

Initial Chronological Record

Client Name: _____

FACTS # _____

HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR	PLACE OF BIRTH	CITYSHIP

DATE

DESCRIPTION

- _____ Subject reported to the office subsequent to being placed on probation. Conditions of supervision were read and explained.
- _____ Subject submitted signed Notice of Release and Arrival.
- He/She was released from _____ on _____.

THE FOLLOWING SPECIAL CONDITIONS WERE ORDERED:

- | | |
|---|---|
| <input type="checkbox"/> Home Confinement with Electronic Monitoring
<input type="checkbox"/> Home Confinement without Electronic Monitoring
<input type="checkbox"/> Drug/Alcohol Aftercare
<input type="checkbox"/> Mandatory UA Taken*
<input type="checkbox"/> Intoximeter reading* _____
<i>* If not completed explain in comments as to reasoning.</i> | <input type="checkbox"/> Mental Health Aftercare
<input type="checkbox"/> Special Assessment <input type="checkbox"/> Paid \$ _____
<input type="checkbox"/> Community Service # Hours _____
<input type="checkbox"/> Restitution \$ _____
<input type="checkbox"/> Fine \$ _____
<input type="checkbox"/> BOP Custody for _____ Months. Arrangements to be made by
Community Corrections Manager, BOP. |
|---|---|

The following Section IS REQUIRED be filled out completely and accurately.

Residence _____	Name on Lease _____
_____	Monthly Payment _____
_____	Name on Utilities _____
CITY _____ STATE _____ ZIP CODE* (REQUIRED) _____	Gas _____
County _____	Electric _____
Address Type <input type="checkbox"/> Mailing <input type="checkbox"/> Residence <input type="checkbox"/> Legal	Phone _____
From/To Date _____	
Resides With _____	Phone _____
Occupants Names _____	Fax _____
_____	Beeper _____
_____	E-mail _____
_____	Cell Phone _____
HAZARDS _____	DIRECTIONS _____
_____	_____
_____	_____
_____	_____

Name, Address, Phone Number of Collateral Contact (ASIDE FROM PERSON RESIDING WITH)

Blank lines for collateral contact information.

Employed Yes No Salary _____ Freq _____ Hrs/Wk _____
Status Full time Part time Temp Occupation _____
Title _____ Reason/Leave _____
Special Skill _____ Return to Job _____

Name, Address, Phone Numbers of Employer

Contact Name _____ Title _____ Phone _____
Employer Aware Yes No Fax _____ Beeper _____
Contact Yes No E-Mail _____

Comments

Blank lines for comments.

- Photo taken for file and field book, if file photo is not recent (within one year).
 Reviewed Orientation Packet which includes policy and procedures on travel, monthly supervision reports, payment procedures and zero tolerance. Advised offender that the assigned officer will review and explain all instructions in greater detail.
 Advised offender that the assigned officer will be in contact within one week.
 Scheduled the offender for the next scheduled Offender Orientation.

Check One: 1 - 2 p.m. 3 - 4 p.m. Date _____

USPO/Duty Officer Name

**Standard Conditions of Supervision
Northern District of Ohio**

1. *The defendant shall not leave the judicial district without the permission of the Court or probation officer.*
2. *The defendant shall report to the probation officer as directed by the Court or probation officer and shall submit a truthful and complete written monthly report within the first five days of each month.*
3. *The defendant shall answer truthfully all inquiries by the probation officer and follow the instructions of the probation officer.*
4. *The defendant shall support his or her dependents and meet other family responsibilities.*
5. *The defendant shall work regularly at a lawful occupation unless excused by the probation officer for schooling, training, or other acceptable reasons.*
6. *The defendant shall notify the probation officer at least ten (10) days prior to any change in residence or employment.*
7. *The defendant shall refrain from excessive use of alcohol and shall not purchase, possess, use, distribute or administer any narcotic or other controlled substances, or any paraphernalia related to such substances.*
8. *The defendant shall not frequent places where controlled substances are illegally sold, used, distributed, or administered.*
9. *The defendant shall not associate with any persons engaged in criminal activity, and shall not associate with any person convicted of a felony unless granted permission to do so by the probation officer.*
10. *The defendant shall permit a probation officer to visit him or her at any time at home or elsewhere and shall permit confiscation of any contraband observed in plain view by the probation officer.*
11. *The defendant shall notify the probation officer within seventy-two hours of being arrested or questioned by a law enforcement officer.*
12. *The defendant shall not enter into any agreement to act as an informer or a special agent of a law enforcement agency without the permission of the Court.*
13. *As directed by the probation officer, the defendant shall notify third parties of risks that may be occasioned by the defendant's criminal record, personal history or characteristics, and shall permit the probation officer to make such notifications and to confirm the defendant's compliance with such notification requirement.*

Your assigned probation officer will fully explain the conditions. If you have a question about any condition before meeting with your assigned officer, telephone the probation officer.

CUSTOMER CONSENT AND AUTHORIZATION FOR ACCESS TO FINANCIAL RECORDS DURING SUPERVISION

I, _____, having read the explanation
(Name of Customer)

of my rights which is attached to this form, and having been convicted in the United States District Court, and in accordance with 18 U.S.C. § 3603, I am required to provide complete disclosure of all assets I own or control, fully describe my financial resources to the United States probation officer for the purpose of probation or supervised release supervision ordered at sentencing, and hereby authorize the

Experian, 701 Experian Parkway, Allen, TX 75013
(Name and Address of Financial Institution or Credit Agency)

to disclose the following financial records:

to _____, an officer of the
(Name of Probation Officer Allowed Access)

United States District Court for the _____ Northern District of Ohio
(Name of District Court)

for the purpose of keeping the probation officer informed concerning compliance with any condition of supervision, including the payment of any criminal monetary penalties imposed by the court, and that this financial information may be transferred to the financial litigation unit of the United States attorney's office for the purpose of the collection of financial penalties.

I understand that this authorization may be revoked by me in writing at any time before my records, as described above, are disclosed, and that this authorization is valid from the date of my signature until my release from supervision. I understand further that my authorization cannot be required as a condition of my doing business with the above-named financial institution.

(Date)

(Signature of Customer)

(Address of Customer)

(City/State/Zip Code)

STATEMENT OF CUSTOMER RIGHTS UNDER THE RIGHT TO FINANCIAL PRIVACY ACT OF 1978

Federal law protects the privacy of your financial records. Before banks, savings and loan associations, credit unions, credit card issuers, or other financial institutions may give financial information about you to a federal agency, certain procedures must be followed.

Consent to Financial Records

You may be asked to consent to make your financial records available to the government. You may withhold your consent, and your consent is not required as a condition of doing business with any financial institution. If you give your consent, it can be revoked in writing at any time before your records are disclosed and, in any event, is effective for a period of not more than three months. Your financial institution must keep a record of the instances in which it discloses your financial information to the government, and this record will be available to you upon request, unless a court order restricting your right to such record has been obtained by the government.

Without Your Consent

Without your consent, a federal agency that wants to see your financial records may do so ordinarily only by means of a lawful subpoena, summons, formal written request, or search warrant for that purpose.

Generally, the federal agency must give you advance notice of its efforts to obtain your records by one of the above means, explaining why the information is being sought and telling you how to object in court to the release of your records.

Exceptions

If the government obtains a search warrant for your records, or if the government convinces the court that there are legitimate reasons to delay giving you notice, the federal agency will be able to obtain your records without providing you with notice beforehand.

In situations where you do not receive advance notice that the government is seeking your financial records, you will be notified once the reason for the delay of notice no longer exists.

Transfer of Information

Generally, a federal agency which obtains your financial records is prohibited from transferring them to another Federal agency unless it certifies in writing that the transfer is proper and sends a notice to you that your records have been sent to another agency.

Penalties

If the federal agency or financial institution violates the Right to Financial Privacy Act, you may sue for damages or to seek compliance with the law. If you win, you may be repaid your attorney's fees and costs.

Offender Orientation Packet

Policy and Procedures for Offenders in Northern District of Ohio

1. **Offender Orientation Session (Over)**
2. **Travel**
 - a) **Restrictions**
 - b) **Map of the Northern District of Ohio**
 - c) **Request forms (Supply of 3 - may be duplicated)**
3. **Monthly Supervision Report**
 - a) **Instructions for completion and submission**
 - b) **Supply of 6 - blank forms may be duplicated**
4. **Drug and Alcohol Usage**
 - a) **Zero Tolerance Policy**
 - b) **Random Urinalysis and Intoximeter Screening**
5. **Fines, Restitution and Special Assessments**
 - a) **When due (by statute)**
 - b) **Payment procedures**

It is suggested that you keep other supervision or Court documents that you may receive in this file for reference.

Offender Orientation Meeting

YOU MUST ATTEND

You are required to attend an offender orientation meeting. Policies and procedures will be explained. We will discuss what your rights and how you are affected by your present status on probation, parole or supervised release. You are automatically scheduled for the next session date. The Offender Orientation Meeting is held from 10 a.m. to 12 p.m. on the specified day. Your spouse or significant other may attend. Please bring your policy and procedures packet (grey folder with forms) with you

Next scheduled Orientation Date:

Offender Orientation Meeting

YOU MUST ATTEND

You are required to attend an offender orientation meeting. Policies and procedures will be explained. We will discuss what your rights are and how you are affected by your present status on probation, parole or supervised release. You are automatically scheduled for the next session date. Offender Orientation Meeting is held from 10 a.m. to 12 p.m., in the 7th floor Auditorium. Your spouse or significant other may attend. Please bring your policy and procedures packet (folder with forms) with you.

2010

January 20

February 17

March 17

April 21

May 19

June 16

July 21

August 18

September 15

October 20

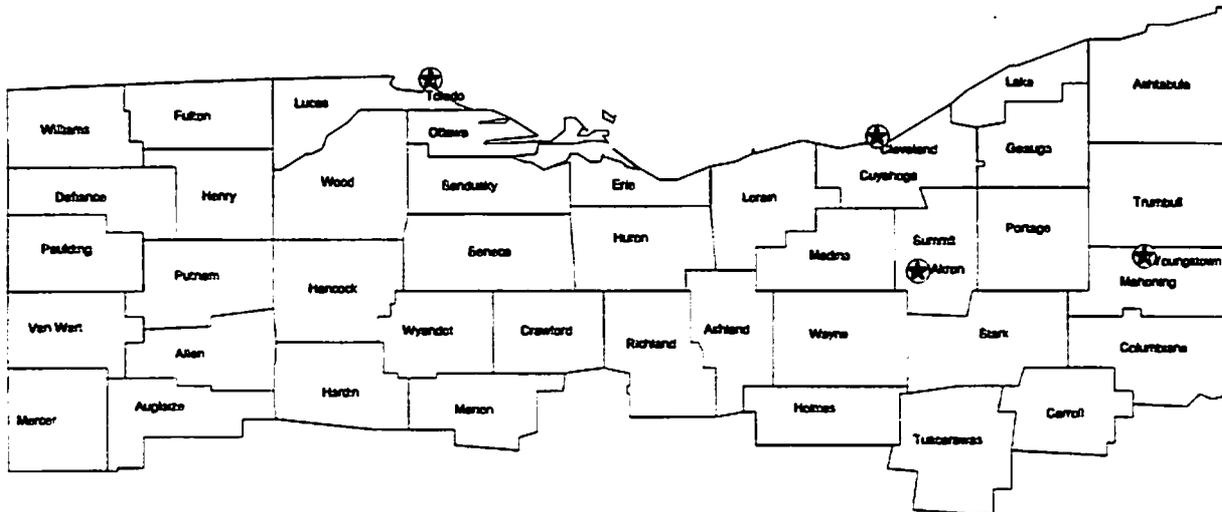
November 17

December 15

Travel

- ▶ You are restricted to the area which constitutes the Northern District of Ohio. (See map below)
- ▶ No travel outside of the Northern District of Ohio will be permitted within the initial 60-day assessment period.
- ▶ Travel outside of the Northern District of Ohio is permitted only if you are in compliance with all conditions of Supervision. Offenders in special treatment programs are subject to greater travel restrictions.
- ▶ Extensive or frequent travel is an exception. Exception or emergency travel procedures should be discussed with the probation officer.
- ▶ **Travel Requests** should be submitted in writing at least two (2) weeks in advance to allow sufficient time for verification. Travel request forms are enclosed and may be duplicated.
- ▶ Offenders who are granted travel permission should call the probation officer upon return.
- ▶ Travel outside the United States requires the consent of the Court of Parole Commission.

