

PARTICIPATORY DEFENSE IMPACT



PARTICIPATORY DEFENSE
MOVEMENT

<p>Court information</p> <p>Date of Court _____ Time of Court _____</p> <p>Department _____</p> <p>Judge _____</p> <p>Defense Attorney _____</p> <p>Line Number _____ Case number _____</p> <p>Charges (if known)</p> <p>_____</p> <p>_____</p>	<p>Name of Loved One: _____</p> <p>Who supported the loved one:</p> <p>_____</p> <p>_____</p> <p>How many people showed up for the person: _____</p> <p>Lead support/ Relationship to loved one:</p> <p>_____</p> <p>Phone: _____</p> <p>Email: _____</p>
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Participatory Defense Activities:

Did we approach the family? YES NO

Did we fill out a community ties questionnaire with the family? YES NO

Did we introduce the family to the public defender or the paralegal? YES NO

Did the family speak at court? YES NO

What information from the community ties questionnaire was presented by the Defense to argue release?

<input type="checkbox"/> Family and Community support <input type="checkbox"/> Medical condition <input type="checkbox"/> Housing <input type="checkbox"/> Employment <input type="checkbox"/> Family duties <input type="checkbox"/> School <input type="checkbox"/> Volunteer activities	<input type="checkbox"/> Reason(s) for FTA's <input type="checkbox"/> Ability to pay <input type="checkbox"/> Positive efforts to rehabilitate <input type="checkbox"/> Other _____ _____
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DA Recommendation:	Pre-trial Recommendation	Defense Recommendation
<input type="checkbox"/> OR <input type="checkbox"/> OR with conditions <input type="checkbox"/> Supervised OR <input type="checkbox"/> Bail (Amount: _____) <input type="checkbox"/> No bail	<input type="checkbox"/> OR <input type="checkbox"/> OR with conditions <input type="checkbox"/> Supervised OR <input type="checkbox"/> Bail (Amount: _____) <input type="checkbox"/> No bail	<input type="checkbox"/> OR <input type="checkbox"/> OR with conditions <input type="checkbox"/> Supervised OR <input type="checkbox"/> Bail (Amount: _____) <input type="checkbox"/> No bail

<p>Outcome:</p> <input type="checkbox"/> OR <input type="checkbox"/> OR with conditions <input type="checkbox"/> Supervised OR <input type="checkbox"/> Bail (Amount: _____) <input type="checkbox"/> No bail	<p>Did the judge take into consideration....</p> <input type="checkbox"/> Family and community support <input type="checkbox"/> Medical condition <input type="checkbox"/> Housing <input type="checkbox"/> Employment <input type="checkbox"/> Family duties	<input type="checkbox"/> School <input type="checkbox"/> Volunteer activities <input type="checkbox"/> Reason for FTA's <input type="checkbox"/> Positive efforts to rehabilitate <input type="checkbox"/> Other _____ _____
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Highlights/ Things That Stuck Out

If not released at arraignment, did we flag for a bail hearing? YES NO

PARTICIPATORY DEFENSE IMPACT (After Court)

AFTER COURT: (To be filled out only after the family attends the participatory defense meeting)

If not released, did they get a bail hearing? YES NO		Did we follow up with the family? YES NO	
Did the family come to a participatory defense meeting? YES NO			
Defense Attorney: _____			
What did we do with family to prep for the bail hearing? <ul style="list-style-type: none"><input type="checkbox"/> Helped create a social bio packet<input type="checkbox"/> Met with attorney<input type="checkbox"/> Packed court<input type="checkbox"/> Produced a De-Bug letter of support<input type="checkbox"/> Come up with a release plan with family<input type="checkbox"/> Identified housing alternatives<input type="checkbox"/> Identified program placements for rehabilitation<input type="checkbox"/> Review the bail motion<input type="checkbox"/> Other _____		Original Bail: \$ _____	
		Outcome of bail hearing: <ul style="list-style-type: none"><input type="checkbox"/> OR<input type="checkbox"/> Supervised OR<input type="checkbox"/> Bail (Amount: _____)<input type="checkbox"/> No bail<input type="checkbox"/> No change in bail	
Original Charges and Exposure		Case Outcome	

