
Application for Conditional Release

Submitted to the Psychiatric Security Review Board

Pursuant to Connecticut General Statutes Section 17a-588

This Application for Conditional Release is submitted by:

- Department of Mental Health and Addiction Services
 - Department of Developmental Services
 - Acquittee
 - Acquittee's legal counsel
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A. Acquittee Information

Acquittee:

Gender:

Date of Birth:

PSRB ID No.:

1. DNA Registry

- a. Has the acquittee been asked to provide a DNA sample in accordance with Connecticut General Statutes Section 54-102g? Yes No

If no, please explain below.

- b. Has a DNA sample been collected and submitted to the Connecticut State Department of Public Safety? Yes No

If yes, on what date was the DNA sample collected?

If no, please explain below.

2. Sex Offender Registry

- Is the acquittee required to register as a sex offender in accordance with Connecticut General Statutes Sections 54-250 through 54-261? Yes No
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Proposed Conditional Release Plan

B. Community Service Providers

1. Local Mental Health Authority (LMHA)

Agency:
Executive Director:
Address:
Telephone Number:
Fax Number:
Emergency Contact No.:

2. Other Community Service Providers

Agency:
Executive Director:
Address:
Telephone Number:
Fax Number:
Emergency Contact No.:

Agency:
Executive Director:
Address:
Telephone Number:
Fax Number:
Emergency Contact No.:

Agency:
Executive Director:
Address:
Telephone Number:
Fax Number:
Emergency Contact No.:

Agency:
Executive Director:
Address:
Telephone Number:
Fax Number:
Emergency Contact No.:

C. Community Service Provider PSRB Training

Has formal PSRB training been completed by the proposed Conditional Release Supervisor, all other community service providers who will have regular contact with the acquttee, *and* relevant supervisors/managerial staff?

Yes

No

If no, which persons have not completed training and when is it expected that PSRB training will be completed?

Agency: Staff Name

Date (mm/yyyy)

D. Supervision of the Acquittee

1. Conditional Release (CR) Supervisor

CR Supervisor:

Agency:

Address:

Telephone Number:

Fax Number:

Pager/Cell Phone No.:

Emergency Back-Up:

The Conditional Release Supervisor will monitor the acquittee’s compliance with the conditions of release and will provide the following services at the indicated frequency. (Check all that apply.)

Service	Minimum Frequency Provided
<input type="checkbox"/> Supervision meetings with the acquittee	
<input type="checkbox"/> Supervision telephone calls	
<input type="checkbox"/> Visiting the acquittee’s residence	
<input type="checkbox"/> Individual supportive counseling (in addition to supervision meetings)	
<input type="checkbox"/> Individual therapy	
<input type="checkbox"/> PSRB/forensic group	
<input type="checkbox"/> Group therapy	
<input type="checkbox"/> Verifying attendance at community substance abuse peer support meetings	
<input type="checkbox"/> Monitoring/coordinating drug/alcohol screenings	
<input type="checkbox"/> Contacting all treatment and service providers	
<input type="checkbox"/> Contacting the acquittee’s employer	
<input type="checkbox"/> Other service (Describe below.)	

2. Office of Adult Probation Supervision

- a. Is there *currently* a court order for supervision of the acquittee by the Office of Adult Probation of the Court Support Services Division, State Judicial Branch? Yes No

If yes, please enclose a copy of the Conditions of Probation and provide the information below.

- (1) What level of supervision is provided?
- (2) When does the period of probation end?
- (3) Who is the assigned Probation Officer?

Name:
Address:
Telephone Number:
Fax Number:
Pager/Cell Phone No.:

b. Is it recommended that supervision by the Office of Adult Probation be requested/ordered by the PSRB? Yes No

(1) *If yes*, has the Office of Adult Probation been contacted and informed of recommendations? Yes No

(2) *If yes*, describe below the recommendations for the nature and frequency of supervision.

3. Evaluator and Reporter for 17a-586, Mandatory (Six-Month) Reports

Agency:
Executive Director:
Address:
Telephone Number:
Fax Number:
Designated Reporter:
Reporter's Telephone:
Reporter's Fax:
Reporter's E-mail:

• Has the designated six-month evaluator and reporter been given documentation regarding the acquittee's history and treatment? Yes No

4. Conservator of Person

Does the acquittee have a Conservator of the Person? Yes No

Probate Court:
Name of Conservator:
Address:
Telephone Number:
Cell Phone Number:
Fax Number:

E. Residence and Residential Services

1. Where will the acquittee be residing?

Acquittee's Address:
Home Telephone Number:
Acquittee's Cell Phone Number:

Type of residence:

- Acquittee's own residence (with / without residential support services)
 Friend/family member's residence (with / without residential support services)
Name of Friend/Family Member(s) Relation to the Acquittee

- A residential program operated by DMHAS/DDS or a DMHAS/DDS-funded agency
 Other health/human service program or facility (e.g., ICF, SNF, personal care/boarding home)

2. If the acquittee will be residing in and/or receiving residential support services from a DMHAS, DDS, or other health/human service residential agency or program, please provide the following information. N/A

a. Agency:

Name of Residential Program:

Type of Program/Facility:

Contact Person:

Contact's Telephone Number:

Work Week Daytime	Contact:
Emergency Contact:	Phone No.:
Evening, Weekend, & Holiday	Contact:
Emergency Contact:	Phone No.:

- b. Please describe the location and availability of residential program staff for the acquittee throughout the day.

c. What services will the residential facility/program provide?

- Visiting the acquittee's residence (room, apartment, or house, as applicable)
 Directly observing medications being taken
 Monitoring medications by counts, filling/checking medication boxes, etc.
 Drug/alcohol screening
 (Type: ; Frequency:)
 Individual counseling
 Substance use/abuse counseling
 Group counseling
 Peer/residents support group
 Daily living skills training/assistance
 Budgeting assistance
 Health/medical assistance
 Vocational assistance/rehabilitation
 Congregate meals
 Leisure/recreational activities
 Other (Please describe below.)

3. Please describe the plan for a curfew for the acquittee *and* how compliance with it will be confirmed.

4. Please describe the plan for other forms of residential monitoring (e.g., staff/acquittee calls, sign-in/sign-out log).

5. If the acquittee is *not* in a residential program or receiving residential support services, is there a community emergency contact(s) for the acquittee? Yes No N/A

If yes, please provide the information below.

Agency:
 Type of Agency:
 Contact Person:
 Contact's Telephone Number:
 Contact's Fax Number:
 Work Week Daytime Contact:
 Emergency Contact: Phone No.:
 Night, Weekend, & Holiday Contact:
 Emergency Contact: Phone No.:

F. Structured Activities

Describe below the treatment, rehabilitation, psychosocial, vocational, educational, and/or peer support activities in which the acquittee will be participating while on Conditional Release.

1. **Treatment Activities** N/A

<u>Agency</u>	<u>Contact Person</u>	<u>Activity</u>	<u>Frequency</u>
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2. **Rehabilitation, Psychosocial, Educational, and/or Support Activities** N/A

<u>Agency</u>	<u>Contact Person</u>	<u>Activity</u>	<u>Frequency</u>
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Staff Facilitated:

Peer Facilitated:

3. **Vocational Activities** N/A

- a. Will the acquittee be provided prevocational services? Yes No
- b. Will the acquittee seek and obtain employment? Yes No

If yes, what type of employment? (Check all that apply.) Volunteer work Paid/competitive work

If yes, will vocational counseling and/or other vocational services be provided to the acquittee *while employed*? Yes No

- c. Who will provide the prevocational and/or vocational services indicated above?

Agency:
 Contact Person:
 Telephone Number:

Fax Number:

- d. Based on clinical considerations, what is the *maximum* number of hours per week that the acquittee may work at his/her paid or volunteer job? • Up to 0 hours per week.
- e. Employer's Name:
Address:
Telephone Number:
Contact Person:
Contact's Telephone Number:
- f. Will staff orient the acquittee's work supervisor(s) *and* relevant work site managers? Yes No

G. Computer Access

1. During Conditional Release, will the acquittee have access to any of the following?
- Computers Yes No
 - The Internet Yes No
 - E-mail Yes No
2. Are there any contraindications or risk management concerns regarding such access? Yes No

If yes, describe below (a) what are the concerns/contraindications and (b) the recommended conditions and/or limitations for such access.

H. Compliance Monitoring

1. Monitoring of Medications

Method of Monitoring:

Frequency:

Agency:

2. Drug/Alcohol Screenings

Describe below the drug/alcohol screenings to be performed by community service providers.

Type of Screening(s):

Frequency:

Agency:

I. Travel and Transportation

1. While on Conditional Release, should there be any conditions and/or geographic limitations for where the acquittee may travel

within the state of Connecticut *when with community agency staff*? Yes No

If yes, describe below the conditions and/or limitations for geographic areas or specific location(s).

2. May the acquittee travel within the state of Connecticut *in his/her own custody*? Yes No

a. **If yes**, describe below any general limitations on the *purpose* for such travel.

b. **If yes**, describe below any general conditions or limitations on *where* the acquittee may travel.

c. **If yes**, describe below any general limitations on the *amount of time* and/or the *time of day* for such travel.