Northern District of Ohio



Travel Request Form

Date: _____

Name: _____

Address: _____

Phone Number: _____

Destination: _____

Departure Date: _____

Return Date: _____

Purpose of Trip: _____

Persons traveling with: _____

Accommodations (will be verified):

Name: _____

Address: _____

Phone Number (including area code): _____

Mode of transportation:

Vehicle:

Make and Model _____

Tag Number _____

Owner of vehicle _____

Airline

Name of Airline _____

Departure flight number and time _____

Return flight number and time _____

Other Mode of transportation (Please specify in detail)

Instructions for Written Monthly Reports

- ▶ **Written Monthly Report forms are due by the 3rd day of the month and are considered delinquent if not received by the 10th of the month.**
- ▶ **The reports are to be completed in ink, signed and dated. It is suggested that you complete the report on the last day of the month for that month and mail it to your assigned probation officer. For example, the Written Monthly report for the month of June is due to your probation officer by the 3rd of July.**
- ▶ **Each box is to be filled out completely. If something does not apply to you either put N/A (Not applicable) or put a line through the box. Both sides of the form are to be completed. Incomplete Monthly Reports will be returned to you.**
- ▶ **Standard conditions of supervision require that you answer truthfully all inquiries by the probation officer and follow the instructions of the probation officer. They also provide for the submission of Monthly Reports and reporting as directed. Failure to comply with the conditions can result in a violation action being initiated.**
- ▶ **Please note that there are provisions to prosecute anyone making false statements on the Written Monthly Reports forms under Title 18 U.S.C. § 1001.**
- ▶ **Any questions regarding procedures for completing or submitting Written Monthly Reports should be discussed with your probation officer.**

SAMPLE

PROB 8
(Rev. 7/04)

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH April, 20 06

Name:	DOB:	Court Name (if different):	Probation Officer:
WILLIAMS, JOHN C.	01/01/1954		JOHNSON

PART A: RESIDENCE (If new address, attach copy of lease/purchase agreement.)

Street Address, Apt. Number:	Own or Rent?	Home Phone:	Cellular Phone:	Pager:
2815 MAIN ST., APT. 1	RENT	330-222-1234	330-202-9876	N/A
City, State, Zip Code:	Persons Living With You:			
AKRON, OH 44308	MOTHER, ELIZABETH DAY			
Secondary Residence:	Own or Rent?	Did you move during the month? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
N/A		If yes, date moved: <u>04/15/2006</u> Reason for Moving:		
Mailing Address (if different):	E-Mail Address:	TO ASSIST ILL MOTHER		
N/A				

PART B: EMPLOYMENT (If unemployed, list source of support under Part D.)

Name, Address, Phone No. of Employer:	Name of Immediate Supervisor:	Is your employer aware of your criminal status? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
MARCH HEATING CO.	JIM SIMPSON		
200 MARKET ST.	How many days of work did you miss? <u>3</u> Why?	FATHER'S DEATH/FUNERAL	
CANTON, OH 44705 330-454-0000	Position Held:	Gross Wages:	Normal Work Hours:
	WAREHOUSE	\$1,053.56	7 AM - 4:30 PM
Did you change jobs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If changed jobs or terminated, state when and why.		
Were you terminated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

PART C: VEHICLES (List all vehicles owned or driven by you.)

1. Year/Make/Model/Color:	Mileage:	Tag Number:	Owner:
1996 FORD TAURUS, RED	106,225	APD 123	ELIZABETH DAY
		Vehicle I.D.#: 23569874MJ22	
2. Year/Make/Model/Color:	Mileage:	Tag Number:	Owner:
		Vehicle I.D.#:	

PART D: MONTHLY FINANCIAL STATEMENT

Net Earnings from Employment: <i>(Attach Proof of Earnings)</i>	<u>829.33</u>	Do you rent or have access to: a post office box? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No a safe deposit box? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No a storage space? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Name and Address of Location: _____ Box No. or Space _____ _____ _____
Other Cash Inflows:	<u>0</u>	
TOTAL MONTHLY CASH INFLOWS:	<u>829.33</u>	
TOTAL MONTHLY CASH OUTFLOW:	<u>725.00</u>	

Do you have a checking <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Bank Name: <u>CENTURY CREDIT UNION</u> Account <u>459876-060</u> Balance <u>\$25.85</u>	Does your spouse, significant other, or dependant have a checking or savings account that you enjoy the benefits of or make occasional contributions toward? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Bank Name: _____ Account No.: _____ Balance: _____
Do you have a savings account(s)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Bank Name: _____ Account _____ Balance _____	
Attach a complete listing of all other financial account information, if you have multiple accounts.	

List all expenditures over \$500 (including, e.g., goods, services, or gambling losses)			
Date	Amount	Method of Payment	Description of Item
04/24/2006	\$560.05	CHECK	CAR INSURANCE PREMIUM

EXAMPLE

PART E: COMPLIANCE WITH CONDITIONS OF SUPERVISION DURING THE PAST MONTH

Were you questioned by any law enforcement officers?

Yes No

If yes, date: 04/15/2006

Agency: AKRON POLICE DEPT.

Reason: SPEEDING TICKET

Were you arrested or named as a defendant in any criminal case?

Yes No

If yes, when and where? _____

Charges: _____

Disposition: _____

(Attach copy of citation, receipt, charges, disposition, etc.)

Were any pending charges disposed of during the month?

Yes No

If yes, date: 04/25/2006

Court: AKRON MUNICIPAL COURT

Disposition: PAID \$140 COSTS FOR SPEED OFFENSE

Was anyone in your household arrested or questioned by law enforcement?

Yes No

If yes, whom? _____

Reason: _____

Disposition: _____

Did you have any contact with anyone having a criminal record?

Yes No

If yes, whom? BROTHER CRAIG WILLIAMS

Did you possess or have access to a firearm?

Yes No

If yes, why? _____

Did you possess or use any illegal drugs?

Yes No

If yes, type of drug: MARIJUANA, 04/28/2006

Did you travel outside the district without permission?

Yes No

If yes, when and where? _____

Do you have a special assessment, restitution, or fine?

Yes No

If yes, amount paid during the month:

Special Assessment: \$25.00

Restitution: \$50.00

Fine: _____

NOTE: ALL PAYMENTS TO BE MADE BY MONEY ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.

Do you have community service work to perform?

Yes No

Number of hours completed this month: 11

Number of hours missed: 0

Balance of hours remaining: 89

Do you have drug, alcohol, or mental health aftercare?

Yes No

If yes, did you miss any sessions during this month?

Yes No

Did you fail to respond to phone recorder instructions?

Yes No

If yes, why? _____

WARNING: ANY FALSE STATEMENTS MAY RESULT IN REVOCATION OF PROBATION, SUPERVISED RELEASE, OR PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A \$250,000 FINE, OR BOTH.

(18 U.S.C. § 1001)

I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT.

SIGNATURE _____

05/02/2006
DATE

REMARKS:

RECEIVED:

_____ Mail _____ OC

_____ JIC _____ CC

RETURN TO _____

Probation Officer

Date

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH _____, 20 _____

Name:	DOB:	Court Name (if different):	Probation Officer:
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PART A: RESIDENCE (If new address, attach copy of lease/purchase agreement.)

Street Address, Apt. Number:	Own or Rent?	Home Phone:	Cellular Phone:	Pager:
City, State, Zip Code:		Persons Living With You:		
Secondary Residence:		Did you move during the month? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Mailing Address (if different):		E-Mail Address:		
		If yes, date moved: _____ Reason for Moving:		

PART B: EMPLOYMENT (If unemployed, list source of support under Part D.)

