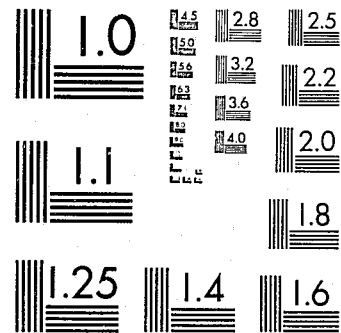


National Criminal Justice Reference Service



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National Institute of Justice
United States Department of Justice
Washington, D. C. 20531

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10/7/81

Quincy District Court

INTAKE TEAM

Victim Services Manual

Written By: Robert A. Durand
Coordinator, Victim Services

Edited by: Christine Deane
Director, Earn-It Program
Andrew Klein
Chief Probation Officer

- 1) Receive Restitution/Community Service referral (FORM 1) from court along with Financial Statement. Adult (FORM 2). Juvenile (FORM 2A). Check to see if all information on the referral form is filled in completely especially complaint no. and disposition. The court record should also be presented to you at this time.

Victim's name, address and phone number can often be obtained from police officer or District Attorney if not on form.

If victim is in court, they should be escorted to office along with referral.

If defendant is in lockup the information will have to be taken by interviewing defendant from the cell.

- 2) Defendant will be asked their version of the offense. If it's a probation or supervision case you'll need this information anyway. If it is a continued without a finding, it will give you an idea of the damage done in order that you have a point of reference when talking to the victim. (Some victims as well as some defendants are not above reproach.)

- 3) If defendant is working or collecting unemployment and restitution has been determined then a payment schedule is set up. (FORM 3). If Probation/Supervision case then use payment schedule on terms of Probation. (FORM 3A)

If defendant is not working or collecting and restitution has been determined then the defendant should be brought to the job developer for an interview.

If restitution hasn't been determined then the intake worker should explain to the defendant that restitution will be determined within 30 days and that they will receive notification from the court of the amount of restitution and who the probation officer/case manager will be. If the defendant is on probation/supervision they will be kept informed of the victim documentation at their regular intake appointments. If at any time restitution is determined within the 30 days a payment schedule will be set up with the defendant and a job development referral will be made if appropriate.

- 4) After the defendant leaves, they will be entered on the appropriate day sheet. There will be two day sheets, the one used for probation/supervision cases (FORM 4) and a separate one for cwof cases (FORM 4A). A folder will be made out with defendant's name where all appropriate information will be kept.

- 5) The Supervision Sheet (FORM 5) should be filled out with the appropriate tracking information whenever there is any contact with victim or defendant.

- 6) A telephone call to reach the victim should be made on the day of referral. If the victim can't be reached then a victim letter should be sent out, (FORM 6). Put the yellow copy of the letter in the folder and record information on supervision sheet.

Oftentimes the victim information won't be available from court. If that is the case, you can get the victim's name either by checking the complaints in the clerk's office or by calling the police department that issued the complaint.

This letter lets the victim know that if we do not hear from them we will assume that they will settle on an amount determined by us.

- 7) Once the victim is contacted, ask them their version of the offense. This lets them vent any anger they may have and gives you an idea of whether or not the defendant's version fits the victim's. Explain that the judge has ordered restitution and explain your role in the process.

Even if the victim is reluctant to participate in the process or receive any money from the offender, we can always suggest that money be donated to the victim's favorite charity as a way of holding the defendant accountable for their offense.

- 8) Also explain that once ordered, restitution may not be forthcoming immediately, but come in partial payments, etc. If it doesn't come at all, assure them that the defendant will pay the price. Explain about Earn-It if appropriate to demonstrate our concern that the victim be compensated and the offender work to achieve that compensation. Be realistic about the victim's chance for repayment and when.

- 9) If the defendant isn't working the court will help them find a job so that they may pay the victim back. If the victim has any questions concerning the case at any time, please contact the intake worker for any information. Explain that after 30 days the case will be assigned to a probation officer/case manager and they will receive a letter informing them of the supervising probation officer/case manager. (FORM 7)

U.S. Department of Justice
National Institute of Justice

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Quincy District Court

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The intake worker's role is to see that the victim is compensated for any financial loss as a result of the offense. In so doing, the intake worker explains to the victim that they have talked to the defendant and heard his version of the offense. The intake worker asks the victim if they would like to meet the offender for a victim/offender meeting. The intake worker asks if there is anything at all the court can do to assist the victim in documenting their loss, (contacting insurance companies, etc.) or if other services are needed as a result of the crime. Explain that they have informed the defendant that the court will contact the victim concerning restitution and if there is any out-of-pocket loss that the defendant will be responsible for paying back the victim at a rate determined by probation.

