Harm Reduction with People Involved in the Criminal Justice System

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September 3, 2014

Harm Reduction in the House: Across the Lifespan

Topics

- Overview of Harm Reduction and the Justice System (Andrya)
- Harm Reduction and Criminal Defense (Jennifer)
- Harm Reduction and Criminal Records Relief (Cynthia)
- Meeting People Where They Are: The Cabrini Green Legal Aid Model (Andrya)

Harm Reduction and the Justice System

Harm Reduction and the Justice System

- Civil System
  - Physical Health
  - Self-harm
  - Older Adults
- Criminal System
  - Sex Trade
  - Substance Use
  - Mental Health

Harm Reduction and Criminal Defense

by Jennifer Blagg
jennifer.blagg@yahoo.com

773-859-0081 (I'll never call you back)

What does an arrest mean for my client?

- Level of the offense
  - – usually misdemeanor
- Bond
  - I-bonds – what is it?
  - Bonds – how much is required?
- Incarceration
  - How long?
    - arrest versus conviction

Areas where police focus:

- Union Station
- United Center
- Thompson Center
- Veteran’s Hospital
- Others?

Crime	Thoughts
Prostitution	• Often complaints don't say any more than woman was waving down men in a riding alone in a vehicle.
Theft	• retail theft requires that the person takes items past last point of sale. Problem lately that stores place things right by the exit doors.
Soliciting Unlawful Business	• Easy to charge • Complaints often simply say cops riding down street and saw a group of young men yelling, “Blows blows.” • Client says open air sales don’t happen. • Ways to avoid: don’t have any drugs or large amounts of money

Crime	Thoughts
Trademark Fraud	• Selling perfume and the like that doesn't have proper sale tags • Targets: • Immigrants at Maxwell Street • Key at trial is to show that person did not try to sell fake stuff "knowingly"
Narcotics Loitering **or** **Gang Loitering**	• BS charge • Example: • Cops say they told client to leave block and not come back for 8 hours, but most of clients live on that same street
Gambling	• Used as a way to stop everyone on corner and pat people down
Disorderly Conduct **or** **Reckless Conduct**	• used by police to charge with something random. • Example: Usually running between cars and endangering people's lives

Crime	Thoughts
Criminal Trespass to State Land	• Locations previously discussed • If a client pleads guilty to this then that location always has a certified record that client knew can't go back. If found guilty or plea, make sure says no "unlawful" contact with the location, especially hospitals, so can go in an emergency. Need to have ticket on you if union station. Keep receipt if go to McDonald's • As you know, the issue is that shelters kick out residents in morning and during Chicago winters no where else to go for shelter • Must be given notice and a chance to leave

Crime	Thoughts
Criminal Trespass to (Real) Property	• Clients must leave once given notice and a chance to leave
Battery	• Must be *physical* touch • Self defense always option

Assault	• *NOT* a touch -- just words are enough
	• Means:
	  • Client can't lose it to a CTA worker or annoying neighbor
	• Example:
	  • Saying client should slap them could be considered a misdemeanor offense punishable up to 364 days in jail

Aggravated Assault	• It involves the police or like

Possession of Cannabis	• Normally no arrest
	  • Depends on the amount
	• Cops have lots of reasons they give for an arrest
	  • Examples: "hot" zone, narcotics or gang zone

- Who can your clients call for help?

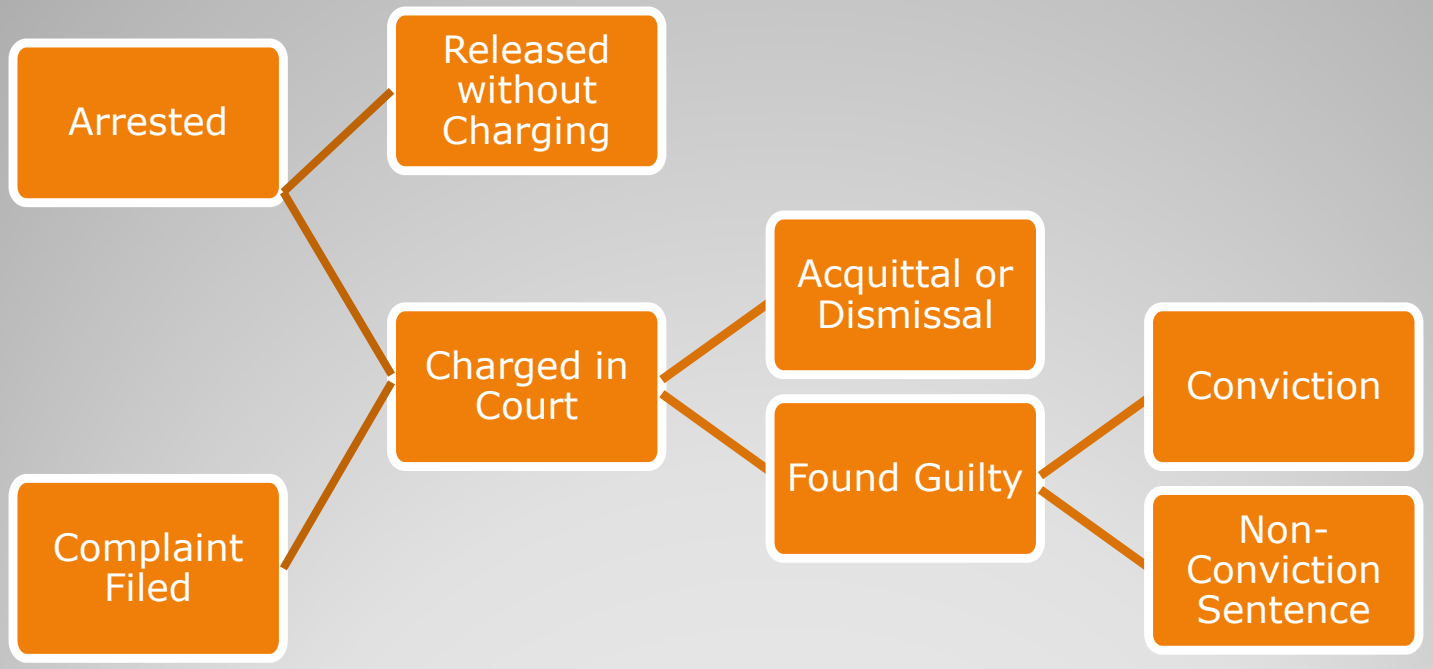
- FIRST DEFENSE LEGAL AID
- CALL 1-800-LAW-REP-4 or (800) 529-7374 FOR A FREE LAWYER, 24 HOURS A DAY, 365 DAYS A YEAR
- http://www.first-defense.org

Harm Reduction
and
Criminal Records Relief

- What is a criminal record?
- Who can see a criminal record?
- What options are available to overcome barriers created by criminal records?
- What is required to obtain relief?
- What are the implications of Harm Reduction?