3. In addition to transport by the community service providers listed above on Page 2, Section B., what modes of transportation may the acquittee use to travel in his/her own custody?

- Acquittee may walk, bicycle, or use public transportation in his/her own custody (after orientation to the area and transportation services).
- In addition to the general conditions noted in Item 2, above, describe below any recommended *specific* conditions or limitations regarding when, where, or the purpose of such travel.
- Acquittee may be a passenger in a vehicle driven by a friend, family member, or significant other.
- In addition to the general conditions noted in Item 2, above, describe below any *specific* recommended conditions or limitations for when, where, with whom, and/or the purpose of such travel.
- Acquittee may drive a vehicle owned by a friend, family member, or significant other. (Enclose a photocopy of the acquittee's driver license.)
- In addition to the general conditions noted in Item 2, above, describe below any *specific* recommended conditions or limitations regarding when, where, the purpose, whose vehicle the acquittee may use, and/or whether he/she may drive with passengers in the vehicle during such travel.
- Acquittee may drive his/her own vehicle. (Enclose a photocopy of the acquittee's driver license, vehicle registration, and proof of insurance.)
- In addition to the general conditions noted in Item 2, above, describe below any *specific* recommended conditions or limitations regarding when, where, the purpose, and/or whether the acquittee may drive with passengers in the vehicle during such travel.
- Other means of transportation. (Describe below.)

J. Victim and Potential Victim Contact

1. May the acquittee have any contact with the victim(s) of his/her crime(s)? Yes No N/A

If yes, describe below with which victim(s) *and* under what circumstances and/or with what limitations.

2. Should there be a *general* limitation on contact with children under 18 years of age? Yes No

If yes, explain below.

3. Is there any other specific person or persons with whom contact with the acquittee should be limited or prohibited? Yes No

If yes, explain below.

K. Friend, Family, and Social Contacts N/A

With what friends, family members, and/or significant others will the acquittee have **regular contact** (i.e., have personal contact approximately on a weekly basis or a few times per month)?

<u>Full Name</u>	<u>Relationship</u>
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1. Do community service providers have knowledge that any of the friends, family members, or significant others listed above have a history of criminal activities, arrests, or convictions, and/or a history in **recent years** of substance abuse/dependence? Yes No

If yes, explain below.

2. Will the acquittee have *regular contact* (as defined above) with his/her own children under 18 years of age? Yes No N/A

If yes, what are the recommendations regarding this contact?

3. Will the acquittee have *regular contact* (as defined above) with the children under 18 years of age of the friends, family members, or significant others listed above? Yes No N/A

If yes, what are the recommendations regarding this contact?

If yes, has the parent(s) or legal guardian(s) of the children given his/her permission for this contact to occur? Yes No

If no, explain below.

4. Are there any recommendations for any specific conditions for contact (e.g., supervision, family support/education, couples/family therapy) with any of the friends, family members, or significant others listed above? Yes No

If yes, explain below.

L. Finances

1. How will the costs be paid for the proposed services and living expenses? (Check all that apply)

<u>Source</u>	<u>Amount/Description</u>
<input type="checkbox"/> DMHAS	
<input type="checkbox"/> DDS	
<input type="checkbox"/> State entitlements (e.g., SAGA, Title 19)	
<input type="checkbox"/> Federal entitlements (e.g., SSI, SSDI)	
<input type="checkbox"/> Medicare Part D	
<input type="checkbox"/> Personal savings	
<input type="checkbox"/> Employment	
<input type="checkbox"/> Family	
<input type="checkbox"/> Other (describe below)	

2. Please describe the costs to be paid by the acquittee for basic housing and living needs (e.g., security deposits, rent/mortgage, utilities, and meals).

3. Please describe the costs to be paid by the acquittee for treatment, medications, or support services.

4. Does the acquittee require financial/budgeting assistance? Yes No

If yes, who will provide this service?

5. Does the acquittee require a third party payee? Yes No

If yes, who will provide this service?

Person/Agency:

Contact Person:
Address:
Telephone Number:
Fax Number:

6. Does the acquittee have a Conservator of the Estate? Yes No

Probate Court:
Name of Conservator:
Address:
Telephone Number:
Cell Phone Number:
Fax Number:

M. Other Conditions

- Are there recommendations for any other conditions for this Conditional Release? Yes No

If yes, describe below the recommended conditions.

(Application continued)

This Application for Conditional Release was prepared by:

Signature

Date: _____

Title and Agency