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| **DEPARTMENT OF HEALTH SERVICES**Division of Care and Treatment ServicesF-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 |
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