Name, Address, Phone No. of Employer:	Name of Immediate Supervisor:	Is your employer aware of your criminal status? <input type="checkbox"/> Yes <input type="checkbox"/> No

_____	How many days of work did you miss? _____ Why?	
_____	Position Held:	Gross Wages:
		Normal Work Hours:
Did you change jobs? <input type="checkbox"/> Yes <input type="checkbox"/> No	If changed jobs or terminated, state when and why.	
Were you terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No		

PART C: VEHICLES (List all vehicles owned or driven by you.)

1. Year/Make/Model/Color:	Mileage:	Tag Number:	Owner:
		Vehicle I.D.#:	
2. Year/Make/Model/Color:	Mileage:	Tag Number:	Owner:
		Vehicle I.D.#:	

PART D: MONTHLY FINANCIAL STATEMENT

Net Earnings from Employment: _____ <i>(Attach Proof of Earnings)</i> Other Cash Inflows: _____ TOTAL MONTHLY CASH INFLOWS: _____ TOTAL MONTHLY CASH OUTFLOW: _____	Do you rent or have access to: a post office box? <input type="checkbox"/> Yes <input type="checkbox"/> No a safe deposit box? <input type="checkbox"/> Yes <input type="checkbox"/> No a storage space? <input type="checkbox"/> Yes <input type="checkbox"/> No Name and Address of Location: _____ Box No. or Space: _____ _____ _____
Do you have a checking account(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No Bank Name: _____ Account No.: _____ Balance: _____ Do you have a savings account(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No Bank Name: _____ Account No.: _____ Balance: _____ Attach a complete listing of all other financial account information, if you have multiple accounts.	Does your spouse, significant other, or dependant have a checking or savings account that you enjoy the benefits of or make occasional contributions toward? <input type="checkbox"/> Yes <input type="checkbox"/> No Bank Name: _____ Account No.: _____ Balance: _____

List all expenditures over \$500 (including, e.g., goods, services, or gambling losses)

Date	Amount	Method of Payment	Description of Item
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Drug and Alcohol Usage

Zero Tolerance Policy

Zero Tolerance policy is in effect relative to illicit drug use for all offenders in this district. Any instance of illegal drug use is reported to the jurisdictional authority (Court, U.S. Parole Commission).

Illegal drug use jeopardizes your status. Use of drugs that are not prescribed could result in incarceration.

Urinalysis

Random urine screens may be collected from you during the term of supervision.

It is required that probation officers conduct a minimum of one urine screen a year in all supervision cases.

Urine screens will be conducted where there is suspicion of illicit drug use or alcohol abuse.

Breath alcohol screening tests may be also conducted along with a urine screen.

Fine, Restitution, Special Assessments

Payment Schedule

A **Fine** is to be paid immediately, unless the Court indicates in the Judgment a certain date or installments, with the final payment to occur later than five years from the date of Judgment or five years from release from custody (18 U.S.C. § 3572).

A fine is **delinquent** if a payment is more than 30 days late (18 U.S.C. § 3572).

A fine is in **default** if a payment is delinquent for more than **90 days** (18 U.S.C. § 3572).

Restitution is to be paid immediately, unless the Court orders otherwise (18 U.S.C. § 3663).

Special Assessments are to be paid immediately following sentencing.

PAYMENT PROCEDURES

Fines, Restitution, Special Assessments

1. **All payments** are to be made to the Clerk of Court, 801 West Superior Avenue, Cleveland, OH 44113. Send **NO** payments to the U.S. Pretrial Services & Probation Office.
2. Pay by **bank check, money order, credit card (American Express, Discover, Visa, Master Card) or cash.** Cash payments (exact amount only) must be taken directly to the Clerk's Office at the address listed below. Checks remitted by mail will be destroyed after processing.
3. Make **checks or money orders** payable to **Clerk, U.S. District Court.** Credit cards are accepted only in-person at the Clerk's Office in Cleveland.
4. On **each check or money order**, note your full name, docket number (listed below) as well as whether the payment is for your **fine, restitution or special assessment.**

Your docket number is _____

5. When mailing the **bank check or money order**, the envelope should be addressed as follows:

Clerk, U.S. District Court
Attn: Intake
801 West Superior Avenue
Cleveland, OH 44113-1830

You must submit a self-addressed, stamped envelope with your payment if you wish to receive a receipt for your payment.

6. Account information from check payments is used for electronic (immediate) fund transfer. If the transfer cannot be processed because of insufficient funds, stop payments, or closed accounts, the Clerk's Office will impose a **\$53.00 returned check fee.**

Voting Rights

In Ohio, during any period of incarceration/custody, a felon's right to vote is suspended or lost. However, following release and during any period of community supervision, a felon/ex-offender is qualified to vote and is encouraged to do so. In some counties, the Board of Elections revokes voting privileges upon notice of conviction. As such, offenders should contact the Board of Elections to reinstate voter registration when you become eligible. For your convenience, a Voter Registration form is included in your new offender orientation folder.

DNA COLLECTION: *It is the Law*

Federal Law requires all persons convicted of a felony to submit to DNA testing through the Bureau of Prisons (BOP) or the Federal Probation Office, prior to termination of supervision. Misdemeanor convictions are exempt from this requirement, unless the offense of conviction involves violent behavior, or if the person has a prior federal felony conviction.

Note: Any person who submitted a DNA sample while at the BOP does NOT have to resubmit to testing with the Probation Office. Your officer will verify collection through BOP records.

HIV/AIDS and Ohio Law

"On 23 December 1999, the state Governor signed legislation (House Bill 100) making it a felony for a person who knows he or she is HIV-positive to have sex without obtaining the partner's consent in advance. The law expands the existing offense of "felonious assault" to include vaginal, anal or oral sex by a person who knows they are HIV-positive and does not disclose this to their sexual partner. The bill also prohibits HIV-positive individuals from having sexual contact with unmarried minors under the age of 18, and with people who lack the mental capacity to understand an HIV diagnosis. A second-degree felony, the offense carries a sentence of two (2) to eight (8) years in prison and a maximum fine of \$15,000. Before the bill was enacted, Ohio law regarding criminal exposure to HIV applied only to prostitution cases, a third-degree felony. While Ohio had previously seen convictions on "felonious assault" charges for exposing sexual partners to HIV, prosecutors had been required to prove "serious physical harm."

Excerpt from Canadian HIV/AIDS Policy
Law (Newsletter), Volume 5, Number 2/3,
Spring/Summer 2000 Criminal Justice.

Street Card

Cuyahoga County



MetroHealth

Saving lives is only the beginning.

