served (how many per day?), bedtime, activities
 - Discipline techniques; Was punishment appropriate to age and offense? Treated similar to siblings?
- Signs of abuse, neglect, or sexual exploitation
- Nutrition
 - Type and amounts of food – adequate nourishment?
 - Eating habits of the family, e.g. congregate meals or independent eating by different family members
 - Any atypical eating patterns, e.g. over-eating or under-eating
- Housing

- Quality of family residence (e.g. plumbing; utilities; leaks; bugs or vermin; in repair)
- Changes in residence
- Personal space: Where did child sleep? Keep clothes?
- Health
 - General condition; illnesses; injuries (head injuries in particular);
 - Health care; medications; dental health care
- Mental health
 - General condition – temperament; signs of emotional or behavioral problems;
 - Treatment history;
 - How do family members perceive that client handled stress?
- Caregivers' sources of income
- Family social networks
 - Mother's family and social networks (positive and negative aspects of each)
 - Father's family and social networks (positive and negative aspects of each)
- Family beliefs –
 - Key family beliefs and principles
 - Faith community involvement
- Leisure
 - Typical leisure activities in the family
 - Family special occasions
 - What were holidays like? Vacations?
- Signs of alcohol or drug use by child or any family member
- Any major losses or trauma (e.g. death of loved one, parental separation, accident, natural disaster)

EARLY DEVELOPMENTAL YEARS (ages 0-5)

- Milestones (smiling, rolling over, crawling, talking, walking, writing)
- Caregivers' perceptions of baby's temperament
- Toilet training (conditions, age)
- Early childhood program (Home based? Center? School-linked?)
- School readiness

CHILDHOOD YEARS (ages 6-11)

- Early education; kindergarten experience
- School enrollment, performance (attendance, academic strengths and weaknesses, age-appropriate progress, behavior problems, parental involvement in school on behalf of the child)
- Special education; other special school support (e.g. free lunch, tutoring)
- Peer relationships (Who? Quality of these relationships?)
- Temperament; typical mood; any signs of depression or suicidality?
- Skills, achievements, extracurricular activities

- Sexual development; onset of puberty; education about sexuality; sexual activity

ADOLESCENCE YEARS (ages 12-17)

- Educational participation and performance (attendance, academic strengths and weaknesses, behavior problems, parental involvement in school on behalf of the child)
- Special education; other special school support (e.g. free lunch; tutoring)
- Peer relationships (Who? Quality of these relationships?)
- Mentors; role models - who did the child admire
- After school activities
- Skills, achievements, extracurricular activities
- Child's employment history, sources of income
- Romantic relationships
- Development of sexual identity
- Sexual development and activity; sex education

SOCIAL ENVIRONMENT OF THE FAMILY OF ORIGIN

HOUSEHOLD

- Members of client's households from the time of his or her birth to the time he or she left the household of origin, including family members and others
- Births of siblings (include parental miscarriages, abortions, or stillbirths)
- Describe reasons for changes in the household composition (i.e., death, separation of intimate partners, divorce, incarceration, deployment for military service, leave for employment reasons)
- Who was the functional head of household?

PARENTS / CAREGIVERS

- Social functioning
- Occupation
- Mental health status
- Alcohol or other drug use
- Involvement in criminal activity
- Educational level of each
- Medical conditions, disabilities, or impairments
- Perpetration of violence or sexual abuse
- Victimization
- Coping styles, particularly with regard to how they responded to what happened to their children outside the home

OTHER KIN

- Family's involvement with extended family; frequency and nature of contact; mother's regard for father's family; father's regard for mother's family

- Describe any of the following conditions that anyone on the family tree might have:
 - Mental health problem
 - Mental retardation
 - Learning problem
 - Alcohol or other drug use
 - Involvement in criminal activity
 - Medical conditions or disabilities
 - Perpetration of violence or sexual abuse
 - Victimization

HOUSING

- List all moves, with dates, that involved relocation of the client
- Physical conditions of the various homes in which the client lived
- Who owned the residence? Rental conditions?
- How did conditions of client's homes compare with conditions of those around it?
- Periods of homelessness or transience (e.g. staying temporarily at others' homes)

FAMILY RESOURCES

- List all jobs that each parent held during the client's childhood
- List other sources of income
- How did the family perceive their economic status relative to others?
- How did each parent perceive his or her occupational status?
- Was the family involved in a church or faith community? Participation patterns?