Documentation Guidelines

- 1) We reimburse for book value of automobiles. Extra parts such as mag wheels, special carburetors, racoon tails, dice, etc., are not reimbursable unless victim can prove conclusively that these additions were damaged.
- 2) If insurance covered, we will reimburse for deductible, if any.
- 3) We will reimburse for days missed from work up to \$15 an hour.
- 4) We will not reimburse cities or towns for city workers' missed days from work. For example, an A & B on P.O., his time missed is paid by department. We will not reimburse the department for his time missed.
- 5) Always ask victim for insurance company's name, this allows us to double check if there is any question concerning insurance coverage.
- 6) Ask victims to send in receipts, copy of insurance policy and estimates, whenever possible.
- 7) We do not reimburse insurance companies, unless ordered by a Judge.
- 8) Ask victim if they would like a victim-offender meeting to confront defendant, or to clear up any discrepancies in the amount determined.
- 9) Inform the victim that once a probation officer/case manager is assigned, they will be notified by mail concerning the payment rate.

If at any time during or after the intake process the defendant defaults, the victim should be notified by mail.

10) Once restitution has been determined, the intake worker should fill out the I.P.A. Form, Yellow - Juvenile (FORM 8), and Orange - Adult (FORM 8A). This form is necessary for keeping accurate statistics on both defendants and victims for the probation department. These statistics can be used in getting future funding for the probation department as it is a measurable way of evaluating our work, much the same way as the Risk/Need Forms are. These forms should be forwarded to the Earn-It Director at Assessments and once a P.O./C.M. has been assigned.

11) The Ledger Sheet (FORM 9) should be filled out with the probation officer/case manager's name assigned at the top right hand corner of the ledger sheet along with the complaint nos. and given to the Bookkeeping Department. If the restitution was determined from court the ledger card should be filled out with a copy of the payment schedule rate and sent to bookkeeping as part of the initial intake on the referral. Many defendants will start paying once they know the amount.

12) Index cards should be made out on all victims with the following information. (FORM 10)

Yellow index cards signify victim.

Yellow Index Card

Victim's Name & Address	P.O. Assigned	Complaint No.
Amount of Res. Referral Date	Defendant's Name & Address	

If there is more than one victim, cards will be made out on each of them. Co-defendant will be listed on each card, if any.

Index cards are necessary when you have a victim who may call months later and they want information on the case. For example, the victim calls and wants to know why he hasn't been paid, he lost his original letter and doesn't know the name of the offender. We will be able to put them in contact with the case manager through the index cards.

13) All restitution cases should be determined within 30 days of the referral date. Probation/supervision cases will be assessed at regular probation assessment meetings after intake worker has met with defendant the required number of appointments.

14) Victim/Offender meetings -

The purpose of victim-offender meetings is two fold. First, it allows the victim to vent his anger about the crime and confront the offender face to face.

Second, it personalizes the offense for the defendant and gives him the opportunity to meet his victim, oftentimes, for the first time.

In addition, it can be used to settle any disputes concerning restitution or their respective versions of the offense.

Victims are asked if they want a victim/offender meeting once restitution has been determined. If so, then the defendant is informed of this and a date, time and place is set up. Defendants are required to participate in victim/offender meetings.

A victim/offender meeting is held by the intake worker, who sets the guidelines of the meeting and acts as mediator.

The intake worker should meet with both defendant and victim separately to hear both sides of the story and explain to both victim and offender that any abusive language, physical attacks or unruly behavior will not be tolerated. They should explain that this can be a positive experience for both. The victim and offender both have an opportunity to meet each other in an open forum and relieve any feelings they may have concerning this offense. The goal of the meetings is to have both defendant and victim leave with a better feeling towards each other, so that this type of incident won't happen again. It relieves any guilt the defendant may have and allows the victim to vent his/her anger.

Once these things are explained individually, the defendant and victim come together and the intake worker explains it to them again. The victim may wish to start and from then on the intake worker's job is to keep the session on the subject at hand and act as referee.

Any agreements that are reached should be written and signed by both defendant and victim.

15) VIOLENT CRIMES

If you are the victim of a violent crime, or a dependent of a victim who has been killed as the result of a violent crime, you may be entitled to compensation (up to \$10,000) from the state as covered by specific Massachusetts law. A

Continued w/o finding cases, however, should be assessed as soon as restitution is determined and necessary forms are completed. List of Restitution Forms to bring to assessments:

- 1) I.P.A.
- 2) Victim Supervision Sheet
- 3) Earn-It Intake
- 4) Ledger Card
- 5) Index Card
- 6) Folder

After assessments the white copy of the Restitution referral and Restitution Intake goes to the Probation Officer/case manager assigned with the Restitution amount and folder number in the upper right hand corner of both sheets. The white copy of the payment schedule will also be forwarded at this time.

The Supervision Sheet should reflect the progress of the determination of restitution and finally record the P.O., case manager who is assigned. A copy should also be put in the folder.