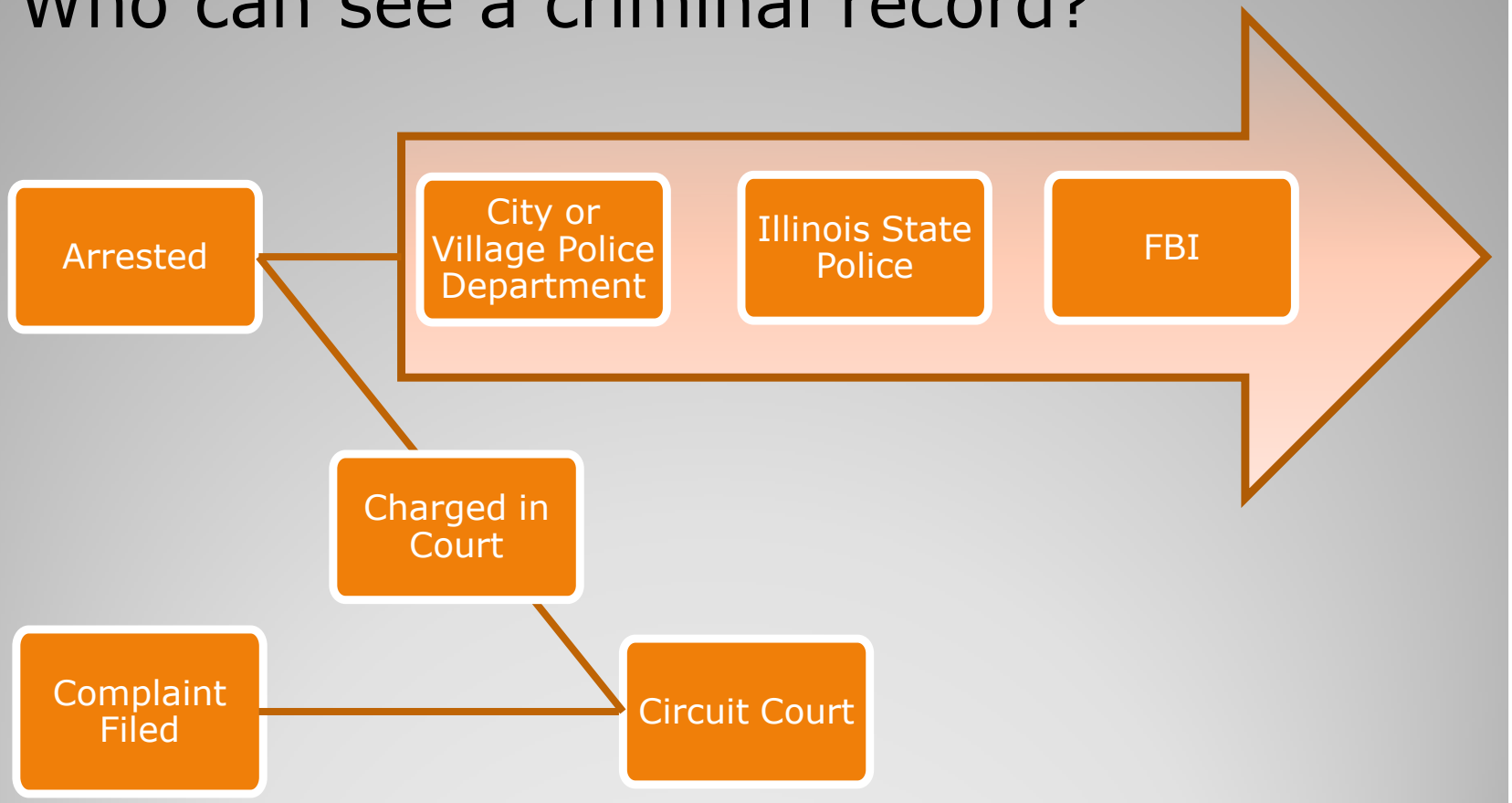
Harm Reduction and Criminal Records Relief

- What is a criminal record?



Harm Reduction and Criminal Records Relief

- Who can see a criminal record?



Harm Reduction and Criminal Records Relief

- What options are available to overcome barriers created by criminal records?

Convictions

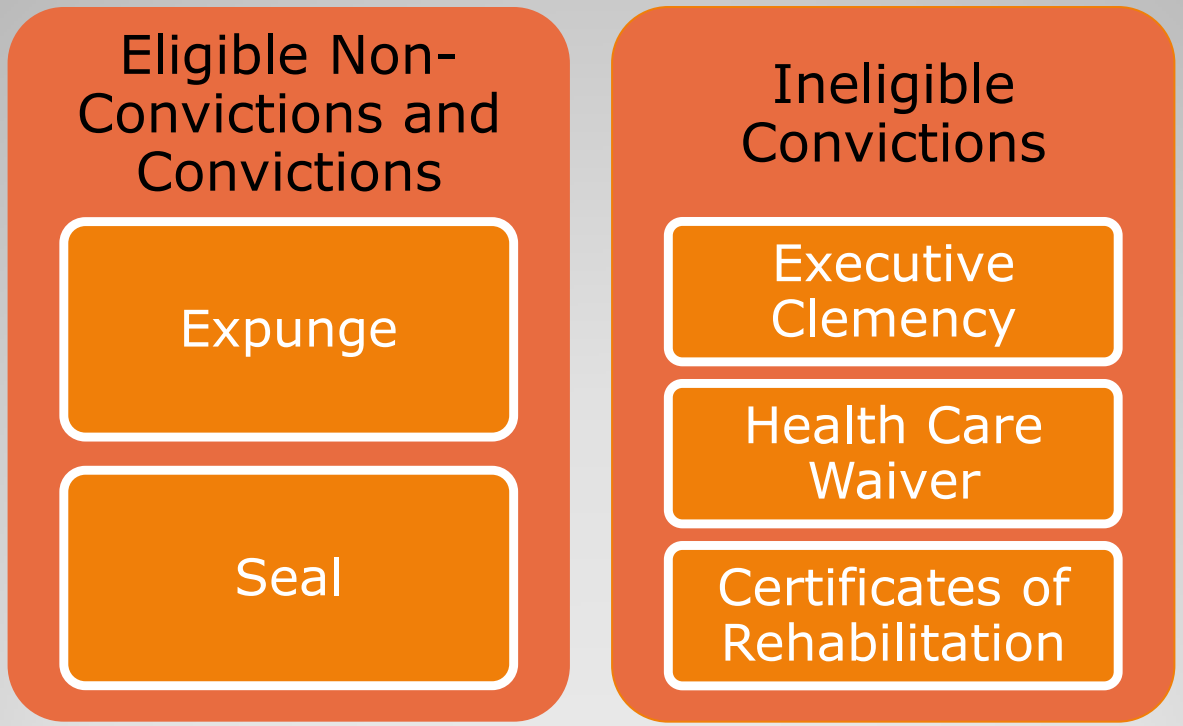
- Jail or Prison
- Probation
- Conditional Discharge
- Time Considered Served
- Fines

Non-Convictions

- Dismissals, Acquittals and RWOC
- Supervision
- 710-1410 Probation
- TASC Probation
- Intensive or Second Chance Probation

Harm Reduction and Criminal Records Relief

- What options are available to overcome barriers created by criminal records?