FAMILY DYNAMICS

- Emotional support and nurture, expressions of affection. How did the client perceive caregivers' feelings for him or her? How do caregivers report feeling?
- How did caregivers express feelings for client's positive accomplishments?
- How did the family communicate? Solve problems?
- What values did parents seem to emphasize with regard to childrearing?
- Describe fully relationship between client and his mother; other mother figures (e.g. grandmother, stepmother,); father; other father figures (e.g. grandfather, stepfather)
- Describe fully the relationship between client and each of his or her siblings, including sexual relations, infliction of physical pain, or manipulation of parents
- Describe fully the relationship between the client and each of the other key household members (e.g. non-parent adults, children who are not kin)
- Authority structure of the family
- Methods of dealing with conflict and anger in the family
- Coalitions among family members

- Family secrets
- Describe fully any harmful dynamics, to include:
 - Excessive discipline and control toward client , toward other children
 - Excessive permissiveness
 - Infliction of physical pain
 - Sexual abuse in any form
 - Emotional abuse
 - Exposure to intimate partner violence

SEXUAL HISTORY

- Describe how the family handled matters related to sexuality
- Describe first sexual knowledge
 - About menstruation, intercourse
- Describe first sexual experience (include masturbation, relations with others including fondling, various forms of intercourse)
- Describe characteristics of the sexual interaction (e.g. consensual, ambivalent, forced)

LEGAL SYSTEM HISTORY

- Client or family members' involvement in
 - Juvenile or criminal justice system
 - Civil justice system (e.g., party to a lawsuit, court ordered commitment to institution)
 - Family court (e.g. divorce, child support, child custody, child protection, termination of parental rights)

TRAUMATIC EVENTS

- Describe any unusual acute or chronic stressors (e.g. perceived or actual threats to life, attempted or actual homicide, attempted or actual suicide, unexpected deaths)
- Describe any significant losses (e.g. beloved family members, pet, friend)
- Major accidents or injuries
- Exposure to natural or technological disaster
- Exposure to community violence
- Exposure to war or civil conflict

SOCIAL NETWORKS

- Describe the composition of each parents' friends and social network and how they relate to them
- Describe the religious affiliation of the family and involvement in religious activities
- Describe the client's social networks
- Describe the mentors and role models for the client

NEIGHBORHOOD / COMMUNITY

- Describe the neighborhoods where the family lived; did they feel like they belonged?
- Describe each school the client attended

ETHNIC / CULTURAL COMMUNITY

- Client's identity in terms of race / ethnicity? How does client feel about this identity? Family's identity?
- Describe the degree of support the client and family perceive from their ethnic / cultural group
- Describe the client's perception of how members of the racial/ethnic group with which he/she identifies related to other groups? Signs of discrimination?
- Family or individual's religious affiliation; How important is it? Conflict about religious practices? How do religious beliefs influence self-esteem, gender roles, individual identity and development?

PERSONAL COPING WITHIN THIS SOCIAL ENVIRONMENT

- As a child and adolescent, how did the client perceive self within the family?
- What does the client like about him- or herself as a child? Dislike?
- As a child and adolescent, how did the client perceive each parent? As a child and adolescent, how did the client perceive roles of siblings?
- As a child and adolescent, how did the client perceive parents' regard for him or her?
- Ask the client to give three adjectives for each family member that describes how he/she saw that person while he/she was growing up.
- To what did client attribute academic success or failure?
- Did you ever imagine you were someone else? Somewhere else?
- What made you angry as a child? Frightened?
- Who could you go to for advice?
- What was your deepest secret?
- Were you ever embarrassed by anyone in your family? Describe.