Once a P.O./ Case Manager is assigned it is their responsibility to keep the victim informed of the case's progress and handle any problems that may occur with the defendant and victim.

They will be responsible for filling out the I.P.A. Closure Form (FORM 11-Juvenile) (FORM 11A-Adult) after restitution/Community Service has been completed.

All Community Service intake referrals will be handled by the Community Service Team.

The assessment committee will provide the computer room with the necessary information for inclusion into the computer.

Presentence Cases

Instead of the first victim letter presentence victims will be forwarded a brochure (FORM 12), "Your Rights and Responsibilities as a Victim of Crime." The victim in this case will be asked their recommendation on disposition of the case and be kept informed of the progress of the case by the intake worker assigned.

Once a disposition is handed down the necessary restitution information will be filled out (FORMS 1-11) and the case will be assessed.

violent crime refers to any act(s) which involve(s) physical force against a victim. In order to collect this compensation, certain requirements will have to be met.

To begin a claim will have to be filed through the Office of the Clerk of Court in the district in which you live.

The claim must be filed no later than one year after the date of the incident, or not later than 90 days after the death of the victim. A police report will have to have been made not later than 48 hours after the occurrence.

The claim must be for at least a \$100,00 out of pocket loss suffered by the victim as a result of the crime, or for at least two continuous weeks of support lost by the victim.

No compensation can be paid if the claimant is compensated through restitution by the defendant, insurance programs, or public funds.

If you are unsure whether you are eligible for compensation under the Massachusetts Violent Crimes Act, or if you simply want more information, consult your attorney or call the Massachusetts Attorney General's Office at 727-5025.

*Note: The Massachusetts Violent Crimes Act does permit payment of Attorney's fees as part of any eventual settlement.

15) INCONVENIENCE COSTS

In addition to requiring offenders to pay back out of pocket loss to victims, all defendants pay an inconvenience cost to the victim based on the income of the defendant.

The rationale for this policy is twofold: 1. It will insure, as before, that victims will be made whole. 2. Further it will insure that the assessment of restitution provides a "punitive" or "corrective" experience.

In effect, by making offenders pay additional inconvenience costs to the victim, we will insure that the repayment constitutes a more substantial and burdensome obligation augmenting the deterrent effect of restitution repayment.

DETERMINATION OF INCONVENIENCE COSTS

Inconvenience costs will be determined on a sliding scale based on the defendant's daily income. The defendant's daily income will be based on their gross yearly income divided by 260.

For Example:

Defendant A's gross income is:	Defendant B's gross income is:
\$6,500.00	\$26,000.00
6,500.00 + 260 = \$25.00 daily income	\$26,000.00 + 260 = \$100.00 daily income

If a defendant is indigent, his income will be considered to be \$6,500.00 - (the equivalent of a minimum wage job.)

Once a defendant's daily income is determined, inconvenience costs will be assessed the amount of twice to five times his daily income, depending upon the category of offense.

There shall be three categories of offenses:

- I. All offenses resulting in personal injury, including those of physical violence.
- II. All offenses involving injury to property, including damaged or missing property.
- III. Offenses that do not involve personal injury or property injury, including shoplifting or larceny by check.

All category I. crimes will subject the offender to an inconvenience rate of five times his daily income. (5X)

All category II. crimes will subject the offender to an inconvenience rate of three times his daily income. (3X)

All category III. crimes will subject the offender to an inconvenience rate of two times his daily income. (2X)

For Example:

	<u>CATEGORY OF OFFENSE</u>	<u>DAILY RATE</u>
I.	<u>Injury Against Persons</u> , i.e. operating under the influence, assault and battery, assault and battery with a deadly weapon.	5 X
II.	<u>Injury to Property</u> , i.e. breaking and entering in the nighttime, daytime, use without authority, leaving the scene after property damage, wanton destruction of personal property.	3 X
III.	<u>No injury to Person or Property</u> , i.e. larceny including fraudulent checks and shoplifting.	2 X

Example:

Both defendant A and defendant B are arrested for a Breaking and Entering/Nighttime. Defendant A's daily income is \$25.00 and Defendant B's daily income is \$100.00. Defendant A therefore would pay \$75.00, while Defendant B will pay \$300.00 in Inconvenience Costs to the victim of the crime in addition to Out of Pocket Loss.

Defendant A	3 X \$ 25.00	= \$ 75.00
Defendant B	3 X \$100.00	= \$300.00

\$375.00 received by victim in Inconvenience Fees above and beyond the Out Pocket Restitution Assessment.