This Street Card is a resource guide for the people on the street or who do not have housing. All of the following programs help homeless people directly. If an address is listed, they also accept walk-ins. This document is now on-line on the front page of www.necoh.org. Please make as many copies as you need. **THIS CARD IS FREE!!**

This card was made by the
NORTHEAST OHIO COALITION FOR THE HOMELESS (NEOCH)
 For a free copies of the Street Card please call NEOCH at 216/432-0540.
Please feel free to make copies of this card.

MetroHealth System is proud to support NEOCH & the Street Card Project.

#	Meal Sites	Address	Phone #	Break-fast	Lunch	Dinner
	Antioch Baptist Church	8869 Cedar	421-1516		11:30, 2nd, 3rd, 4th T & Thurs	5pm 2nd, 3rd, 4th Mon
14	St. Augustine Center CLOSED	2486 W 14th FIRST WEEK	781-5530	6:45-8am M-F OF THE	11-12:30 7 days MONTH	
8	Cosgrove Center CLOSED	1736 Superior SECOND MONDAY	781-8262	8:00-9:00am M-F	12:00-1:30 pm M-F OF	MONTH
	Food Not Bombs	Public Square				Sun 4:30
7	Franklin Circle Church	1688 Fulton	781-8232			Thurs 5:30
	Mercy Seat Mission	3510 Broadview	749-7776		M,W,F & 1st Sat lunch 11:30	5pm 2nd, 4th Sat.
	Northeast Comm. Meals	8106 Putaski (off E. 79)	391-3410			Every Wed & 4th Sun 4-6
4	Salvation Army Mobile Canteen	Various Locations Downtown	781-2458			M-F & Sun Between 8:30-9:30
5	St. Herman's	4410 Franklin Blvd	961-3806	6:00am M-Sun	11:30 M-Sun	5:30 M-Sun
10	St. Malachi Church	2459 W 25th & Detroit Window Open	861-5343	Sat 8:30-3:00 Last Sun of month 8:30-10am	M-Sat 8:30-3 Sunday 8:30-1	6-7 Mon & Holiday
15	St. Patrick's Club	3610 Bridge Av	281-5554			5:30-6:30 p.m. Tues & Wed.
	Salvation Army	6000 Hough	432-0500		11:45-12:30 M-F	
	Trinity Cathedral	2230 Euclid Ave	771-3630	9-11:45 Sun snacks	12:00-1 Sunday	
	Victory Baptist Church	2045 W.47th			12:30 Sunday	6PM Thurs
16	West Side Catholic	3135 Lorain Ave	631-4741	9-10 last & 2nd last Sat.	M-F 12-12:45	

#	Legal Services	Address	Phone #	Hours
	Legal Aid Society of Cleveland	1223 West 6 St.	687-1900	M-F 9:00-11:30 1-4:30 p.m.
	Homeless Legal Assistance	P.O. Box 93061 Cleveland 44101	635-0768	Call for further information/See website

#	Housing	Days/Time	Phone Number
	HEAP and Housing Office (CEOGC)	(Call for hours) 6am-5pm office hours M-F walk-ins 7am-10am	263-6266
	May Dugan Center 4115 Bridge Ave.	Tue, W, Th 9am-11am & 1pm-3pm	631-5800
	Cuyahoga Metropolitan Housing Authority-CMHA	M-F 8:00-4:00 pm 6001 Woodland 44104	361-3700

#	Income/Job Training	Address/Hours	Phone Number
	Dept. of Health, Nutrition, Work, & Training	1641 Payne Ave. M-F 8:30AM-4:30 PM	987-7000
	Social Security Administration	2519 Detroit/1240 E.9th M-F 9AM-4PM	1-800-772-1213
	Dept. of Job & Family Services	Call for further information	1-877-644-6562 unemployment concerns only
	WIA Workforce Investment Act	1641 Payne Ave. #410	987-8522
	One Stop Career Center	1701 E. 13th Payne Ave	664-4673
	Ohio Bureau of Vocational Rehabilitation	113 St. Clair Ste. 600 8am-4:45 pm	592-2900
	Towards Employment	1255 Euclid Ave #300	696-5750

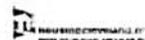
#	Health Clinics	Address	Phone Number
	Collinwood Health Center	15322 St. Clair	851-1500
11	Free Clinic	12201 Euclid Ave	721-4010
	N.E.O.N. Hough Health Ctr	8300 Hough Ave	231-7700
	J. Gian Smith Health Center	11100 St. Clair	249-4100
17	McCafferty Health Center	4242 Lorain Ave	651-3740
18	MetroHealth Medical Center	2500 MetroHealth Dr.	776-7800
	MetroHealth Asia Plaza	2999 Payne Ave. # 216	851-4646
	MetroHealth Broadway Ctr	6836 Broadway Ave.	957-1500
	MetroHealth Buckeye Health	2816 East 116th St.	957-4000
	MetroHealth Brooklyn Ctr	5208 Memphis Ave.	398-0100
	MetroHealth Lee-Harvard	4071 Lee Road	957-1200
	SE Medical Center	13301 Miles Ave	751-3100
	Superior Health Center	12100 Superior	851-2600

#	Drop-in centers	Address	Phone Number	Hours
	Catholic Worker Storefront (All welcome)	4241 Lorain Ave	N/A	Tue/Thurs 7-9pm Sat/Sun 9:30-11:30 am
8	Cosgrove Center Closed 2nd Monday	1736 Superior	781-8262	Mon-Fri 8:00 am - 2:00 pm
	The Center (AIDS/HIV Support)	6600 Detroit Ave.	651-5426	Mon-Fri 12 pm-10 pm Sat. 10-6 pm
	The Soot (Homeless mentally ill adults)	1701 Payne Ave.	623-2134	7 days, 1:00-9:00 PM
	St. Marcell Center Available for Showers Only	2416 Superior Viaduct	771-3036	M-F 7:30am to 10 a.m.
16	West Side Catholic Center	3135 Lorain Ave. (Drop in center)	631-0823 631-4741	Mon-Fri 9am-3pm

#	Free Health Care	Address	Phone #	Hours
12	Care Alliance	1530 St. Clair Ave.	781-6724 781-6226	8-4:30 p.m. M-F
11	Free Clinic	12201 Euclid	721-4010	M-F after 4pm Appointment only

Updated August 2001

For information on homeless services: Call United Way's "FIRST CALL FOR HELP" Call 211 or 436-2000 24 Hours, 7 days/week. Or go to www.211cleveland.org



For available housing see the new county website at www.housingcleveland.org
ALL EMERGENCIES: DIAL 911