FORMAL SYSTEMS INVOLVEMENT

Describe when and what type services any member of the family received from these organizations:

- Public assistance (AFDC, TANF, Food Stamps)
- Emergency assistance (e.g. from private agency for food, shelter, clothing, payment of utility bill)
- Child welfare (protective services, foster care, adoption)
- Mental health clinic or provider
- Health care provider, hospital, or public health department
- Disabilities or special needs program
- Victim services program
- Family Court for reasons other than delinquency (e.g. child support, adoption)

- Youth development program (e.g., Girls/Boys Clubs, sports club, summer camp)
- Law enforcement (list dates and type of incident, disposition)
- Juvenile justice agency
- Criminal justice system
- Military
- Drug or alcohol treatment program

ADULTHOOD

SOCIAL RELATIONS

- Client's residences since age 18, including location, type dwelling, and who lived in the household
- Key friends and co-workers
- Describe any caregiving done by the client (e.g. babysitting, care of elderly relative)
- Affiliations such as leagues, clubs, on-line networks

INTIMATE RELATIONSHIPS

- List intimate partners and for each: nature of relationship; what was it about the partner that was attractive for the client; if separated or terminated relationship, reason
- If married or in a committed relationship, describe the history of the relationship and current dynamics
- What is the client's sexual identity?
- History of sexual behavior
- History of pregnancies, miscarriages, abortions

FAMILY RELATIONS

- List the names and ages of the client's children, parents of each
- Describe dynamics of parent-child relations (client as parent), including children with whom the parent lives, those who are in the custody of someone else, and adult children
- Describe the client's relationships with extended family

EMPLOYMENT / EDUCATION

- Client's vocational aspirations
- Highest job certification or educational level attained (g.e.d.?)
- List all jobs held by employer, type job, dates of employment, reason for leaving, salary level
- Describe work habits
- Quality of relations at work
- If there are periods of unemployment, why?
- How does the client perceive his or her job?
- If retired, how does the client feel about not working?

MILITARY SERVICE

- Reasons for enlisting; reasons for leaving
- Summary of assignments, any unusual circumstances
- Client's regard for jobs done in the service

CONTRIBUTIONS TO COMMUNITY

- Community service
- Creative expression through music, art, drama, other
- Political involvement

DAILY LIVING

- Routine
- Health habits, hygiene
- Diet, exercise
- Sexual activity
- Recreation
- Hobbies
- Religious activity
- Civic participation

SPIRITUALITY AND RELIGION

- Describe the client's religious practices
- Describe the role spirituality plays in the client's life

ALCOHOL OR OTHER DRUG ABUSE

- Type alcohol or drug use and age of onset
- Extent (e.g. amount, frequency of use)
- Symptoms of use (e.g. blackouts, withdrawal)
- Treatment (give type, dates, location)

MENTAL HEALTH

- Worries, anxiety, depression
- Any perceptual problems (e.g. hallucinations, seeing things become larger or smaller or with an aura)
- Unexplained feelings (e.g. persecution, déjà vu, delusions)
- Describe any mental health treatment received
- Helpseeking behavior

HEALTH

- Health condition; illnesses; injuries (head injuries in particular); health care; medications
- Wellness practices, e.g. nutrition, exercise, rest

CRIMINAL ACTIVITY

- Arrests, convictions, sentences, probationary activities

SELF PERCEPTIONS

- How does the client regard self?
- How does the client reflect on his or her life?
- Overall, what does the client regard as high point? Low points?
- What have been the most important social relationships in the client's life?
- Vision of the future

CLOSURE

- Encourage the client to offer any information about topics that may have been left out
- Discuss the client's feeling about the interview process

OBSERVATIONS

For each person interviewed, note:

- Consistency in disclosure of information
- Appearance
- Behavior, e.g. movement, eye contact, activity, facial expressions
- Orientation in time and place
- Attention span
- Perception
- Memory
- Affect and mood
- Judgment
- Speech
- Indications of delusions, hallucinations, or suicidal ideation

MY LIFE STORY

Use this book to record your life history. I need an outline of your life, starting from where you were born and ending with the present. Write in this book as if it is only for your eyes. You will have a chance to share it with me only if you choose to do so.

DO NOT WRITE ABOUT THE CRIME YOU ARE CHARGED WITH. Your life is a timeline of events, some more important than others. All of which have made you who you are today. How did these events impact you? How do you feel writing about them? How have they affected your choices in life? Your feelings?

Here a few questions to get you started.

