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| **DEPARTMENT OF HEALTH SERVICES**  Division of Care and Treatment Services  F-02620 (02/2020) | | | | | | |  | | | **STATE OF WISCONSIN** | | | | | | |
| **SUPERVISED RELEASE (SR) CLIENT CONTACT REQUEST** | | | | | | | | | | | | | | | | |
| **NOTICE:** | | This form is used as a formal request by a client to have phone or face-to-face contact with potential supportive persons in the community. This forms is to be filled out by the client and one form is used for each potential contact person. A maximum of three (3) requests are allowed each month. Turn this form into your agent upon completion for review and the screening process. You will receive a copy upon completion indicating if the contact has been approved or not and a copy will be placed in your client file. | | | | | | | | | | | | | | |
| Name – Client (Last, First, MI) | | | | | | | | | | | | | | | ID Number | |
|  | | | | | | | | | | | | | | |  | |
| This contact request is for the purpose of:  Phone Contact  Face-to-Face Contact  Chaperone | | | | | | | | | | | | | | | | |
| **Details of Person Contact With is Being Requested** | | | | | | | | | | | | | | | | |
| Contact Name | | | | | | | | Contact Phone Number | | | | | | | Contact Date of Birth | |
|  | | | | | | | |  | | | | | | |  | |
| Contact Address | | | | | City | | | | | | State | | | | Zip Code | |
|  | | | | |  | | | | | |  | | | |  | |
| Relationship of Contact with Client (check all that apply) | | | | | | | | | | | | | | | | |
| Spouse  Parent  Sibling  Aunt/Uncle  Son/Daughter  Other (specify): | | | | | | | | | | | | | | | | |
| Is this potential contact currently under any form of supervision? (For example, Department of Corrections, court ordered, etc.) | | | | | | | | | | | | | | | | |
| Yes  No If yes, specify type of supervision: | | | | | | | | | | | | | | | | |
| List of **previously approved** contacts: | | | | | | | | | | | | | | | | |
| Name of Contact: | | |  | | | Name of Contact: | | |  | | | | | | | |
| Name of Contact: | | |  | | | Name of Contact: | | |  | | | | | | | |
| Name of Contact: | | |  | | | Name of Contact: | | |  | | | | | | | |
| Name of Contact: | | |  | | | Name of Contact: | | |  | | | | | | | |
| Name of Contact: | | |  | | | Name of Contact: | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **This contact will be reviewed by your agent if the following conditions are met (check of as you complete each step):** | | | | | | | | | | | | | | | | |
| I have informed this potential contact person that this request is being submitted  I have attached a Release of Information form to this request for the purpose of my agent to complete the required disclosure  I have completed this form thoroughly and accurately to the best of my knowledge | | | | | | | | | | | | | | | | |
| By signing below, I acknowledge that I have completed the above steps accurately and to the best of my knowledge. I also agree to comply with the expectations outlined below. **Failure to follow this agreement may result in the suspension of contact approval, if granted, and/or further disciplinary actions.** | | | | | | | | | | | | | | | | |
| Initials |  | | | | | | | | | | | | | | | |
|  | I will fully comply with all rules and expectations outlined within this form | | | | | | | | | | | | | | | |
|  | I will fully comply with all SR rules and program policies | | | | | | | | | | | | | | | |
|  | I will fully comply with any expectations in relation to this contact | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | |
| **SIGNATURE** – Client | | | | | | | | | | | | | | | | Date Signed |
|  | | | | | | | | | | | | | | | |  |
| **PRINT NAME** – Client | | | | | | | Name of Agent | | | | | | | | | Date Given to Agent |
|  | | | | | | |  | | | | | | | | |  |
| **This section is to be completed by the Agent of Record** | | | | | | | | | | | | | | | | |
| Name – Client (Last, First, MI) | | | | | | | | | | | | Date Received (Screening needs to occur within 30 days from this date) | | | | |
|  | | | | | | | | | | | |  | | | | |
| Contact Attempts | | | | Date of Attempt | | | Contact Made | | | | | | Message Left | | | |
| Attempt #1 | | | |  | | | Yes  No | | | | | | Yes  No | | | |
| Attempt #2 | | | |  | | | Yes  No | | | | | | Yes  No | | | |
| Attempt #3 | | | |  | | | Yes  No | | | | | | Yes  No | | | |
| The following items where reviewed with the potential contact during the screening process (only phone contact requests can be completed over the phone): | | | | | | | | | | | | | | | | |
| Verified contact understands the clients offense history  Review of Supervised Release Rules  Review of what the Supervised Release Program is and that it is not the same as being on Parole  Review of Chaperone Agreement (signed if that is what is being requested)  Expectations: | | | | | | | | | | | | | | | | |
| Agent of record will contact you on a regular basis to check in  If there are any concerns, they need to be brought to the agent’s attention as soon as possible  If there are any question(s) or doubt(s), call the agent for answers or clarification as soon as possible | | | | | | | | | | | | | | | | |
| **Summary of discussion with potential contact:** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Contact is**  Approved  **NOT** Approved | | | | | | | | | | | | | | | | |
| **For**  Phone Contact  Face-to-Face Contact  Chaperone  DOC form 2559 (Chaperone Agreement) completed | | | | | | | | | | | | | | | | |
| **SIGNATURE** – Agent of Record | | | | | | | | | | | | | | Date Signed | | |
|  | | | | | | | | | | | | | |  | | |
| **PRINT NAME** – Agent of Record | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |