

**WASHINGTON COUNTY JUSTICE REINVESTMENT (JRI)
REFERRAL/APPLICATION INFORMATION**

Please submit completed form via email to JRI_Referral@co.washington.or.us
All sections must be completed for program consideration.

Referral/Application Date: _____ Attorney Name: _____
Attorney Phone: _____ Attorney Email: _____

Justice Involved Individual (JII) Information

Name: _____ DOB: _____
Gender Identity: _____ Preferred language: _____
Phone Number: _____ Email: _____
Physical Address: City/State/Zip: _____
Mailing Address: City/State/Zip: _____
In what county do you currently reside: _____
How long have you been residing in current county? _____ Is residence permanent? Yes No
Are you currently in custody? Yes No If yes, name of facility: _____

Pending JRI eligible cases:

Pre-plea? Yes No

Case # _____ Crime _____

Case # _____ Crime _____

Case # _____ Crime _____

Do you have any other pending charges? Yes No County of charges _____

Case #'s _____ Crime (s) _____

Have you previously received a downward departure sentence? Yes No

Are you currently on supervision, including bench? Yes No

If yes, county where supervised: _____ Name of PO: _____

If approved to enter one of Washington County's Justice Reinvestment Programs, are you willing to:

- **Reside in Washington County?** Yes No
- **Reside in clean and sober, structured housing in Washington County** Yes No
- **Participate in all JRI program requirements (IRISS, FSAP, Drug Court)** Yes No
- **Follow recommendations of treatment provider, to include outpatient, intensive outpatient, and/or residential treatment services?** Yes No
- **Complete a mental health evaluation and take prescribed medication(s)?** Yes No

Family

Do you have children? Yes No If yes, ages of child/children? _____

Are you currently pregnant? Yes No Estimated due date? _____

Do you currently have physical custody of your child/children? Yes No

Are you the primary parent for your minor child/children? Yes No Date of last contact _____?
 Are you currently struggling to obtain or maintain custody of your child/children? Yes No
 Are you parenting your child/children and/or have plans to do so moving forward? Yes No
 DHS Child Welfare involvement? Yes No Caseworker name: _____
 Caseworker contact information: _____

Substance/Drug Use History

Are you currently using substances? Yes No **List substances** _____
 What is the date of your last substance use (including alcohol)? _____
 Substance(s) of choice? _____
 Have you been to treatment before? Yes No If yes, how many times? _____
 Dates you attended treatment _____ Have you ever completed treatment? Yes No

Education/Employment/Military Service History

Education level: GED High school diploma College Other _____ Years attended _____
 Are you currently employed? Yes No If yes, name of Employer? _____
 How many jobs have you had in the last two years? _____
 Did you service in the military? Yes No If yes, were you honorably discharged? Yes No

Optional

What is your race/ethnicity? Check all that apply

- White
- Black
- Asian
- Indigenous/Native American
- Hawaiian/Pacific Islander
- Mixed/Multi-cultural
- Other _____
- Prefer not to answer

Criminal History

Do you have any of the following in your adult or juvenile criminal history? Check all that apply

	DCS		Restraining Orders		Robbery 1		Child Neglect		Murder
	MCS		Stalking Orders		Robbery 2		Criminal Mistreatment		Manslaughter
	Assault 1		Restraining Order Violations		Robbery 3		Burglary		Criminal Negligent Homicide
	Assault 2		Stalking Order Violations		Any Sex Offense – misdemeanor or felony		Tampering w/ Drug Records		
	Assault 3		Firearms possession		Menacing		Previous Drug Court Participation		
	Assault 4		Unlawful Use of Weapon		Reckless Endangering		Gang affiliation		

<p>Internal Use Only:</p> <p>DA Reviewed: YES NO DA Approved: YES NO CC Reviewed: YES NO CC Approved: YES NO</p> <p>Evaluation to be completed by: Drug Court FSAP IRISS MHC DD</p>
--