

**Plan for Living Independently after Release**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

1. Do you want to be released from court jurisdiction? \_\_\_\_\_

Why? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. If the court releases you from jurisdiction, where would you live (explain – not just the address): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. Who would live with you? \_\_\_\_\_

4. How would you pay for the place to live? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. Do you have a high school diploma or GED? \_\_\_\_\_

Do you plan to pursue one or the other or college, etc.? \_\_\_\_\_

Explain your plans for education (including where you are going to go, how you are going to finance it etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6. Do you have a job currently? \_\_\_\_\_ If so, where? \_\_\_\_\_

What do you do there? \_\_\_\_\_

Full or part time? FT PT Pay per week? \_\_\_\_\_ ?

7. What are your plans for a job if you were released from jurisdiction? (i.e. keep the same job you have, get a job or a new job, and if so what type of job, where, what are you qualified for, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

8. What sort of transportation will you use to get to your job or school, grocery store etc.?

\_\_\_\_\_

9. Will you have medical insurance? What insurance? If not, how will you pay for the doctor, hospital or medicines when you get sick?

---

---

10. Do you take medication today? How are you going to pay for or get your medications when you are released? (also: What doctor will you see?)

---

---

11. If you have a child, what are your plans for child care while you are at work or school? (including how you plan to pay for it)

---

---

12. Do you currently have any criminal charges pending? If so, what are they and how do you intend to resolve them?

---

---

13. Please fill out the following summary of monthly expenses to look at how much money it will take you to live:

Rent	\$ _____
Electric	\$ _____
Trash	\$ _____
Water	\$ _____
Phone	\$ _____
Other utilities	\$ _____
Laundry	\$ _____
Groceries	\$ _____
Entertainment	\$ _____
Car payment	\$ _____
Car insurance	\$ _____
Gasoline	\$ _____
Car maintenance	\$ _____
Licenses, tags, etc.	\$ _____
Bus or other transportation	\$ _____
Childcare	\$ _____
Other child related expenses	\$ _____
Medical care / insurance	\$ _____
Haircuts/other beauty	\$ _____
Clothing	\$ _____
Other expenses	\$ _____
<hr/>	
Total:	\$ _____

What is your current monthly income: \$ \_\_\_\_\_

---