

**15TH JUDICIAL CIRCUIT COMMUNITY CORRECTIONS
INTAKE**

DATE: _____

Name (Last, First, and Middle) : _____

SSN: _____ Race: _____ Gender: _____

DOB: _____ Height: _____ Weight: _____ Hair Color: _____

Eye Color: _____ Tattoos/Scars: _____

CONTACT INFORMATION:

Home: _____ Cell: _____ Other: _____

Address: _____

Mailing Address: _____

Description of Dwelling: _____

Detailed Directions to Home: _____

GENERAL QUESTIONS:

Are you able to read? YES NO Are you able to write? YES NO

Are you financially able to pay for all fees associated with HCCCP? YES NO

Supervision Fees: \$30 per month Drug Screen Fees: \$10 per Negative test: \$15 per Laboratory Confirmation

HOUSING INFORMATION:

Living Status: OWN RENT OTHER: _____ Length at residence: _____

Home Owner's Name & Contact Information: _____

Persons living in the residence, their relationship to you, & date of birth: _____

FAMILY INFORMATION:

Marital Status: _____ Name of Spouse/Partner: _____

Dependents' names and age: _____

Custody Status: _____ Child Support: _____ Amount: _____

Emergency Contact: _____ Number: _____

EDUCATION/EMPLOYMENT INFORMATION:

Highest Level Completed: _____ Diploma: _____ GED: _____ Year Completed: _____

Have you ever served in the military? YES NO

Employment Status: _____ Employer Name: _____

Address: _____ Phone: _____

Income Level: _____ Disability/Retirement/Unemployment Income: _____

HEALTH INFORMATION:

Describe your Physical and Mental Health: _____

Substance Abuse History: _____

List of Current Medications: _____

Health Insurance: YES NO Name of Provider: _____

CRIMINAL HISTORY:

Have you ever been convicted of a crime? YES NO

Please List PRIOR Offense(s) include dates, county, state: _____

Do you have any PENDING charges? YES NO _____

Are you required to register as a sex offender? YES NO

Are you required to register as a child abuse offender? YES NO

CURRENT OFFENSE INFORMATION:

Current Offense: _____

Offense Class: Felonious Misdemeanor

Judge: _____ Case Number: _____

Sentencing Date: _____

Court Ordered Details/Sentencing: _____

Prosecuting Attorney: _____

Defense Attorney: _____

Defendant Signature: _____ Date: _____

Staff Signature: _____ Date: _____

**HARRISON COUNTY COMMUNITY CORRECTIONS CONENT FOR THE RELEASE OF
CONFIDENTIAL INFORMATION:**

CRIMINAL JUSTICE SYSTEM REFERRAL

I, _____, herby consent to communication between Harrison County Community Corrections and the following persons or agencies (check as appropriate):

1. Presiding Judge for the Circuit Court of Harrison County
2. Presiding Magistrate for the Magistrate Court of Harrison County
3. Prosecuting Attorney's Office for Harrison County
4. Defense Counsel
5. Supervising Probation Office for Harrison County
6. Supervising Parole Office, and if required Paroling Authority
7. Home Incarceration Office for Harrison County
8. This includes all transmission of information and data via verbal and electronic contact
9. Note of conversations, phone calls, memoranda, or any type of communication concerning the overall treatment
10. Other: _____

The purpose of, and need for, the disclosure is to inform the criminal justice agencies listed above of my attendance and progress in treatment. The extent of information to be disclosed is my diagnosis, information about my attendance, my cooperation with the treatment program, prognosis, drug test results, and:

_____.

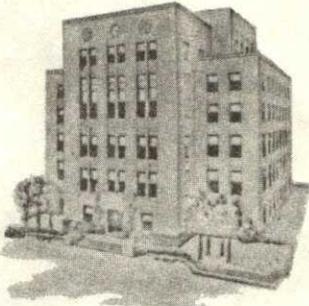
_____ I understand that such information will be disclosed in open-court, which is public forum, and I hereby authorize the same.

_____ I understand that this consent will remain in effect for one year from the date of this contract, or until I provide written notice to the agency withdrawing my consent.

_____ I understand that any disclosure made is bound by part 2 of Title 42 of the Code of Federal Regulations, governing confidentiality of alcohol and drug abuse patient records and that the recipients of this information may re-disclose it only in connection with their official duties.

Defendant Signature: _____ Date: _____

Staff Signature: _____ Date: _____



HARRISON COUNTY COURT HOUSE

Harrison County Commission

301 WEST MAIN STREET
CLARKSBURG, WEST VIRGINIA 26301
304-624-8500
FAX 304-624-8673

COMMISSIONERS
DAVID L. HINKLE
PATSY TRECOST II
RONALD R. WATSON

THE COURTHOUSE WILL BE CLOSED TO OBSERVE THE FOLLOWING HOLIDAYS IN 2020

2020

- Wednesday, January 1.....New Year's Day
- Monday, January 20.....Martin Luther King, Jr. Day
- Monday, February 17.....President's Day
- Friday, April 10.....Good Friday
- Tuesday, May 12.....Primary Election Day
- Monday, May 25.....Memorial Day
- Friday, June 19.....West Virginia Day
- Friday, July 3.....Independence Day
- Friday, September 4 (pending consideration at organizational meeting in January)Close at 12:00 p.m.
- Monday, September 7.....Labor Day
- Monday, October 12Columbus Day
- Tuesday, November 3.....General Election Day
- Wednesday, November 11.....Veterans Day
- Thursday, November 26.....Thanksgiving Day
- Friday, November 27.....Lincoln Day
- Thursday, December 24 (pending Governor's Proclamation).....Christmas Eve (Close at 12:00 p.m.)
- Friday, December 25.....Christmas Day
- Thursday, December 31 (pending Governor's Proclamation).....New Year's Eve (Close at 12:00 p.m.)

2021

- Friday, January 1.....New Year's Day

If there are changes during the calendar year you will be notified in writing by the Harrison County Commission.

Approved: November 20, 2019.

Ronald R. Watson

David L. Hinkle

Patsy S. Trecost, II