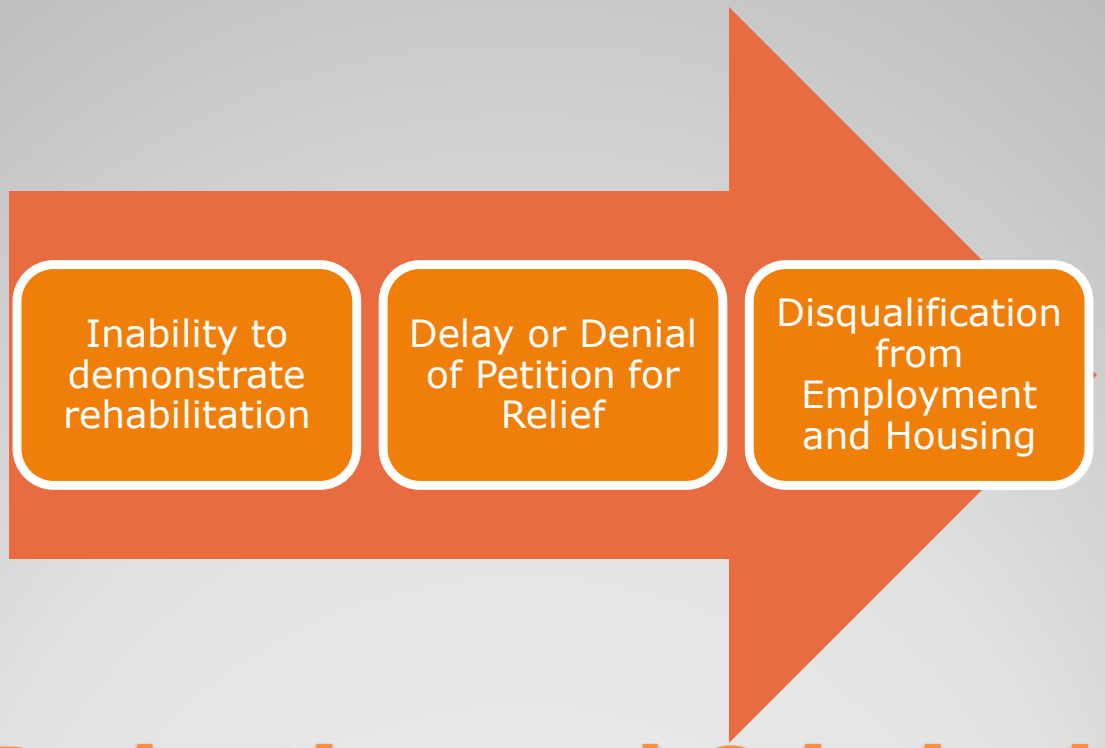


Harm Reduction and Criminal Records Relief

- What is required to obtain relief?

Harm Reduction and Criminal Records Relief

- What are the implications of Harm Reduction on Criminal Records Relief?



Harm Reduction and Criminal Records Relief

Meeting Clients Where They Are

The CGLA Model

- Meeting the client where they are
  - Interdisciplinary
  - Empathic listening
- Working through conflicting goals
  - Empowerment focused
  - Strength-based
  - Education

Meeting Clients Where They Are: The CGLA Model

Questions?

Certificates of Good Conduct and Certificates of Relief from Disability

The forms necessary for filing a Certificate of Good Conduct or Certificate of Relief from Disability can be found at the website of the Clerk of the Circuit Court, Cook County, Illinois:
http://www.cookcountyclerkofcourt.org/?section=FormsPage&FormsPage=4000&FORMNAME=&TITLE=&Submit=Submit

CGLA Cabrini Green Legal Aid

Health Care Worker Waiver Application

Additional information regarding the Health Care Waiver Process can be found at the State of Illinois, Department of Public Health website at http://www.idph.state.il.us/nar/WAIVER_APPLICATION_Facts.pdf

The Health Care Worker Waiver Application can be found online at:

http://www.idph.state.il.us/nar/WAIVER_APPLICATION.pdf

CGLA Cabrini Green Legal Aid

Health Care Waivers

What is a Health Care Waiver?

A law in Illinois (the Healthcare Worker Background Check Act) says that individuals with certain convictions cannot work in a health care setting. Employers are prohibited from hiring individuals with these convictions. However, the Department of Public Health, Health Care Worker Registry can issue a waiver that removes the barrier and allows a person to be hired, despite the conviction.

Who Needs a Waiver?

Waivers are needed for unlicensed health care workers (such as Certified Nurses Assistants, home health care workers, personal care aids) or those in school to work in healthcare. Additionally, a waiver is needed for anyone that wants to work in a healthcare setting and has "access" to patients (such as janitorial, food service and transportation). Waivers are *not* needed for licensed healthcare workers (Registered Nurses, Licensed Practical Nurses, etc.).

When Can I Apply for a Waiver?

Time is counted from the date of conviction

Number of Disqualifying Offenses	Disqualifying Misdemeanor Convictions	Disqualifying Felony Convictions
1	1 year	3 years
2-3	3 years	5 years
More than 3	5 years	10 years

What Convictions are Disqualifying? *No Waiver Necessary if Not a Disqualifying Conviction!!!*

Misdemeanors	Felonies	Automatic Denial – Must Appeal
- Theft* - Retail Theft* - Criminal Trespass to Residence* - Practice Nursing without license* - Assault - Battery - Domestic Battery - Endanger Life/Health of Child* - Criminal Trespass to Residence* - Unlawful Use of Weapon (UUW)* * Sealable Offenses- 4 years after completion of *last* conviction.	- Unlawful Restraint - Forcible Detention - Child Abduction - Tampering w/ food/drug/ cosmetic - Aggravated stalking - Home Invasion - Theft (includes retail and identity) - Forgery - Robbery - Vehicular Hijacking - Burglary and residential burglary - Arson - Reckless Discharge of Firearm - Armed Violence - Practice Nursing w/o a license - Cruelty to children - Receive/Sell/ Use stolen Credit card - Criminal Drug Conspiracy - Methamphetamine Violations - Manufacture, Delivery, or Possession w/ intent Cannabis/Controlled Substance	- Murder (1st, 2nd degree) - Solicitation of Murder - Involuntary Manslaughter - Kidnapping - Indecent solicitation of child - Sexual misconduct with disabled - Exploitation of child - Child Pornography - Aggravated Domestic Battery - Aggravated battery - Heinous Battery - Criminal Sexual Assault - Criminal Sexual Abuse - Abuse/Neglect- LTC resident - Criminal Abuse elderly/disabled - Armed Robbery - Aggravated Vehicular Hijacking - Aggravated Robbery

This is not a complete list. See http://www.idph.state.il.us/nar/disconvictions.htm for a complete list of disqualifying convictions

Notes for Supporting Information

One should always include more information than the application seems to suggest. This includes

(1) Information on the disqualifying conviction;

(2) Information about your life outside the record;

(3) Why you want to work in health care; and

(4) Supporting documentation to support the waiver application.

Below are suggestions for things to write about and documents to gather. **This should be typed to include with the application.**

Description of Conviction (You only need to describe the disqualifying conviction)

This should be an account of the disqualifying offense, in your own words, describing the facts and circumstances. These can include where you were when you were arrested, who you were with, why the offense happened/motivating factors (i.e. drug addiction, bad environment) and lessons learned. When possible, accept responsibility for the conviction and explain why it would not happen again. If any violations of the sentence occurred, explain why.

Other Notes on Life, Reasons for Waiver & Suggested Documents to Gather

You need to prove why you are worthy of a waiver and how your past record will not be an issue with further employment. You should detail other evidence demonstrating your ability to perform the employment responsibilities competently and evidence that you do not pose as a threat to the health or safety of residents, patients or clients.

You should obtain letters of recommendation from family, friends, pastors, anyone who can attest to your character (see page 3 for Guidelines on the letters).

You should also include (if applicable) a current or recent employment reference.

****See attached Health Care Worker Waiver Application****

This form can be found at http://www.idph.state.il.us/nar/WAIVER_APPLICATION.pdf

Guidelines for Letters of Support

It is very beneficial for people to include letters of support with their requests for relief through the court or administrative agencies. The letter should be written in paragraph form and have three basic parts:

Section 1:

Introduce yourself – who you are, what you do for a living, etc.

Section 2:

How do you know this person? Are you a family member, friend, co-worker, church member? How long have you known this person? How often do you interact with him/her? In what types of activities do you participate together?

If you have known this person for a long time, how have you seen him/her grow and change?

Section 3:

How has this person made a positive impact on your life and the lives of others? Be specific! Don't just say he or she is a good person; give examples of how he or she is a good person. What can you say about his or her character? Give specific examples of how they have exhibited these traits. Include any relevant information of which you have first-hand knowledge about his or her strengths as a parent, other family member, friend, co-worker, or community member.

Examples:

- *"Mr. Smith has been a dedicated coach of his son's park district basketball team for the last five years."*
- *"Ms. Johnson and I teach Sunday School together at our church, St. John's."*
- *"Ms. Grant has been a loyal friend to me for the past ten years, always offering to babysit my children when necessary and opening up her home to welcome me and my family."*
- *"Ms. Richards suffered for many years from addiction and wasn't part of our lives, but she is now."*

Always sign the letter & include a phone number or e-mail address.

Please type the letter if possible. If you work at a particular organization or church that has letterhead, it is helpful to print the letter on that letterhead.

To File the Health Care Waiver

1. Put together the supporting documentation needed to accompany the 2 page application (the application should be signed). You should type this information to provide with the Waiver Application.

2. Obtain a court disposition for the disqualifying offense. This is required to show the Registry when you completed your sentence and whether it was satisfactory. Dispositions for Cook County can be obtained at: 50 W. Washington (Daley Center), Room 1006 for a cost of $9 per disposition.

3. Attach other supporting documentation, such as certificates, letters of support, resume, diplomas or other proof of rehabilitation.

4. Mail the packet to the following:

   Illinois Department of Public Health
   Health Care Worker Registry
   525 W. Jefferson Street – Fourth Floor
   Springfield, Illinois 62761

5. Approximately 3-4 weeks after the Registry receives the application, you have a request for Livescan fingerprints mailed to you at your home address listed on the application. You must have your fingerprints taken at one of the agencies listed and the results will be forwarded directly to the registry.

6. At that point, the Registry will reflect the Waiver application is "Pending." See http://www.idph.state.il.us/nar/home.htm.

7. Approximately 3-6 weeks after receipt of the fingerprint results, you will receive a decision by the Department of Public Health. It will be mailed to you at your home address and be reflected on the website above.

State of Illinois
Illinois Department of Public Health

HEALTH CARE WORKER WAIVER APPLICATION
Illinois Department of Public Health

Health Care Worker Registry, 525 W. Jefferson St., Fourth Floor, Springfield, IL 62761
Phone 217-785-5133 Fax 217-524-0137 E-mail DPH.HCWR@Illinois.gov

All information requested on this application must be provided before you will be considered for a waiver. Type or print clearly in ink.

Today's Date _____

Name _____ (First, Full Middle and Last)

Address _____ (Street, Apartment #, P. O. Box)

_____ (City, State, ZIP Code)

_____
Maiden Name (or other name(s) used)

_____ _____
Telephone Social Security Number (required)

I hereby authorize the Illinois Department of Public Health, the Department's designee that trains or tests health care workers, a staffing agency, or the health care employer to request a fingerprint-based criminal history records check submitted as a fee applicant inquiry requested by the Department. I further authorize the Illinois State Police (ISP) to release information relative to the existence or nonexistence of any criminal record which it might have concerning me to the requestor solely to determine my suitability for employment or continued employment. I further authorize any agency that maintains records relating to me, including but not limited to the Federal Bureau of Investigation or a local unit of government, to provide same on request to the ISP or the Department. I certify that the ISP and any agency, including the Department, their employees or officers who furnish this information shall be held harmless from any and all liability which may be incurred as a result of releasing such information. I further acknowledge that a health care employer shall not be liable for the failure to hire or retain an applicant or employee who has been convicted of committing or attempting to commit one or more of the offenses stated in the Health Care Worker Background Check Act (225 ILCS 46/25).

I understand that the information requested below regarding sex, race, height, eye color, and date of birth is for the sole purpose of identification, the gathering of the above mentioned information and the processing of this waiver application. This information will not be used to discriminate against me in violation of the law. I understand that the provision of my Social Security number is required by law. A facsimile or photographic copy of this authorization will be as valid as the original.

☐Male ☐Female Race _____ Height _____ Eye Color _____ Date of Birth _____
(Enter a letter from below):

- **A** Chinese, Japanese, Filipino, Korean, Polynesian, Indian, Indonesian, Asian Indian, Samoan, or any other Pacific Islander
- **B** Black or African American (Not Hispanic or Latino)
- **H** Hispanic or Latino (Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin)
- **I** American Indian, Eskimo, or Alaskan native, or a person having origins in any of the 48 contiguous states of the United States or Alaska who maintains cultural identification through tribal affiliation or community recognition.
- **U** Of undetermined race or of untold mixture
- **W** Caucasian (not Hispanic or Latino)

Work History – If you have previously been employed, you must provide an entire work history or attach a complete resume. Start with your current employer. Attach addition pages if necessary.

_____ _____ _____
Employer Date Started Separation Date

_____
Employer's Address, City, State, ZIP Code

_____ _____ _____
Employer Date Started Separation Date

_____
Employer's Address, City, State, ZIP Code

Other states where you have lived or worked _____

If the use of alcohol or other drugs was involved in the offense, were you ordered to participate in a rehabilitation program as part of the judgment? ☐ Yes ☐ No If yes, you must provide proof of successful completion of the rehabilitation program.

Were you required to pay a fine in connection to a disqualifying offense? ☐ Yes ☐ No If yes, you must provide proof of having paid all fines unless you are on a payment schedule. If on a payment schedule, you must provide proof that you are up-to-date on the schedule.

If you were released on probation (or mandatory supervised release) or parole, you must provide proof of having successfully completed it.

Have you been certified as a nurse aide/assistant in another state? ☐ Yes ☐ No If yes, you must attach a copy of your certification or verification information (such as your certification number_____).

Name used when certified_____. If your current name is different, please attach a copy of the legal document(s) used to change your name (i.e. marriage certificate, divorce decree, etc.) and a copy of your driver's license or other picture identification.

Have you ever had an administrative finding of abuse, neglect or theft? ☐ Yes ☐ No

If "yes," indicate in what state this finding was issued. _____

Have you ever been convicted of a criminal offense, other than a minor traffic violation? ☐ Yes ☐ No

If "yes," provide the circumstance surrounding each offense (what happened, how many years have passed since the offense, the individuals involved, your age at the time of the offense, and any other circumstances surrounding the offense) as well as the state in which you were convicted. If you have been convicted in another state, you must provide information concerning those convictions or attach the complete results of a criminal history records check from that state. If you have a federal conviction, you must provide information concerning that conviction or attach the complete results of a criminal history records check from the Federal Bureau of Investigation. If more space is needed, please attach additional pages. Do not include convictions that have been expunged, sealed or were a juvenile adjudication.

A copy of the following items may be submitted with this application but are not required. (This material will not be returned to you)

1. A current or recent employment reference.
2. A character reference.
3. Other evidence demonstrating the ability of the applicant to perform the employment responsibilities competently and evidence that the applicant does not pose as a threat to the health or safety of residents, patients or clients.

I certify that the above is true and correct and give my consent for my name to appear on the Department's Health Care Worker Registry with the results of my criminal history records check.

_____ _____
Signature Date

As the parent or guardian of the above named individual, who is younger than the age of 17, I give my consent for this named individual to have a criminal history records check.

_____ _____
Signature Date

Mail this completed form to Illinois Department of Public Health, Health Care Worker Registry, 525 W. Jefferson St., Fourth Floor, Springfield, IL 62761. The Department will send you a Livescan Request Form by return mail. You will use the Livescan Request Form to have your fingerprints collected from one of the contracted livescan vendors.

Certificates of Good Conduct and Certificates of Relief from Disability

Certificates provide a form of relief for those with past criminal convictions, to have a court-ordered finding of rehabilitation to aid in the search for employment. "Certificates" are issued to by the courts.

Who Can Apply?

Eligible offenders, as defined by 730 ILCS 5/5-5.5-5, are individuals:

- With no more than two felony convictions.*
- Not convicted of any of the following crimes:
  - Class X felonies, aggravated driving under the influence, aggravated domestic battery or any offense that results in registration.
  - "Forcible felonies" (murder, arson, kidnapping) resulting in great bodily harm. Aggravated Battery or other felony involving violence or physical force resulting in "great bodily harm or permanent disability."

When Can a Person Apply?

- *Good Conduct*: 3 years from the completion of the felony offense or one year for a misdemeanor. 730 ILCS 5/5-5.5-30(c).*
  - The completion of the sentence is the date the person terminates probation, conditional discharge or is released from parole.
- *Relief from Disability:* at the time the sentence is pronounced or anytime thereafter. 730 ILCS 5/5-5.5-15(a)

What Employment Barriers Can be Waived for CGCs?

- Any Illinois law that prohibits the hiring of individuals with certain convictions, with the exception of law enforcement. 730 ILCS 5/5-5.5-25(a). Examples include: the Illinois School Code, the Park District Code, the Metropolitan Transit Act, etc.

What Licenses Can CRD Be Issued For?

- Animal Welfare Act, Illinois Athletic Trainers Practice Act, Barber, Cosmetology, Esthetics, and nail Technology Act of 1985, Boiler and Pressure Vessel Repairer Regulation Act, Professional Boxing Act, Illinois Certified Shorthand Reporters Act of 1984, Illinois Farm Labor Contractor Certification Act, Interior Design Title Act, Illinois Professional Land Surveyor Act of 1989, Illinois Landscape Architecture Act of 1989, Marriage and Family Therapy Licensing Act, Private Employment Agency Act, Professional Counselor and Clinical Professional Counselor Licensing Act, Real Estate License Act of 2000, Illinois Roofing Industry Licensing Act, Professional Engineering Practice Act, Water Well and Pump Installation Contractors License Act, Electrologist Licensing Act, Auction License Act, Illinois Architecture Practice Act of 1989, Dietetic and Nutrition Services Practice Act, Environmental Health Practitioner Licensing Act, Funeral Director and Embalmers Licensing Code, Land Sales Registration Act of 1999, Professional Geologist Licensing Act, Illinois Public Accounting Act, Structural Engineering Practice Act of 1989.

How Does One Apply?

- Through a verified petition, filed with the circuit court in the county of conviction. **See Attached Petitions**.
- Certificates are heard before the Chief Judge of the District.

What is Contained in the Petition?

- Information about the criminal record, including rap sheet, court dispositions and any other supporting court documents.
- The employment bar (if any) that is sought through a CGC or the license sought through a CRD with the Department of Professional Regulation.
- Proof of rehabilitation and why a person is deserving of the relief sought.

HB 5771 is awaiting signature from the Governor, which removes the limitation on felonies and changes the time limitations for filing

Notes for Information to Gather for the Judge

There are several things you must organize and prepare for to go before the Judge. This includes you criminal history information, being able to talk about your background and providing supporting evidence and documentation to the Judge as to your "rehabilitation." Below are notes on how to address your conviction, what to focus on to prove rehabilitation, suggested documents to gather and ways to talk about specific employment barriers if needed.

Criminal History Information

The judge will want to see what is on the criminal record. This includes court dispositions for the case in which you seek a certificate especially. Court dispositions can be obtained for $9 per case from the Clerk's Office either in Room 1006 at the Daley Center or 5th Floor at 26th & California.

Also, if cases are in Chicago, the judge will want to see your Chicago Police Department RAP Sheet (from 35th & Michigan, $16 fee, Monday through Friday, 8-12, Pick-Up is one week later).

Evidence of "Rehabilitation"

The judge needs to know that you are worthy of having a Certificate granted. The judge will need to know information about your life, about your struggles and about your accomplishments. Have information ready about your educational and employment history (including resume, degrees or certificates, letters from teachers or past employers).

Talk about what you do in the community (volunteer, part of your family, include letters from family, church or other organizations).

Specific Employment Barriers

If you are seeking a Certificate for a specific employment barrier, talk about why you are otherwise qualified for the job but for your conviction (i.e. you have training in that field, you have history working in that field). Include information if you have been denied an opportunity already because of your record).

Guidelines for Letters of Support

It is very beneficial for people to include letters of support with their requests for relief through the court or administrative agencies. The letter should be written in paragraph form and have three basic parts:

Section 1:

Introduce yourself – who you are, what you do for a living, etc.

Section 2:

How do you know this person? Are you a family member, friend, co-worker, church member? How long have you known this person? How often do you interact with him/her? In what types of activities do you participate together?

If you have known this person for a long time, how have you seen him/her grow and change?

Section 3:

How has this person made a positive impact on your life and the lives of others? Be specific! Don't just say he or she is a good person; give examples of how he or she is a good person. What can you say about his or her character? Give specific examples of how they have exhibited these traits. Include any relevant information of which you have first-hand knowledge about his or her strengths as a parent, other family member, friend, co-worker, or community member.

Examples:

- *"Mr. Smith has been a dedicated coach of his son's park district basketball team for the last five years."*
- *"Ms. Johnson and I teach Sunday School together at our church, St. John's."*
- *"Ms. Grant has been a loyal friend to me for the past ten years, always offering to babysit my children when necessary and opening up her home to welcome me and my family."*
- *"Ms. Richards suffered for many years from addiction and wasn't part of our lives, but she is now."*

Always sign the letter & include a phone number or e-mail address.

Please type the letter if possible. If you work at a particular organization or church that has letterhead, it is helpful to print the letter on that letterhead.

To File the Petition for Certificate And How the Hearing Operates

1. Type up information above. Obtain copies of relevant documents and letters of recommendation/support (see attached for guidelines on how others can write letters for you). Combine the typed up information and your supporting documents with the Notification of Motion, Petition and Order (See attached sample documents).

2. This complete packet is ready to be filed at the Clerk's Office to obtain a court date. Bring three copies to have file stamped – one for you, one for the State's Attorneys and one for the Clerks.

   In Chicago, you file at the 5th Floor Clerk's Office at 26th & California.

   There is no filing fee. You will be given a court date one week later at a minimum. If your case occurred in a suburban district of Cook County or in another county, you will have to go to that Clerk's Office to file.

3. Drop a copy off for the State's Attorney, so they have notice you will be in court. In Chicago, they State's Attorneys are located on the 12th Floor above the Clerk's Office. Just drop off a copy with the secretary.

4. Appear at your court date! In Chicago, they are scheduled for 9:00, but are often not heard until 9:45 or 10:00 (so be prepared to sit around for a bit). When your case is called, you will appear before the Judge to argue your case.

5. Bring supporters with! It is good to show the court that you have support and those individuals can also testify to the judge.

6. Be ready to explain your record, why it happened and why you are a good person. Have your copy of the filing ready for the judge, so he can see your records (the rap sheet and dispositions) as well as your supporting documents. Be honest and forthright.

7. The State's Attorney is allowed to object, but do not be offended – that is their job!

8. If granted, the judge will sign the prepared order the same day. Congratulations!

9. If the Judge says you need an attorney, please call Cabrini Green Legal Aid (CGLA) at 312-738-2452 ext. 404 for an intake appointment. Ask the judge for a three week continuance to allow you to come in for this appointment.

Sample Documents for Petition for Certificate of Good Conduct

NOTIFICATION OF MOTION

Dated Received _____, _____ Date to be Heard _____, _____

Defendant's Name _____

Case No. _____ Charge _____

Before Judge _____ Room _____ Regular Call _____

Specialty Call _____

Nature of Motion _____

_____

Requester's Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Atty. No. (if applicable): _____

Completed _____, _____

DOROTHY BROWN, CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

Office Use Only

- ❑ Filed
- ❑ Received File
- ❑ Verbal
- ❑ Petiton/Motion enclosed

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

PEOPLE OF THE STATE OF ILLINOIS
or

☐ _____,
A Municipal Corporation,

v.

_____,
Defendant/Petitioner

No.:_____

PETITION FOR A CERTIFICATE OF GOOD CONDUCT OR TO ENLARGE THE RELIEF PREVIOUSLY GRANTED IN A CERTIFICATE OF GOOD CONDUCT

Pursuant to 730 ILCS 5/5-5.5-5 *et. seq.* the Petitioner petitions the Court to hold a rehabilitation review and to order that ☐ Defendant/Petitioner has qualified for a Certificate of Good Conduct or ☐ the relief previously granted in a Certificate of Good Conduct shall be enlarged, and in support of the Petition states as follows:

1. Petitioner has not been convicted more than twice of a felony, as defined by 730 ILCS 5/5-5.5-5.
2. Petitioner has not been convicted of
   a. An offense or attempted offense under the Sex Offender Registration Act, 730 ILCS 150/1 *et. seq.*
   b. An offense or attempted offense under the Arsonist Registration Act, 730 ILCS 148/1 *et. seq.*
   c. An offense or attempted offense under the Child Murderer and Violent Offender Against Youth Registration Act, 730 ILCS 154/1 *et. seq.*
   d. An offense or attempted offense of a Class X felony
   e. An offense or attempted offense of aggravated driving under the influnce of alcohol, other drugs or intoxicating compounds
   f. An offense or attempted offense of aggravated domestic battery
   g. An offense or attempted offense of forcible felony (first or second degree murder, aggravated arson, arson, aggravated kidnapping, kidnapping, aggravated battery that resulted in great bodily harm or permanent disability and any other felony that involved the use of physical force or violence against any individual that resulted in great bodily harm or permanent disability).
3. Petitioner has conducted him/herself in a manner warranting the issuance of the Certificate for the following time period:
   a. One year, if the most serious crime was a Misdemeanor, or
   b. Three years if the most serious crime was a Class 1, 2, 3 or 4 felony

   The minimum period of good conduct shall be measured either from the date of (a) the payment of any fine imposed or (b) release from custody by parole, mandatory supervised release or commutation or termination of sentence.
4. Petitioner understands that, for purposes of this Petition:
   a. "Felony" means a conviction of a felony in this State or an offense in any other jurisdiction for which a sentence to a term of imprisonment in excess of one year was authorized.
   b. "Conviction" includes a plea or a verdict of guilty upon which a sentence of probation, conditional discharge or supervision was imposed.
   c. The following shall be deemed to be only one felony conviction:
      i. Two or more convictions of felonies charged in separate counts of one indictment or information.
      ii. Two or more convictions of felonies charged in two or more indictments or information filed in the same court prior to entry of judgment under any of them.

(OVER)

5. ☐ The Petitioner was convicted of a crime not within the State of Illinois and there exist specific facts and circumstances and specific sections of Illinois State law that have no adverse impact on the applicant and warrant the application for relief to be made in Illinois, as follows:

_____

_____

_____

(Attach additional pages and/or supporting documents when necessary.)

6. ☐ The Petitioner is presently under the conditions of parole or mandatory supervised release imposed by the Prisoner Review Board and therefore requests a temporary Certificate of Good Conduct until the time s/he is discharged from the terms of parole or mandatory supervised release, pursuant to 730 ILCS 5/5-5.5-30(e).

7. ☐ The Petitioner was previously granted a Certificate of Good Conduct on _____, _____ and seeks enlargement of that Certificate pursuant to 730 ILCS 5/5-5.5.-30(d). (Attach a copy of the court order granting the Certificate).

8. The Petitioner states the relief should be granted for the following reasons:

_____

_____

_____

(Attach additional pages and/or supporting documents when necessary.)

9. The relief to be granted by the Certificate is consistent with the rehabilitation of the Petitioner.

10. The relief to be granted by the Certificate is consistent with the public interest.

WHERFORE, the Petitioner petitions this court to make a specific finding of rehabilitation with the force and effect of a final judgment on the merits, and;

A. ☐ Issue a Certificate of Good Conduct for the Petitioner or
B. ☐ Enlarge the relief offered by the Certificate of Good Conduct previously issued to Petitioner.
C. ☐ Issue a temporary Certificate of Good Conduct.

_____
Signature of *Pro Se* Petitioner (or Attorney)

VERIFICATION BY CERTIFICATION

Under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, 735 ILCS 5/1-109, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that s/he verily believes the same to be true.

_____, _____ _____
Date Signature of Petitioner

Atty. No.: _____ *Pro Se* 99500

Attorney (or *Pro Se* Petitioner):

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

PEOPLE OF THE STATE OF ILLINOIS
or

_____,
A Municipal Corporation,

v.

_____,
Defendant/Petitioner

No.: _____

CERTIFICATE OF GOOD CONDUCT

This matter coming before the court pursuant to 730 ILCS 5/5-5.5-5 *et. seq.* for hearing on Petitioner's Petition for a Certificate of Good Conduct or Enlargement of Relief Previously Granted in a Certificate of Good Conduct, a rehabilitation review having been held, the Court being fully advised finds by clear and convincing evidence that:

1. Petitioner is an eligible offender, as defined in 730 ILCS 5/5-5.5-5 in that s/he:
   a. Has not been convicted more than twice of a felony
   b. Has not been convicted of
      i. An offense or attempted offense under the Sex Offender Registration Act, 730 ILCS 150/1 *et. seq.*
      ii. An offense or attempted offense under the Arsonist Registration Act, 730 ILCS 148/1 *et. seq.*
      iii. An offense or attempted offense under the Child Murderer and Violent Offender against Youth Registration Act, 730 ILCS 154/1 *et. seq.*
      iv. An offense or attempted offense of a Class X felony
      v. An offense or attempted offense of aggravated driving under the influnce of alcohol, other drugs or intoxicating compounds
      vi. An offense or attempted offense of aggravated domestic battery
      vii. An offense or attempted offense of forcible felony (first or second degree murder, aggravated arson, arson, aggravated kidnapping, kidnapping, aggravated battery that resulted in great bodily harm or permanent disability and any other felony that involved the use of physical force or violence against any individual that resulted in great bodily harm or permanent disability).
2. Petitioner has conducted him/herself in a manner warranting the issuance of the Certificate for the following time period:
   a. ☐ One year, if the most serious crime was a Misdemeanor, or
   b. ☐ Three years, if the most serious crime was a Class 1, 2, 3 or 4 Felony
3. ☐ The Petitioner was convicted of a crime not within the State of Illinois and there exist specific facts and circumstances and specific sections of Illinois State law that have no adverse impact on the applicant and warrant the application for relief to be made in Illinois, as follows:

   _____

   _____

   _____
4. ☐ The Petitioner is presently under the conditions of parole or mandatory supervised release imposed by the Prisoner Review Board.