JUVENILE RESTITUTION/COMMUNITY SERVICE ORDER

#1

DEFENDANT: _____ VICTIM: _____
ADDRESS: _____ ADDRESS: _____
COMPLAINT NO. (s): _____ TELEPHONE: _____
TYPE OF OFFENSE: _____
DISPOSITION: _____

I hereby order restitution

- I. to be paid by the defendant in such amount and rate as determined by Earn-It/ Probation.
II. in the amount of \$ _____ at such rate as determined by Earn-It/Probation.
III. in the amount of \$ _____ by (date) _____
(rate of payment, if any) _____

* I hereby order community service, to be determined by Earn-It/Probation within the following range:

Straight Community Service: Minimum _____ Moderate _____ Maximum _____
4-24 hrs. 25-50 hrs. 51-100 hrs.

I hereby order _____ hours of Community Service work to be completed

in lieu of:

Court Costs _____
Fines _____
Other _____

Justice _____ Date _____

I agree to work _____ hours as per this order.

Defendant _____ Date _____

* A 50¢ Community Service Placement Fee for insurance will be charged to each defendant ordered to complete Community Service hours.

#2

COMPLAINTS (WITH DOCKET #'S)

DATE _____

D.C. DIVISION _____

DEPARTMENT _____

PRE-TRIAL INTAKE REPORT
DISTRICT COURT DEPARTMENT/BOSTON MUNICIPAL COURT DEPARTMENT

NAME _____ ALIAS/MAIDEN/PRIOR MARRIAGE _____

ADDRESS _____ LIVING WITH _____

TELEPHONE # _____ OTHER RESIDENCE(S) PAST YEAR: _____

DOB: ___/___/___ POB: _____ I.D. VERIFIED: Y ___ N ___ METHOD: _____
U.S. CITIZEN: Y ___ N ___

HT: ___ WT: ___ HAIR: ___ EYES: ___ SEX: M F RACE: _____ S.S. # _____

FAMILY AND MARITAL STATUS:

FATHER: _____ MOTHER: (MAIDEN) _____

MARITAL STATUS: S M W SEP. _____ DIV _____ SPOUSE: (MAIDEN) _____
(date) (date)

NUMBER OF DEPENDENTS: _____ RELATIONSHIP: _____

EMPLOYMENT RECORD:

OCCUPATION: _____ DATE OF PRESENT EMPLOYMENT: _____

NAME AND ADDRESS OF EMPLOYER: _____

EMPLOYMENT DURING PAST YEAR: _____

PRIOR RECORD: PRIOR: Y ___ N ___ JUVENILE ___ ADULT ___ OUT OF STATE _____

PROBATION/PAROLE STATUS: _____ NAME OF SUPERVISOR: _____

ATTORNEY: C.A. ___ WAIVE ___ UNDECIDED ___ PRIVATE (NAME): _____

ADDITIONAL COMMENTS: (Note physical/emotional problems; substance abuse, etc.)

Probation Officer: _____

FINANCIAL INFORMATION REPORT

WEEKLY WAGES: Gross \$ _____ Net \$ _____ SPOUSE: Gross \$ _____ Net \$ _____

FINANCIAL ASSISTANCE (Amount & Source): _____

OTHER INCOME (Amount & Source): _____

OBLIGATED SUPPORT PAYMENTS: \$ _____ received/paid _____ per month

TOTAL YEARLY INCOME (From All Sources): _____ Other Assets: _____

BANK ACCOUNT(S) BALANCE: Savings \$ _____ Checking \$ _____

MORTGAGE OR RENTAL PAYMENT: \$ _____ /month Board: \$ _____ /week

MOTOR VEHICLE(S): Make/Year _____ Purchase Price: \$ _____ Balance Due: \$ _____

OTHER INDEBTEDNESS: (Balance Due/Monthly Payment) _____

Are you represented by an attorney in any other pending case? YES _____ NO _____

ATTORNEY'S NAME _____

I, being unable to obtain counsel because of my inability to pay an adequate fee, hereby request that an attorney be appointed by the court to represent me. I, hereby, swear or affirm under the penalties of perjury that the above is true to the best of my knowledge.

Defendant's Signature _____ Witness - P.O. _____ Date _____

In the Probation Officer's opinion the defendant is: unable to procure counsel, marginally able to procure counsel; able to procure counsel

PROBATION OFFICER'S SIGNATURE: _____ DATE: _____

Comments: (include any special considerations for the court to note)

JUDGE' FINDING RE COUNSEL: _____

Justice

COMPLAINTS/PETITIONS

COMMONWEALTH OF MASSACHUSETTS

Date 2A _____

THE TRIAL COURT

Completed By _____

DEPARTMENT _____ DIVISION _____

Supervised By _____

JUVENILE INTAKE REPORT

(please type or print)

Name _____ D.O.B. _____ Ver. _____

Address _____ FI/Apt # _____ Telephone # _____

Prior Addresses (past 12 months) _____

DESCRIPTION Ht _____ Wt _____ Sex: M F Race _____ S.S.# _____

Health _____

EDUCATION

School _____ Address _____ Grade _____

Comments _____

FAMILY INFORMATION

FATHER

MOTHER

Name _____ D.O.B. _____ Name _____ D.O.B. _____

Address _____ Tel# _____ Address _____ Tel# _____

Marriage (Date/Place) _____ Marriage (Date/Place) _____

Div/Sep (Date) _____ Div/Sep (Date) _____

Sup. Order _____ Custody _____ Sup. Order _____ Custody _____

Health _____ Health _____

Education _____ Education _____

Occupation _____ S.S.# _____ Occupation _____ S.S.# _____

Employer _____ Employer _____

Length of Time _____ Tel# _____ Length of Time _____ Tel# _____



JUSTICE
 ALBERT L. KRAMER
 LEWIS L. WHITMAN
 PROBATION OFFICERS
 CHIEF
 ANDREW R. KLEIN
 FIRST ASS'T CHIEF
 RICHARD A. VENNA
 ASSISTANT CHIEFS
 DAVID F. SCOTT
 GEORGE V. WARD
 MARTHA MONELL, ESQ.
 EARN-IT-PROGRAM
 CHRISTINE C. DEANE
 DIRECTOR

Trial Court of the Commonwealth
 Quincy Division District Court Department

50 Chestnut Street
 Quincy, Massachusetts 02169
 471-1650

PROBATION OFFICERS
 ROBERT L. CAMPBELL
 KEVIN J. CONLON
 JOSEPH P. CONWAY
 LINTON Z. ELSMORE
 WILLIAM P. ENDRES
 ROBERT E. FLAHERTY
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 CAROL A. TEMPLETON
 WILLIAM F. WOLDMAN
 GEORGE P. ZOULALIAN
 ELDEN D. J. ZUERN

PAYMENT SCHEDULE AGREEMENT

Per the Judge's order of _____, I will pay for the damages resulting from my offense. The amount of restitution determined is \$ _____.

The first payment is due on _____ in the amount of \$ _____. I will then make weekly payments of \$ _____ until the full amount has been paid.

I understand that failure to make regular weekly payments will result in further action by the court.

 DEFENDANT EARN-IT CASE MANAGER

 DATE

NOTE: Payments are to be made at the above address. Only two forms of payment will be accepted.

1. Cash
2. Money Order made payable to the Chief Probation Officer

COMMONWEALTH OF MASSACHUSETTS

THE TRIAL COURT

Department _____ Date _____ 19__

Division _____

To _____

You have been placed on probation to _____.

You have been placed on probation to _____, with a suspended sentence of _____.

Unless otherwise excused, you are required to return to court on _____ when a report on your probation progress will be made.

If you fail to comply with any of the following conditions of probation, now placed on you by this court, you may be ordered to appear again in court, after due notice, and the court may change the conditions, extend the period of probation or impose sentence. If you should fail to appear you may be defaulted and a warrant for your arrest may be issued.

CONDITIONS OF PROBATION

(Strike out conditions not imposed by the Court)

1. You must obey local, state or federal laws or court order.
2. You must report to your assigned probation officer at such time and place as he/she requires.
3. You must notify the probation officer immediately of a change of residence or employment.
4. You must not leave the Commonwealth without the express permission of the probation officer. Such permission may be conditioned upon your agreement to waive extradition.

SPECIAL CONDITIONS OF PROBATION

5. _____
6. _____
7. _____

I have read and understand the above conditions of probation and agree to observe them. I acknowledge receipt of a copy of these conditions.

 Probationer

 Witness (Probation Officer) Make checks payable to

 Signed original to Probationer.

 Signed duplicate in folder.

SUPERVISION SHEET

TT J

6

Department _____
 Division _____
 Docket No. _____
 Office File _____

Name _____
 Offense _____
 Disposition _____ Date of Disposition _____
 Judge _____

Date	Type of Contact	Summary of Results of Contact
		Address: _____ D.O.B. _____ _____ Complaint # and Charge _____ Victim Name: _____ Address: _____ Profiled by: _____ Supervising P.O. _____ EARN-IT Case Manager: _____ <input type="checkbox"/> Ledger Sheet <input type="checkbox"/> Day Sheet <input type="checkbox"/> Cards <input type="checkbox"/> I.P.A. Restitution Amount: \$ _____ Cards Updated _____

INSTRUCTIONS: Use following code for type of contact: R M report by mail;
 O V office visit; H V home visit; N no one at home;
 T telephone; L letter.

(OVER)

JUSTICE
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 WILLIAM F. WOLDMAN
 GEORGE P. ZOULALI
 ELDEN D. J. ZUERF

DATE: _____

RE: Case _____

Dear _____

On _____, the Court found sufficient facts to order restitution for your loss.

In order that we may aid you, as the victim in obtaining the money due you, the Court has assigned me to contact you to work out the details that will insure compliance by the defendant with the court order.