#	Shelter *for shelter availability call 436-2000	Phone #	Y	H
Men's Shelters				
1	2100 Lakeside Lutheran Metro. Ministries	566-0047	Y	H
2	Civ. Mission Shelter	431-3515	Y	H
3	Emergency Shelter for Disabled Men	623-2134	Y	H
4	Salvation Army P.A.S.S.	619-4722	Y	H
5	St. Herman's House of Hospitality	961-3806	Y	
6	Volunteers of America	621-0120	Y	
8	Y Haven (Chemically addicted men)	431-2018	Y	H
Women/Women with Children/Family Shelters				
	Laura's home	472-5500	Y	
19	Community Women's Shelter	479-0320	Y	
	Continue Life (Pregnant Women)	383-1964	N	
	East Side Catholic Shelter	641-8989	N	
	Interfaith Hospitality Network	991-6272	N	
	West Side Catholic Shelter	631-4141	Y	H
4	Zelma George Family Shelter at Harbor Light	781-3773	Y	H
Domestic Violence				
	Domestic Violence Center/24-hour hotline for shelter	391-4357	Y	H
Youth Shelters				
	West Haven	941-0062	Y	H

Y= facility is fully accessible to physically disabled N= facility is not fully accessible
 H= The facility has an individual available to speak Spanish (Se Habla Espanol)
 NEOCH now publishes a Street Card exclusively for Veterans. You can get a copy of the Veteran's Street Card at www.necoh.org on the front page of the website. The numbers correspond to the Directory of bus routes on the back of this card.

Chemical Dependency Services	Phone Number	#	
Nausea/AL-ANON	621-1381 & 523-8739 wkend		
Alcoholics Anonymous	241-7387	3	H
Alcohol & Drug Resource Hotline	1-800-252-6465		
Cocaine Anonymous (Help line)	523-8701		
Continuing Life (Pregnant Women)	383-1984		
Drug & Alcohol Hotline	1-800-821-4357		
First Call for Help Drug Info Program (United Way)	436-2000 or 211		
Free Clinic	721-4010	11	H
Free Clinic (Spanish-speaking)	721-1115	11	H
Harbor Light Detoxification	781-2121	4	
Hispanic UMADAOP	459-1222		H
Meridia Behavioral Medicine	761-7990		
Narcotics Anonymous	1-888-438-4673		
Northern Ohio Recovery Association	229-3784		
Recovery Resources (information and referrals)	431-4131		H
Urban-Minority Alcoholism and Drug Addiction Outreach Prog. (Listen to entire recording)	361-2040		
Women's Alliance for Recovery Services	216-575-8120		H

Counseling Services	Phone Number	#	
Applewood Centers, Inc.	696-5800/ 741-2241		H
Battered Women Hotline	391-4357		H
Bridgeway	281-2660		H
Catholic Charities Services	631-3499		H
Center for Families & Children	432-7200 /651-1880		H
Cleveland Rape Crisis Center	619-6192		
Domestic Violence Outreach/YWCA	881-6878	5	
Family Helpline/Bellflower Center	229-8800		
Free Clinic	721-4010	11	H
Mental Health Services	623-6555		
Murtis Taylor Counseling	902-7500 ext 246		
Planned Parenthood of Cleveland	961-8804 Or 661-0400		
West Side Ecumenical Ministry-Counseling	651-2037		H
Witness Victim Services Center	443-7345		H

Mediation / Conflict Resolution	Phone Number	
Citizen's Ombudsman	696-2710	
Cleveland Mediation Center	621-1919	
Cleveland Public Schools (WAVE)	432-4605	
Cuyahoga County Bar Association	621-2414	
Empowerment Center (Welfare Rights)	432-4770	
Mental Health Board Client's Rights Officer	241-3400	

Mental Health Services	Phone Number	#	
Adult Mobile Crisis Center	623-6888		H
Huron Behavioral Medicine	761-7990		H
Free Clinic	721-4010	11	H
Murtis Taylor Multi-Service Center	263-4400		H
St. Vincent Charity Psychiatric ER	363-2538		H

Health Information	Phone Number	#	
Care Alliance	781-6724	12	
Healthy Family-Healthy Start/ Mom's First	664-4194		H
MetroHealth Line	776-7876	18	H
Nurse on Call Cleveland Clinic	444-1234		H

Important Phone Numbers/Hotlines	Phone Numbers	#	
All Emergencies	911		H
Police Emergency	911		H
Fire Emergency	911		H
EMS / Ambulance	911		H
Poison Information Center	231-4455		H
AIDS Task Force	621-0766		H
Alcohol and Drug Addiction Services Board	348-4830		
Child Help - Child Abuse Hotline	1-800-422-4453		H
Cleve Pub. School Protect. Act (Homeless children)	692-7405		
Community Re-Entry	696-2717		
Crisis Pregnancy Services	1-440-243-2520		
First Call for Help	436-2000		
Food Resources Directory	436-2000		
Free Clinic	721-4010	11	H
Free Clinic (in Spanish)	721-1115	11	H
National Missing & Exploited Children	1-800-843-5678		H
Northeast Ohio Coalition for the Homeless (The Homeless Grapevine Newspaper)	432-0540	13	
Office of Homeless Services	420-6762		H
Rape Crisis Center Hotline	619-6192		
Regional Transit Authority (RTA)	621-9500		
National Runaway Switchboard	1-800-621-4000 1-800-Fun-Away		H
Social Security	1-800-772-1213		H
Suicide 24 Hour Emergency (no housing)	623-6888		H
Tel-Med Parent Talk Tapes	520-0200		
Tot-Line (Parenting Services)	431-8200		
WIC Women, Infants, & Children	951-2233		
Witness / Victim Services Center	443-7345		H
Women's Re-Entry			

Outreach Programs	Phone Number	#
PATH Outreach (Mental Health Services)	623-2134	
Salvation Army P.A.S.S. - Harbor Light Complex	781-3773 x 178	4
VA Homeless Outreach Program	440-526-3030 X7966 (Men) 440-526-3030 X7841 (Women)	
Volunteers of America	621-0120	

Domestic Violence Hotlines	Phone Number	
Child Abuse & Neglect Hotline	696-KIDS (5437)	H
Domestic & Family Violence	391-HELP (4357)	
Elder Abuse Hotline	420-6700	H
Domestic Violence Hotline	631-2275	

#	Veterans Services	Address	Phone Number	
20	Cleveland VA Medical Center	10701 East Blvd.	791-3800	H
	Veterans Affairs Regional Office	1240 East 9th Federal Building	1-800-627-1000 552-3530	H
	Vet Centers	McCafferty Outstation 4242 Lorain Sta. 203	939-0784 939-0699	
	Veteran's Service Commission	1849 Prospect Ave. 2nd Floor	698-2600	
	VDA Homeless Veterans Reintegration Program	775 E. 152nd St.	541-9000	
	Veterans Upward Bound Program	Tri-C 2900 Community College Ave. Humanities Dept.	987-4936	