1. Where were you born? How many brothers and sisters do you have? Who else was living in your home while growing up? Did mom and dad live together? Were they married? Divorced? Did your parents get along? Do you and your siblings share the same parents?
2. What have you heard about your developmental years? What are the stories that are told about you while growing up? Did you have any nicknames? Did you feel loved? Alone? Angry? Sad? Were you safe? Scared? What did this tell you about yourself and your world?
3. What was your home life like while growing up? Who raised you? Who were you closest to in your family? Why? Did you move from place to place? Why? How many addresses can you remember? What were the neighborhoods like where you lived? Could you play outside without the fear of being hurt? Did you witness violence often? What are some of these experiences? How many times did you have to change schools? What was that like for you?
4. What were your school-age years like? Did you enjoy school? List the schools you attended and as many teachers as you can remember. Who were your favorite teachers? Did you ever have any special education classes? Did you ever have any problems learning? Did you ever speak to a guidance counselor while attending school? What memories stand out for you while in school?
5. Have you ever been hospitalized? How many times? What have you been hospitalized for? What hospitals? Have you ever been taken to the emergency room? Have you ever fallen and hit your head? Have you ever needed stitches? Have you ever lost consciousness? Have you ever fainted? Do you have any medical conditions? Do you take any medications?
6. Was the Department of Human Services (DHS) ever involved with your family? If so, what are your memories of this? Do you remember your DHS worker's name? Were you ever in a children's home? Do you remember the name? Do you remember the names of any counselors? Were you ever placed in a foster home? Where? What were your foster parents names? Were there any other children or adults in the house? Where did you live? How did you feel? To the best of your knowledge, what was the reason that you were in DHS custody?
7. Have you ever received any counseling? Have you ever spoken to a therapist? As a child? As an adult? Have you ever been in an inpatient therapeutic setting?

before? Have you ever been hospitalized for any psychiatric reasons? Have you ever tried to harm yourself? Have you ever tried to commit suicide? Have you ever been prescribed any psychiatric medications to stabilize your mood? Do you get depressed easily?

8. Who have been the most important people in your life? During your childhood? During adolescence? During young adulthood? Now? Are any of them deceased? How and when did they die? How did this affect you? How did you cope with this?
9. What is your drug and alcohol history? How old were you the first time you tried a drug / alcohol? Did any drug become regular for you? What do you think influenced your decisions to use drugs / alcohol? (Marijuana, alcohol, heroin, pcp, cocaine, pills, etc.). How much were you spending on your habit? Was it daily? How did this make you feel about yourself? Were you self-medicating? Was it numbing any kind of emotional pain for you?
10. Did any adults in your life have any drug or alcohol problem? Was mom or dad addicted to anything? Did any family member have any mental issues? Any psychiatric problems? Have any of them been hospitalized? For how long? When? Where?
11. Outline your legal history. Do you have a juvenile history? Did you ever get placed in a juvenile facility? Where? How long did you stay? Do you remember the names of any counselors? What are the approximate dates of your arrests? How old were you each time? What you were arrested for and if you were incarcerated, where, and for how long.
12. What is your relationship history? Who was your first significant relationship with? What was their name? How long did this relationship last? What did that relationship teach you? Were you ever the victim of abuse, emotional, physical or sexual, as a result of any of these relationships?
13. Do you have any children? What are their names and ages? Who is their other parent? Are they active in the child's life? Are they still in your life? How do you feel about them?
14. What are your positive qualities? What are your negative qualities? (What do you need to work on?)
15. What is your favorite memory growing up? Why? What is your worst memory growing up? Why?
16. If you could make three wishes, what would they be? (unrelated to your case...can't be "to get out of jail" etc.).
17. If you could change ANY three things in your past, what would those changes be? Why? (Again, not related to your case).

Interviews: DO's and DON'Ts

DO	DON'T
Be courteous, polite, and respectful.	Don't be impatient, fidgety, nervous.
Be appropriately dressed.	Don't wear a suit when you are going into someone's home. Don't wear a tank top and shorts when going into someone's home. Dress neatly, conservatively, and understated.
<p>Be prepared for the interview:</p> <ul style="list-style-type: none"> - What do you want to cover? - Know everything you can about the person and their relationship to the case. - Review prior statements, old memos and any associated records or materials related to the individual immediately before the interview. <p>Be prepared to explain the status of the case and what you expect to happen in the future.</p>	Don't stay on your agenda. Be flexible and able to listen to what is important for them to say, not just what you want to cover.
<p>Ask open ended questions.</p> <ul style="list-style-type: none"> - How did you feel about _____? - What did you think about _____? - What happened before/after _____? 	Don't jump around from subject to subject. Stay clear. You are a tour guide, and you will need to keep the flow simple and easy to follow.
LISTEN!! Listen carefully, take notes and memorialize immediately afterwards.	Don't interrupt pregnant pauses. If you let an uncomfortable silence last, eventually the interviewee will fill the silence with exactly what is on their mind.
Clear up any confusion, misunderstandings before the end of the interview. Make sure your notes make sense to you. If it is confusing or unclear to you, then it won't help the next person on the team to understand the issue.	Don't adopt a particular perspective. Don't let on what your feelings are on a particular issue. Even if they ask you specifically what you think happened, or whether a particular person is to blame about a situation, stay noncommittal. Try to stay objective and open.
Be comfortable with yourself, your surroundings, and the subject matter. Don't react negatively to anything that comes up or happens during the interview. There may be mosquitos, pouring rain, angry pets, screaming children, interruptions, blaring TV set. You need to be able to roll with whatever is happening.	Don't interrupt. Don't be abrupt. Don't break the flow of what they are saying. Hold your questions until the person is finished talking.
Take note of any questions they have that you are unable to answer, so you can look into them and get back to them.	Don't be alarmed / disgusted / surprised by the things they say. Pay close attention to your own reactions. Even positive reactions can be dangerous, because they give the interviewee clues as to what you want them to say. You want them to feel free to talk about how they feel and say what they want to say, without prompting or judgment or shaping from you or your responses/questions.

Records Collection: DO's and DON'Ts

DO	DON'T
Be polite and courteous to records custodians, even (and especially) if they are mean and nasty and rude to you.	Don't go off on a records clerk.
Be specific about what records you want, but Don't close out the possibility of getting records that you Don't know exist.	Don't make the request too overbroad.
Send out dozens and dozens of requests.	Don't ever stop chasing down records.
Get plenty of releases, signed by your client, everyone in the client's family, other witnesses, next of kin releases, etc.	Don't take no for an answer. Be prepared to explain to the witness why it is important to get their records.
Get info on every person's records institutions. Ask them where they went to the doctor, where they went to school, where they have worked, etc. etc.	Don't quit early - keep asking questions until you are sure you have a fully developed list of records institutions.
Keep looking for records.	Don't give up.
Send releases to all local hospitals, doctors, school boards, local / state / federal law enforcement, social service offices, social security / welfare offices, etc.	Don't just look for the records you know exist. The best records are surprise treasures buried among the mundane.
Send Public Records Act requests to governmental agencies on all levels: local / community, town, county, region, state, federal.	Don't assume you know records do not exist on a specific person in a specific office.
Go to all branches of government to search through public records on all witnesses: criminal, civil, municipal, and city courts; tax assessor's office, real estate offices, conveyances, Secretary of State, Vital Records, etc.	Don't give the records clerk more information than they need. They Don't need to know about your client's medical problems, the level of your client's guilt, the evidence against them, your role in the case, etc.
Be creative - where else would copies of that record end up?	Don't assume a record doesn't exist or there's no way to get it.
Keep a record of what requests were sent out, when, who you spoke to, what number you called. Keep fax confirmation sheets in a file with the request. FOLLOW UP on requests sent out, or the custodians will forget about you. Often you must send the requests several times.	Don't wait for records custodians to get back to you.

Character Reference Letter Guide

What is a character reference letter?

A character reference letter is an official document used to demonstrate and provide insight into an accused person's good morals, values and qualities to a judge or to the court. This kind of letter helps the judge or court determine who the accused person is and should present the accused in a positive light.