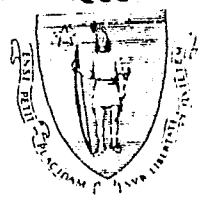
I will need information and documentation from you in reference to your OUT OF POCKET loss within 10 days. If we do not hear from you by _____ we will assume that you will agree with the amount of restitution determined.

Please call me at 471-1650.

Very truly yours,

Office of Victim Assistance
 Earn-It Program

JUSTICE
 ALBERT L. KRAMER
 LEWIS L. WHITMAN
 PROBATION OFFICERS
 CHIEF
 ANDREW R. KLEIN
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 GEORGE P. ZOCALIAN
 ELDEN D. J. ZUERN

Defendant: _____ Date _____

Dear _____:

On _____ the Court found sufficient facts to order restitution for your loss.

This letter is to inform you that we have determined your loss at _____.

The payment schedule arranged with this defendant is _____/_____. They will pay us and we will send checks to you through our bookkeeping department.

If at any time you have any questions concerning this case or your payments, please contact _____ at 471-1650 who is supervising this defendant.*

Very truly yours,

*If there is more than one defendant, there may be more than one probation officer/case manager supervising defendants in this case.

7

FORM I (INDIVIDUAL INTAKE STATISTICAL REPORT)

PROJECT # 8
 City or County & State

2-79

INSTRUCTIONS: Fill out one form for each youth. At the end of each week, send completed forms to the INSTITUTE OF POLICY ANALYSIS, 44 W. Broadway, Suite 401, Eugene, Oregon 97401 (503-485-2282). You should copy the form and keep one for your records.

Restitution File # _____ Court File # _____ Date of Referral to Program _____ mo _____ day _____ year Evaluation Group _____ New Referral _____ Return Referral _____		3. TYPE OF VICTIM _____ person _____ household _____ school or public property _____ store or business _____ other (_____)
1. OFFENDER INFORMATION Date of Birth _____ Sex _____ Race _____ _____ mo _____ day _____ yr 1. male 1. white 2. female 2. black 3. _____ (other) _____ Household Income (yearly) \$ _____ School: 1. fulltime 2. not in school 3. other (_____) Number of prior delinquent offenses _____		4. VICTIM LOSS FROM THIS OFFENSE Actual amount documented loss on adjudicated offense(s) \$ _____ Total amount recovered or paid by other sources, <u>not</u> counting restitution from this offender \$ _____ Amount of restitution already paid by or on behalf of this offender <u>independent</u> of project \$ _____
2. OFFENSE INFORMATION (current charge) Date of Offense _____ mo _____ day _____ year How many victims were there? _____ Have other youths already been referred to the project for this specific incident (i.e., co-offenders)? 1. NO 2. YES [IF YES] List the restitution file numbers of co-offenders: _____		5. COURT ACTIONS (check all that apply) _____ restitution _____ court probation _____ non-secure out-of-home placement _____ secure facility (# of days: _____) _____ commitment to state corrections agency _____ counseling _____ other (_____)
Offense code or Type: _____ Description of offense: _____ _____ _____ _____		6. VICTIM SERVICES (check all that were provided by project) _____ letter sent to victim to document loss _____ face-to-face negotiation meetings (victim and offender) _____ victim interviewed to document loss _____ victim interviewed for _____ _____ other contacts with victim: _____

7. DETAILS OF THE RESTITUTION PLAN

Type of Restitution	Project Recommendation	Ordered by the Court	Expected Date to Begin Work	Date Required to Complete
(a) Monetary Restitution	\$ _____	\$ _____	mo day yr	mo day yr
(b) Unpaid Community Service Hours	_____	_____	mo day yr	mo day yr
(c) Victim Service Hours	_____	_____	mo day yr	mo day yr

8. EXPECTED SOURCE OF MONETARY RESTITUTION

\$ _____ from youth
 \$ _____ from parents/family
 \$ _____ from other (_____)
 \$ _____ loan to youth (FROM _____)

9. SOURCE OF YOUTH'S RESTITUTION FUNDS

_____ employment found by youth
 _____ employment found by project
 _____ employment found by other
 _____ youth's savings (\$ _____)
 _____ other (_____)

10. TYPE OF EMPLOYMENT, WORK, OR SERVICE

_____ CETA position
 _____ subsidized employment
 _____ regular employment
 _____ victim service
 _____ unpaid community service
 _____ other (_____)

What percent of the youth's earnings will be kept by the youth?
 _____ %

Is the on-site supervision done by project personnel?

1. YES 2. NO

11. OTHER INFORMATION

FORM COMPLETED BY: _____

INSTRUCTIONS: Fill out one for each Client. You should copy the form and keep one for your records.