See the new Veteran's Street Card at www.necoh.org

STREET CARD LEGEND	
The area code for all telephone numbers is (216) unless otherwise indicated.	H = Spanish Speaking Staff H = He Habla Español
Follow numbers on SHELTERS & SERVICES portion of the Street Card for directory assistance	REV: August 2006

DIRECTORY ASSISTANCE

The numbers on the Street Card correspond to this directory of available bus routes:

SHELTERS/MEAL SITES & SERVICES	CROSS STREETS	PUBLIC TRANSPORTATION - (RTA)
1. 2100 Lakeside Shelter	Supenor, Lakeside & E. 21st St.	326, 75X, 87F, 1
2. City Mission	Carnegie & E. 55th St.	8, 14, 25B, 16, 2
3. Emergency Shelter For Disabled Men	Supenor & E. 17th St.	326, 75X, 96F
4. Harbor Light/PASS Program/Zelma George Shelter	Prospect & E. 18th St.	8, 14, 25BW
5. St. Herman's House of Hospitality	Franklin Blvd & W. 42nd St. in Ohio City	326, 20, 25
6. Volunteers of America	Watson & W. 25th St.	20, 22, 25
7. Franklin Carol Christian Church	Fulton Ave. Between Mabel Ct. and Franklin Blvd Ohio City	25B, 25V
8. Y-Haven East (431-2018)	Woodland @ 6001 E. 61st St.	90X, 27F, 29F
9. Coscorova Center	Supenor & 17th St.	326, 75X, 96F
10. St. Matachi's Church	Supenor Watson & W. 25th St.	20, 25, 326
11. Free Clinic	Euclid & E. 122nd St.	6, 8, 25
12. Care Alliance	St. Clair and East 15th St.	1
13. NECCH (Northeast Ohio Coalition for the Homeless)	Penkns & 36th St.	6, 4, 38
14. St. Augustine Center	Professor & W. 14th St. in Tremont	81
15. St. Patrick's Club Bldg	Brook Ave & W. 36th St. in Ohio City	25BW
16. Westside Catholic Center	Lorain Ave & W. 31st St. in Ohio City	22, 75
17. Catholic Workers Store & McCamery Health Clinic	Lorain Ave & W. 45th St. in Ohio City	22, 75
18. Metro Health Hospital	Metro Health Dr. & W. 25th St.	81, 20
19. Community Women's Shelter & MetroHealth - Asia Plaza	Payne Ave & E. 22nd St.	4, 38
20. Cleveland VA Medical Center	E. 107th St. & East Blvd	4, 38

For more information on RTA ROUTES call 621-9500

For more information on Human Service Agencies call 211

DOWNTOWN AREA

Name	Address	Phone	Hours	Restrictions	Services Provided
Veterans Upward Bound	2900 Community College Ave	216-867-4938	8:30-5 M-F	Make Appointments	
Spanish American Center	6311 St Clair Ave	216-361-7950	7-2:30 M-F	Hispanic/Latino or Vietnamese	
Department of Veterans Affairs-Regional Office	1240 E 9th St A J Celebrezze Federal Building	800-827-1000	8:30-4	Not Dishonorably Discharged	
Department of Veterans Affairs-Veterans Industries	3500 St Clair Ave	216-231-3479	8-4:30 M-F	Maximum 120 Days	
Veterans Service Commission-Cuyahoga County	1849 Prospect Ave Rm 200	216-898-2800	8:30-4:30 M-F	None	* \$
NEOCH	3631 Perkins Ave	216-432-0540	9-5 M-F	Homeless	
Bridging the Gap	PO Box 609447 Cleveland, OH 44109	216-432-0543	9-5 M-F	Needs referral from partner agency	
Bishop Cosgrove Center	1736 Superior Ave	216-781-8262	10-12 M, W	None	

SOUTH AND WEST

Name	Address	Phone	Hours	Restrictions	Services Provided
Vet Center-West	5700 Pearl Rd Ste 102	440-845-5023	8-4:30 M-F	Nursing Home requires referral	
Veterans Affairs Medical Center-Brecksville	10000 Brecksville Rd	440-526-3030 ext. 7986	8-4:30 M-F	None	
Veterans Affairs Outpatient Clinic at McCafferty Health Center	4242 Lorain Ave	216-839-0889	8-4:30 M-F	None	
Congressman Dennis Kucinich's Lakewood Office	14400 Detroit Ave	216-228-8850	9-5 M-F	None	

EAST AND NORTH

Name	Address	Phone	Hours	Restrictions	Services Provided
Louis Stokes Dept of Veterans Affairs-Painesville Community Based Outpatient Clinic	7 West Jackson St	440-357-6740	8-4:30 M-F	None	
Paralyzed Veterans of America-Buckeye Chapter	25100 Euclid Ave Ste 117	216-731-1017	9-5 M-F	Paralyzed	Sports Activities
Vet Center-East	2022 Lee Rd	216-932-8471	8-4:30 M-F	None	
Veterans Affairs Medical Center-Wade Park	10701 East Blvd	216-791-3600	8-4:30 M-F	None	
Veterans Resource Center	775 E 152nd St	216-541-9000	Tuesdays 10-noon	Please call for information	
Congresswoman Stephanie Tubbs Jones's Shaker Heights Office	3845 Warrensville Center Road, Suite 204	216-522-4900	9-5 M-F	None	

LEGEND

Education Assistance =	Emergency Services = *	Transitional Housing =	Transitional Services =
Social Services Assistance =	Substance Abuse Program =	Financial Assistance = \$	General Health Care =
Employment Assistance =	Mental Health Care =	Advocacy =	Community Voice Mail =
Outreach =			

DOWNTOWN AREA

Name	Directions	Public Transportation
Veterans Upward Bound	W of E 30th between Woodland Ave and Central Ave in Humanities Building Room 301	14, 15, 25, 33, 35, 247
Spanish American Center	St Clair just E of E 63rd	1, 803
Department of Veterans Affairs-Regional Office	E 9th and Lakeside	39, 77F, 147, 239, 247
Department of Veterans Affairs-Veterans Industries	St Clair between E 34th and E 36th	1
Veterans Service Commission-Cuyahoga County	Prospect between E 18th and E 21st across from Wolstein Center	8, 14, 25, 33
NEOCH	One block North of Chester off of E 36th	4, 6, 38
Bishop Cosgrove Center	Superior Ave between E 17th and E 18th	75X, 96F, 328

SOUTH AND WEST

Name	Directions	Public Transportation
Vet Center-West	Pearl Rd on the 3rd block N of Snow Rd	51X
Veterans Affairs Medical Center-Brecksville	Brecksville and Miller	77F
Veterans Affairs Outpatient Clinic at McCafferty Health Center	Lorain and W 44th	22
Congressman Dennis Kucinich's Lakewood Office	Detroit Ave E of Warren Rd	326, 804