(OVER)

5. ☐ The Petitioner was previously granted a Certificate of Good Conduct on _____, _____, and seeks enlargement of that Certificate, pursuant to 730 ILCS 5/5-5.5-30(d). (Attach a copy of the court order granting the Certificate.)

6. The relief to be granted by the Certificate is consistent with the rehabilitation of the Petitioner.

7. The relief to be granted by the Certificate is consistent with the public interest.

8. The Petioner has been a law abiding citizen and is fully rehabilitated.

IT IS HEREBY ORDERED:

A. ☐ The Petition for a Certificate of Good Conduct is GRANTED, or
   ☐ The Petition to enlarge the relief previously granted in a Certificate of Good Conduct is GRANTED, or
   ☐ A temporary Certificate of Good Conduct is GRANTED, pursuant to 730 ILCS 5/5-5.5-5(e).

B. ☐ A copy of this Order shall be forwarded by the Clerk of Court to the Illinois State Police.

C. ☐ A certified copy of this Order shall serve as a Certificate of Good Conduct.

ENTERED:

Dated: _____, _____ _____
Judge Judge's No.

Atty. No.: _____ *Pro Se* 99500

Attorney (or *Pro Se* Petitioner):

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Sample Documents for Petition for Certificate of Relief from Disabilities

NOTIFICATION OF MOTION

Dated Received _____, _____ Date to be Heard _____, _____

Defendant's Name _____

Case No. _____ Charge _____

Before Judge _____ Room _____ Regular Call _____

Specialty Call _____

Nature of Motion _____

_____

Requester's Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Atty. No. (if applicable): _____

Completed _____, _____

DOROTHY BROWN, CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

Office Use Only

- ❑ Filed
- ❑ Received File
- ❑ Verbal
- ❑ Petiton/Motion enclosed

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

☐ PEOPLE OF THE STATE OF ILLINOIS

v.

_____,
Defendant/Petitioner

No. _____

PETITION FOR A CERTIFICATE OF RELIEF FROM DISABILITIES OR TO ENLARGE THE RELIEF PREVIOUSLY GRANTED IN A CERTIFICATE OF RELIEF FROM DISABILITIES

Pursuant to 730 ILCS 5/5-5.5-5 *et. seq.* the Petitioner petitions the Court to order that:

☐ Petitioner has qualified for a Certificate of Relief From Disabilities *or*
☐ the relief previously granted in a Certificate of Relief From Disabilities shall be enlarged, and in support of the Petition states as follows:

1. Petitioner has not been convicted more than twice of a felony, as defined by 730 ILCS 5/5-5.5-5.

2. Petitioner was not convicted of an offense or attempted offense that would subject a person to registration under the Sex Offender Registration Act, 730 ILCS 150/1 *et. seq.*, the Arsonist Registration Act, 730 ILCS 148/1 *et. seq.*, or the Child Murderer and Violent Offender Against Youth Registration Act, 730 ILCS 154/1 *et. seq.*.

3. Petitioner was not convicted of committing or attempting to commit a Class X felony; aggravated driving under the influence of alcohol, other drugs or drugs or intoxicating compound or compounds or any combination thereof; aggravated domestic battery; or a forcible felony as defined by 730 ILCS 5/5-5.5-5.

4. Petitioner understands that, for purposes of this Petition, "conviction" includes a plea or a verdict of guilty upon which a sentence of probation, conditional discharge or supervision has been imposed 730 ILCS 5/5-5.5-5 (iii).

5. (check if applicable) ☐ The Petioner has previously been granted a Certificate of Relief from Disabilities on _____, _____ and seeks enlargement of the Certificate in order to obtain relief to apply for additional licenses or certification, as indicated in paragraph 6 (Attach a copy of the court order granting the Certificate.)

6. Petitioner seeks a license or certification pursuant to the following (check all that apply):
   - ☐ The Animal Welfare Act [Petioner was not convicted under Section 3, 3.01, 3.02, 3.03, 3.03-1 or 4.01 of the Humane Care for Animals Act, 510 ILCS 70/3, 510 ILCS 70/3.01, 510 ILCS 70/3.02, 510 ILCS 70/3.03, 510 ILCS 70/3.03-01 or 510 ILCS 70/4.01 or Section 26-5 of the Criminal Code of 1961, 710 ILCS 5/26/-5]
   - ☐ The Illinois Athletic Trainers Practice Act, 225 ILCS 5/1 *et, seq.*
   - ☐ The Barber Cosmetology, Esthetics, Hair Braiding and Nail Technology Act of 1985, 225 ILCS 410/1-1 *et. seq.*
   - ☐ The Boiler and Pressure Vessel Repairer Regulation Act 225 ILCS 203/1 *et. seq.*
   - ☐ The Professional Boxing Act, 225 ILCS 105/1 *et. seq.*
   - ☐ The Illinois Certified Shorthand Reporters Act of 1984, 225 ILCS 415/1 *et. seq.*
   - ☐ The Illinois Farm Labor Contractor Certification Act, 225 ILCS 505/1 *et seq.*
   - ☐ The Interior Design Title Act, 225 ILCS 310/1 *et. seq.*
   - ☐ The Illinois Professional Land Surveyor Act of 1989, 225 ILCS 330/1 *et. seq.*
   - ☐ The Illinois Landscape Architecture Act of 1989, 225 ILCS 315/1 *et. seq.*
   - ☐ The Marriage and Family Therapy Licensing Act, 225 ILCS 55/1 *et. seq.*
   - ☐ The Private Employment Agency Act, 225 ILCS 515/0.01 *et. seq.*
   - ☐ The Professional Counselor and Clinical Professional Counselor Licensing Act, 225 ILCS 107/1 *et. seq.*
   - ☐ The Real Estate License Act of 2000, 225 ILCS 454/1-1 *et. seq*
   - ☐ The Illinois Roofing Industry Licensing Act, 225 ILCS 335/1 *et. seq.*

(OVER)

- ☐ Professional Engineering Practice Act, 225 ILCS 325/1 *et. seq.*
- ☐ Water Well and Pump Installation Contractors License Act, 225 ILCS 345/1 *et. seq.*
- ☐ Electrologist Licensing Act, 225 ILCS 345/1 *et. seq.*
- ☐ The Auction License Act, 225 ILCS 407/5-1 *et. seq.*
- ☐ Illinois Architecture Practice Act of 1989, 225 ILCS 305-1 *et. seq.*
- ☐ The Dietetic and Nutrition Services Practice Act, 225 ILCS 30/1 *et. seq.*
- ☐ The Environmental Health Practitioner Licensing Act, 225 ILCS 37/1 *et. seq.*
- ☐ The Funeral Directors and Embalmers Licensing Code, 225 ILCS 41/1 *et. seq.*
- ☐ The Land Sales Registration Act of 1999, 765 ILCS 86/1-1 *et. seq.*
- ☐ The Professional Geologist Licensing Act, 225 ILCS 745/1 *et. seq.*
- ☐ The Illinois Public Accounting Act of 1989, 225 ILCS 340/1 *et. seq.*
- ☐ The Structured Engineering Practice Act of 1989, 225 ILCS 340/1 *et. seq.*

7. The Petitioner states the relief should be granted for the following reasons:

_____

_____

_____

_____

(Attach additional pages and/or supporting documents when necessary.)