Name: _____

Court File # _____

Date of Referral to Program: mo day year

New Referral _____ Return Referral _____

1. OFFENDER INFORMATION

Date of Birth Sex Race
 mo day yr 1. male 1. white
 2. female 2. black
 3. (other)

Household Income (Yrly) \$ _____

School: 1. fulltime 2. not in school
 3. other (_____)

Number of prior offenses _____

Past incarceration (date) _____

2. OFFENSE INFORMATION (current charge)

Date of Offense mo day year

How many victims were there? _____

Have other clients already been referred to the project for this specific incident (i.e., co-offenders)?

1. NO 2. YES (IF YES) List the names of co-offenders:

Type of offense: _____

Description of offense: _____

3. TYPE OF VICTIM

_____ person
 _____ household
 _____ school or public property
 _____ store or business
 _____ other (_____)

4. VICTIM LOSS FROM THIS OFFENSE

Actual amount documented loss on adjudicated offense(s) \$ _____
 Total amount recovered or paid by other sources, not counting restitution from this offender \$ _____
 Amount of restitution already paid by or on behalf of this offender independent of program \$ _____

5. COURT ACTIONS (Check all that apply)

_____ restitution
 _____ court probation
 _____ incarceration (# of days: _____)
 _____ commitment to state corrections agency
 _____ counseling
 _____ other (_____)

6. VICTIM SERVICES (Check all that were provided by program)

_____ letter sent to victim to document loss
 _____ face-to-face negotiation meetings (victim and offender)
 _____ victim interviewed to document loss
 _____ victim interviewed for _____
 _____ other contacts with victim: _____

7. DETAILS OF RESTITUTION PLAN

Type of Restitution	Ordered by the Court	Expected Date to Begin Work	Risk Need Date	Date required to Complete
(a) Monetary Restitution	\$ _____	mo day year	_____	mo day year
(b) Unpaid Community Service Hours	_____	mo day year	_____	mo day year
(c) Victim Service Hours	_____	mo day year	_____	mo day year

8. EXPECTED SOURCE OF MONETARY RESTITUTION

\$ _____ from client
 \$ _____ from parents/family
 \$ _____ from other (_____)
 \$ _____ loan to client (FROM _____)

11. OTHER INFORMATION

12. Probation Officer/Case Manager Assigned:

FORM COMPLETED BY: _____

9. SOURCE OF CLIENT'S RESTITUTION FUNDS

_____ employment found by client
 _____ employment found by program
 _____ employment found by other
 _____ client's savings (\$ _____)
 _____ other (_____)

10. TYPE OF EMPLOYMENT, WORK, OR SERVICE

_____ CETA position
 _____ subsidized employment
 _____ regular employment
 _____ victim service
 _____ unpaid community service
 _____ other (_____)

What percent of client's earnings will be kept by the client? _____
 Is the on-site supervision done by Program Personnel? YES NO

NAME _____
 ADDRESS _____
 CITY _____

TELEPHONE HOME _____
 BUSINESS _____
 Complaint No. _____
 CASE MANAGER: _____

PAYMENT DUE TO _____
 PAYMENT DATE _____

TOTAL AMOUNT DUE _____
 MONTHLY PAYMENT _____

DATE	REFERENCE	AMOUNT REC'D	BALANCE	DATE	REFERENCE	AMOUNT REC'D	BALANCE

	DATE	TO THE ORDER OF	CHECK NO.	REFERENCE	FINES COSTS	RESTITUTION	D.U.I.L.	NON-SU
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								

BLUE - FINES & COST
 BROWN - RESTITUTION
 GREEN - D.U.I.L.
 RED - NON SUPPORT

FORM C (CASE CLOSURE STATISTICAL REPORT)

2-80

PROJECT

City or County & State

INSTRUCTIONS: One of these forms should be completed on each youth referred to the project. The form should be filled out after the restitution project has closed the case and completed forms sent once each week to the INSTITUTE OF POLICY ANALYSIS, 777 High Street, Suite 222, Eugene, Oregon 97401 (503-485-2282). You should copy the form and keep one for your records.

Restitution File #
Court File #
Date of Referral to Program
Date of Closure from Program
Evaluation Group

4. YOUTH'S EARNINGS

How many dollars did the youth earn and keep from employment listed in item 3?

\$ (total earned) \$ (amount kept)

How much of the youth's total earnings listed above was paid from project funds (i.e., a subsidy)?

\$

1. FINAL RESTITUTION AMOUNTS

Amount of monetary restitution paid
Number of unpaid community service hours
Number of victim service hours
Other

5. REASON FOR CLOSING CASE

Completions:

- full compliance with original restitution requirements
full compliance with adjusted restitution requirements
other

Uncompletions:

- youth never had position
youth lost position(s)
youth unsuccessful in meeting restitution requirements
other

2. SOURCE OF MONETARY RESTITUTION

\$ from youth [to victim or to repay loan]
\$ from parents/family to victim
\$ from other to victim

3. SOURCE OF YOUTH'S RESTITUTION FUNDS

\$ employment found by youth
\$ employment found by project
\$ employment found by others
\$ youth's savings
\$ other

6. RECONTACT WITH COURT

Were there any subsequent court actions for non-compliance with the restitution requirements?