NORTH AND EAST

Name	Directions	Public Transportation
Louis Stokes Dept of Veterans Affairs-Painesville Community Based Outpatient Clinic	W Jackson and Richmond in Painesville	28, 808 to Laketran Route 2 to Route 1 to Route 5
Paralyzed Veterans of America-Buckeye Chapter	Euclid between Beverly Hills Dr and Babbitt	28, 808
Vet Center-East	Lee Rd 4 blocks S of Superior	40
Veterans Affairs Medical Center-Wade Park	East Blvd and E 105th	38, 50
Veterans Resource Center	E 152nd 4 blocks N of St Clair	1, 820
Congresswoman Stephanie Tubbs Jones's Shaker Heights Office	Warrenville Center Rd S of Chagrin	14, 41

This Street Card is a resource guide for veterans. All of the above programs help veterans directly. If an address is listed, they also accept walk-ins. The standard Street Card offers more services for persons of both veteran and non-veteran status.

This card was made by the
NORTHEAST OHIO COALITION
FOR THE HOMELESS (NEOCH)
through the support of the
DISABLED AMERICAN
VETERANS TRUST

For additional copies call NEOCH at 216-
432-0540.

*Please feel free to make copies of this
card.*

IMPORTANT PHONE NUMBERS

Name	Phone
Disabled Veterans Assistance Line	800-378-4559
United States Department of Defense	877-673-7773
United Way's "First Call for Help"	2-1-1 or 216-436-2000



CLEVELAND OFFICE CONTACT INFORMATION

- ▶ Cleveland Office Main Line 216-357-7300
- ▶ Greg Johnson, Chief Pretrial/Probation Officer 216-357-7330
- ▶ Marianne Boros, Deputy Chief Pretrial/Probation Officer 216-357-7378
- ▶ Roy Saenz, Deputy Chief Pretrial/Probation Officer 216-357-7333
- ▶ Carmen DeHaan, Supervising Pretrial/Probation Officer 216-357-7349
- ▶ Pamela Lynch, Supervising Pretrial/Probation Officer 216-357-7347
- ▶ William Radaker, Supervising Pretrial/Probation Officer 216-357-7373
- ▶ Keith Schutter, Supervising Pretrial/Probation Officer 216-357-7328

Akron Office Contact Information

- ▶ Akron General Line 330-252-6200
- ▶ Greg Johnson, Chief Pretrial/Probation Officer 216-357-7330
- ▶ Marianne Boros, Deputy Chief Pretrial/Probation Officer 216-357-7378
- ▶ Roy Saenz, Deputy Chief Pretrial/Probation Officer 216-357-7333
- ▶ Sue Worstall, Supervising Pretrial/Probation Officer 330-252-6214
- ▶ Steve Koketko, Supervising Pretrial/Probation Officer 330-252-6224

Toledo Office Contact Information

- ▶ Toledo General Line 419-259-6432
- ▶ Greg Johnson, Chief Pretrial/Probation Officer 216-357-7330
- ▶ Marianne Boros, Deputy Chief Pretrial/Probation Officer 216-357-7378
- ▶ Roy Saenz, Deputy Chief Pretrial/Probation Officer 216-357-7333
- ▶ Eric Corns, Supervising Pretrial/Probation Officer 419-213-5772
- ▶ Robin Lafferty, Supervising Pretrial/Probation Officer 419-213-5752

- ▶ Toledo 800 # 1-800-840-2256

Youngstown Office Contact Information

- ▶ Youngstown Office General Line 330-884-7470
- ▶ Greg Johnson, Chief Pretrial/Probation Officer 216-357-7330
- ▶ Marianne Boros, Deputy Chief Pretrial/Probation Officer 216-357-7378
- ▶ Roy Saenz, Deputy Chief Pretrial/Probation Officer 216-357-7333
- ▶ Kenneth Reid, Supervising Pretrial/Probation Officer 330-884-7478

Voter Registration Form

Please read instructions carefully.

To qualify to vote, you must be:

- (1) a U.S. citizen;
- (2) 18 years old on or before the next general election;
- (3) a resident of Ohio for at least 30 days immediately before election day;
- (4) registered to vote at least 30 days before election day.

Use this form to register to vote *or* update a current Ohio registration if you have changed your address or name.

NOTICE: Your registration or change must be *received or post-marked* 30 days before an election at which you intend to vote. You will be notified by your county board of elections of the location where you vote. If you do not receive a notice prior to election day, call your county board of elections.

Lines 1 and 2 are required by law. If you do not answer *both* of the questions, your registration will not be processed.

Registering in person

If you have a current valid Ohio driver's license, you must provide that number on line 10. If you do not have an Ohio driver's license, you must provide the *last four digits* of your social security number on line 10.

Registering by mail

If you register by mail and do not provide either a current Ohio driver's license number or the last four digits of your social security number, please enclose a copy of one of the following with your registration application:

- Current valid photo identification card showing your name; *or*
- Current utility bill, bank statement, paycheck, government check or government document showing your name and address.

If you register by mail and do not provide one of the above at the time of submitting your registration application, you must provide one of the items when you vote for the first time.

Your Signature

Your registration cannot be processed without your signature. On line 14, your completed legal signature or mark should not touch surrounding lines of type. If signature is a mark, include name and address of the person who witnessed the mark beneath the signature line.

Please type or print clearly with a black pen.

FOLD HERE

1. Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No				
2. Will you be 18 years of age on or before the next general election? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you answered NO to either of the questions, do not complete this form.				
3. Last Name		First Name	Middle Name or Initial	Jr., II, etc.
4. House Number and Street (Enter new address if changed)		Apt. or Lot #	5. City or Post Office	6. Zip Code
7. Additional Rural or Mailing Address (if necessary)			8. County where you live	
9. Birthdate (MO - DAY - YR)	10. Ohio driver's license No. OR last 4 digits of Social Security No. (required)		11. Phone No. (voluntary)	
12. ADDRESS CHANGE ONLY - PREVIOUS ADDRESS Previous House Number and Street Previous City or Post Office				FOR BOARD USE ONLY SEC4010 (Rev. 10/03) City, Village, Twp. Ward Precinct School Dist. Cong. Dist. Senate Dist. House Dist.
13. CHANGE OF NAME ONLY	Former Legal Name		Former Signature	
I declare under penalty of election falsification I am a citizen of the United States, will have lived in this state for 30 days immediately preceding the next election, and I will be at least 18 years of age at the time of the general election.				
14. Signature of Applicant → Date ____/____/____ MO DAY YR				

WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