8. The relief to be granted by the Certificate is consistent with the public interest.

9. Petitioner understands that, for the purpose of determining whether the certificate shall be issued, the court may elect to request that the probation or court services department conduct an investigation of the Petitioner, and that they submit to the court a written confidential report in accordance with the request. 730 ILCS 5/5-5.5-15(c).

WHEREFORE, the Petitioner petitions this court to:

A. ☐ order that the Petitioner has qualified for a Certificate of Relief from Disabilities, or

B. ☐ order that the Petitioner has qualified for enlargement of the relief offered by the Certificate of Relief from Disabilities previously issued to Petitioner.

_____
Signature of Defendant/Petitioner

VERIFICATION BY CERTIFICATION

Under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, 735 ILCS 5/1-109, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief, and as to such matters the undersigned certifies as aforesaid that s/he verily believes the same to be true.

_____, _____ _____
Date Signature of Petitioner

Atty. No.: _____ *Pro Se* 99500

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

☐ PEOPLE OF THE STATE OF ILLINOIS
or

☐ _____,
A Municipal Corporation,
v.

_____,
Defendant.

Case Nos. _____
_____
_____
_____
_____
_____

ORDER GRANTING PETITION FOR A CERTIFICATE OF RELIEF FROM DISABILITIES OR ENLARGING RELIEF PREVIOUSLY GRANTED IN A CERTIFICATE OF RELIEF FROM DISABILITIES

This matter coming before the court pursuant to 730 ILCS 5/5-5.5-5 *et. seq.* for hearing on Petitioner's Petition for a Certificate of Relief from Disabilities or Enlargement of Relief Previously Granted in a Certificate of Relief from Disabilities, the Court being fully advised finds as follows:

1. Petitioner is an eligible offender, as defined in 730 ILCS 5/5-5.5-5 in that s/he:

   A. has only one felony conviction as defined by 730 ILCS 5/5-5.5-5(i)-(iii)
   B. was not convicted of a crime of violence under the Crime Victim's Compensation Act, 740 ILCS 45/2,
   C. was not convicted of a Class X or nonprobationable offense, and
   D. was not convicted under Articles 11 or 12 of the Criminal Code of 1961, 720 ILCS 5/11-1 *et. seq.*, 720 ILCS 5/12-1 *et. seq.*

2. Petitioner's sentence was not executed by commitment to an institution under the Department of Corrections.

3. ☐ The Petitioner has previously been granted a Certificate of Relief from Disabilities on (date) _____, _____ and seeks enlargement of that Certificate.

4. Petitioner seeks a license or certification pursuant to the following (check all that apply):

   ☐ The Animal Welfare Act [Petitioner was not convicted under Section 3, 3.01, 3.02, 3.03, 3.03-1, or 4.01 of the Humane Care for Animals Act, 510 ILCS 70/3, 510 ILCS 70/3.01, 510 ILCS 70/3.02, 510 ILCS 70/3.03, 510 ILCS 70/3.03-1, or 510 ILCS 70/4.01, or Section 26-5 of the Criminal Code of 1961, 720 ILCS 5/26-5

   ☐ The Illinois Athletic Trainers Practice Act, 225 ILCS 5/1 *et. seq.*

   ☐ The Barber, Cosmetology, Esthetics, Hair Braiding and Nail Technology Act of 1985, 225 ILCS 410/1-1 *et. seq.*

   ☐ The Boiler and Pressure Vessel Repairer Regulation Act, 225 ILCS 203/1 *et. seq.*

   ☐ The Professional Boxing Act, 225 ILCS 105/1 *et. seq.*

   ☐ The Illinois Certified Shorthand Reporters Act of 1984, 225 ILCS 415/1 *et. seq.*

   ☐ The Illinois Farm Labor Contractor Certification Act, 225 ILCS 505/1 *et. seq.*

   ☐ The Interior Design Title Act, 225 ILCS 310/1 *et. seq.*

   ☐ The Illinois Professional Land Surveyor Act of 1989, 225 ILCS 330/1 *et. seq.*

   ☐ The Illinois Landscape Architecture Act of 1989, 225 ILCS 315/1 *et. seq.*

   ☐ The Marriage and Family Therapy Licensing Act, 225 ILCS 55/1 *et. seq*

   ☐ The Private Employment Agency Act, 225 ILCS 515/0.01 *et. seq.*

(OVER)

- ☐ The Professional Counselor and Clinical Professional Counselor Licensing Act, 225 ILCS 107/1 *et. seq.*
- ☐ The Real Estate License Act of 2000, 225 ILCS 454/1-1 *et. seq.*
- ☐ The Illinois Roofing Industry Licensing Act, 225 ILCS 335/1 *et. seq.*
- ☐ Professional Engineering Practice Act (225 ILCS 325/1 *et. seq.*)
- ☐ Water Well and Pump Installation Contractors License Act (225 ILCS 345/1 *et. seq.*)
- ☐ Electrologist Licensing Act (225 ILCS 345/1 *et. seq.*)
- ☐ The Auction License Act, 225 ILCS 407/5-1 *et. seq.*
- ☐ Illinois Architecture Practice Act of 1989, 225 ILCS 305-1 *et. seq.*
- ☐ The Dietetic and Nutrition Services Practice Act, 225 ILCS *30/1 et. seq.*
- ☐ The Environmental Health Practitioner Licensing Act, 225 ILCS 37/1 *et. seq.*
- ☐ The Funeral Directors and Embalmers Licensing Code, 225 ILCS 41/1 *et. seq.*
- ☐ The Land Sales Registration Act of 1999, 765 ILCS 86/1-1 *et. seq.*
- ☐ The Professional Geologist Licensing Act, 225 ILCS 745/1 *et. seq.*
- ☐ The Illinois Public Accounting Act, 225 ILCS 450/0.01 *et. seq.*
- ☐ The Structural Engineering Practice Act of 1989, 225 ILCS 340/1 *et. seq.*

5. ☐ Pursuant to 730 ILCS 5/5-5.5-15(c), the court elected to request and has received and reviewed a confidential written report of investigation from the probation or court services department for the purpose of determining whether the Certificate shall be issued.

6. ☐ Pursuant to 730 ILCS 5/5-5.5-15(e), the court elected to hold a conference in open court or in chambers to afford the Petitioner an opportunity to controvert or to comment upon any portion of the probation officer's report.

7. The relief to be granted by the Certificate is consistent with the rehabilitation of the Petitioner.

8. The relief to be granted by the Certificate is consistent with the public interest.

IT IS HEREBY ORDERED:

A. ☐ The Petition for a Certificate of Relief from Disabilities is granted, or

☐ The Petition to enlarge the relief previously granted in a Certificate of Relief from Disabilities is granted.

B. A certified copy of this Order shall serve as the Certificate of Relief from Disabilities.

Prepared By:

Atty. No.: _____ *Pro Se* 99500

Attorney (or Pro Se Petitioner)

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

ENTERED:

Dated: _____, _____

_____

Presiding Judge Judge's No.