NO YES (# of times)

Since this referral to the project, has the youth been re-referred to the court for a subsequent offense?

NO YES

[IF YES] Offense date: mo day yr

[IF YES] Offense code:

FORM C (CASE CLOSURE STATISTICAL REPORT)

7. CURRENT COURT STATUS OF THE YOUTH (check all that apply)

- no longer under court jurisdiction
on probation
court review scheduled
DATE: mo day year
other

How many days did this youth spend in a secure facility between project intake and case closure?

8. CURRENT LIVING SITUATION

- living with family, guardian, relatives
non-secure out-of-home placement
secure facility
other

9. CURRENT EMPLOYMENT SITUATION

- not employed (does not want work)
unemployed (wants to work, but has no position)
other
employed [IF EMPLOYED, CHECK ONE OF THE FOLLOWING ENTRIES]
restitution job continuing
other position obtained through project
position obtained by youth
other

10. CURRENT PROJECT STATUS OF THE YOUTH

- all project involvement with the referral is completed
project will continue to follow this case for # of days
[FOR WHAT PURPOSE?]

11. INSURANCE

Was any monetary restitution paid directly to an insurance company?

NO YES [IF YES, ENTER THE AMOUNTS BELOW]

\$ to insurance company

\$ to victim

\$ to other

12. OTHER INFORMATION

FORM COMPLETED BY:

11A

FORM C (CASE CLOSURE STATISTICAL REPORT)

ADULT EARN-IT

INSTRUCTIONS: One of these forms should be completed on each client once the case is closed.

Name _____

Court File # _____

Date of referral to program _____ mo _____ day _____ year

Date of Closure from program _____ mo _____ day _____ year

1. FINAL RESTITUTION AMOUNTS

Amount of monetary restitution paid \$ _____

Number of unpaid community service hours _____

Number of victim service hours _____

Other (_____) _____

2. SOURCE OF MONETARY RESTITUTION

\$ _____ from client (to victim or to repay loan)

\$ _____ from parents/family to victim

\$ _____ from other to victim (_____)

3. SOURCE OF CLIENT'S RESTITUTION FUNDS

\$ _____ employment found by client

\$ _____ employment found by program

\$ _____ employment found by others

\$ _____ client's savings

\$ _____ other (_____)

4. CLIENT'S EARNINGS

How many dollars did the client earn and keep from employment listed in 3?

\$ _____ (total earned) \$ _____ (amount kept)

How much of the client's total earnings listed above was paid from program funds (i.e., a subsidy)?

\$ _____

5. REASON FOR CLOSING CASE

Completions:

_____ full compliance with original restitution requirements

_____ full compliance with adjusted restitution requirements

_____ other (_____)

Incompletions:

_____ client never had position

_____ client lost position(s)

_____ client unsuccessful in meeting restitution requirements

_____ other (_____)

6. RECONTACT WITH COURT

Were there any subsequent court actions for non-compliance with the restitution requirements?

NO YES (# of times _____)

Since this referral to the program has the client been re-referred to the court for a subsequent offense?

NO YES

(IF YES) Offense date: _____ mo _____ day _____ year

(IF YES) Offense code: _____

(CONTINUED ON BACK OF SHEET)

#11A

FORM C (CASE CLOSURE STATISTICAL REPORT)

7. CURRENT COURT STATUS OF CLIENT (Check all that apply)

_____ no longer under court jurisdiction

_____ on probation

_____ court review scheduled

DATE: _____ mo _____ day _____ year

_____ other (_____)

How many days did this client spend in secure facility between program intake and case closure?

8. CURRENT LIVING SITUATION

_____ living with family, relatives

_____ non-secure out-of-home placement

_____ secure facility

_____ other (_____)

9. CURRENT EMPLOYMENT SITUATION

_____ not employed (does not want work)

_____ unemployed (wants to work, but has no position)

_____ other (_____)

_____ employed (IF EMPLOYED, CHECK ONE OF THE FOLLOWING ENTRIES)

_____ restitution job continuing

_____ other position obtained through program

_____ position obtained by client

_____ other (_____)

10. CURRENT PROGRAM STATUS OF CLIENT

_____ all program involvement with the referral is completed

_____ program will continue to follow this case for _____ # of days

(FOR WHAT PURPOSE? _____)

11. INSURANCE

Was any monetary restitution paid directly to an insurance company?

NO YES (IF YES, ENTER THE AMOUNTS BELOW)

\$ _____ to insurance company

\$ _____ to victim

\$ _____ to other (_____)

12. OTHER INFORMATION

FORM COMPLETED BY: _____

END