Outline:

1. Heading and Greeting
 - a. Identify yourself in the top left corner of the page by indicating name, residential address & contact information. The date (written out completely, ex. February 22, 2024) when the letter is written should be stated just below your identifying details
 - b. Case number:
 - i. Commonwealth vs _____
 - ii. Docket Number: _____
2. Greeting
 - a. To whom it may concern
3. Introduction
 - a. Name
 - b. Brief explanation of your relationship to _____
4. Body
 - a. Explain in detail who _____ is, value they adds to society, effect they've had on your life, thoughts and beliefs about them
 - b. Mention good personal qualities and characteristics traits
 - i. Provide examples
 - c. Describe how a lengthy sentence will be negative to _____ and those in their life
 - d. Discuss any and all changes _____ made after the incident towards living a better life
 - e. DO NOT SUGGEST A PENALTY OR DISCUSS DETAILS OF THE CASE
 - i. Only provide information to compel the court to rule in _____ favor
5. Closing – Brief summary of entire letter
6. Signature

*Thanks to Montgomery County Chief of Policy and Social Services Alana Hook for creating and sharing this guide.

APPENDIX D

Sample Record Releases

General HIPAA Compliant Release

Health Information Release

**AUTHORIZATION FOR RELEASE OF
CONFIDENTIAL RECORDS & INFORMATION**

Name: _____

Date of Birth: _____

Social Security Number: _____

I hereby authorize the release of information and records to the following:

1. I authorize the disclosure of any and all information and/or records, in your possession or to which you have access, including, but not limited to: (a) all institutional records, disciplinary records, probation and parole files, all offender notes, agent notes, chronological history, revocations summaries, alcohol and drug treatment information, and psychiatric/psychological treatment information; (b) school records: grades, disciplinary or progress notes, activities, M-team reports, Individualized Education Plans, and psychiatric or psychological records; (c) alcohol and drug treatment information including, but not limited to: assessments, treatment plans, diagnoses, progress notes, and admission and discharge summaries; and (d) vocational/occupational/employment records including: dates, position(s) held, duties performed, performance evaluations, earnings, wage, and reason for conclusion or termination.

2. I authorize the disclosure of protected health information and records to the persons and organization specified above. I understand that information and records related to the following may be included: inpatient and outpatient medical, psychiatric, psychological, dental, social, financial, Medicaid, demographic, HIV/AIDS testing/diagnosis/treatment, substance abuse treatment, office based information, charts, laboratory & diagnostic findings, treatment plans, progress notes, medications and therapies, CT scans, MRI's, X-rays, EEGs, emergency room admissions, and any out-patient treatment. I expressly authorize the release of all psychotherapy notes pursuant to 45 C.F.R. 164.501.

3. This consent authorizes disclosure for use by the aforementioned recipients in connection with my legal representation.

4. This authorization is subject to revocation in writing at any time except to the extent that action has been taken in reliance upon it.

5. This authorization will expire when the recipients cease to represent me, except to the extent that action has been taken in reliance on this authorization. In no case shall this authorization be valid ten (10) years after its signing this day.

6. I understand that this authorization is voluntary. I have read this consent and fully understand the results of and any risks of the actions I am taking.

7. You are instructed not to furnish these documents or this information to anyone other than the persons named above, without a written authorization from me.

8. A copy of this document shall serve as the original for the purpose of obtaining records from any and all custodians of records included in this release. A photocopy of this release may be honored.

DATED: _____

SIGNED: _____

**AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA**

[This form has been approved by the New York State Department of Health]

Patient Name	Date of Birth	Social Security Number
Patient Address		

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form: In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

1. This authorization may include disclosure of information relating to **ALCOHOL and DRUG ABUSE, MENTAL HEALTH TREATMENT**, except psychotherapy notes, and **CONFIDENTIAL HIV* RELATED INFORMATION** only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.
2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
6. **THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).**

7. Name and address of health provider or entity to release this information:

8. Name and address of person(s) or category of person to whom this information will be sent:

9(a). Specific information to be released:

- Medical Record from (insert date) _____ to (insert date) _____
- Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers.
- Other: _____

Include: *(Indicate by Initialing)*

_____ Alcohol/Drug Treatment

_____ Mental Health Information

_____ HIV-Related Information

Authorization to Discuss Health Information

(b) By initialing here _____ I authorize _____
 Initials Name of individual health care provider
 to discuss my health information with my attorney, or a governmental agency, listed here:

(Attorney/Firm Name or Governmental Agency Name)

10. Reason for release of information:

- At request of individual
- Other:

11. Date or event on which this authorization will expire:

12. If not the patient, name of person signing form:

13. Authority to sign on behalf of patient:

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

Signature of patient or representative authorized by law.

Date: _____

* Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.