

North Carolina's Criminal Justice Resource Directory for Service Groups, Offenders' and their Families

DIRECTORY INFORMATION SHEET

Service Group Information

Organization/Agency : _____

Director: _____
First Last

Contact Person: _____
First Last

Mailing Address: _____
City State Zip Code

Street Address: _____
(if different from mailing)
City State Zip Code

County: _____

Email Address: _____ Phone Number: _____
(will not be listed in directory)

Website: _____

Year Founded: _____

Do you want to have website traffic directed to your organization?
____ Please link my organization's website to the CJPC website and/or online directory.

Program/Services Provided: (please check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Sentencing Services | <input type="checkbox"/> Drug Treatment Court | <input type="checkbox"/> Substance Abuse Treatment |
| <input type="checkbox"/> Residential Treatment Program | <input type="checkbox"/> Job Training/Placement | <input type="checkbox"/> Re-entry (post-prison) |
| <input type="checkbox"/> Mediation/Intervention | <input type="checkbox"/> Prevention | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Mental Health Treatment | <input type="checkbox"/> Women's Services | <input type="checkbox"/> Adult Services |
| <input type="checkbox"/> Juvenile Services | <input type="checkbox"/> Peer to Peer Support Group | <input type="checkbox"/> Family Housing |
| <input type="checkbox"/> Offender Housing | <input type="checkbox"/> Crime Victims' Services | <input type="checkbox"/> Offenders' Family Services |
| <input type="checkbox"/> Faith/Religious-based | <input type="checkbox"/> Legal Assistance/Advice | <input type="checkbox"/> Sex Offender Services |
| <input type="checkbox"/> Batterer's Program | <input type="checkbox"/> Criminal Justice Partnership Program | <input type="checkbox"/> Pre-trial Services Program |

Target Population: (please check all that apply)

- | | | |
|--|--------------------------------|--------------------------------------|
| <input type="checkbox"/> Adults | <input type="checkbox"/> Women | <input type="checkbox"/> Juveniles |
| <input type="checkbox"/> Ethnic Group (specify: _____) | <input type="checkbox"/> Men | <input type="checkbox"/> Other _____ |

Of members in the target population, please check all that apply to your target population:

- | | |
|--|---|
| <input type="checkbox"/> currently in the county jail and/or facing sentencing | <input type="checkbox"/> serving a prison sentence |
| <input type="checkbox"/> serving a probationary sentence | <input type="checkbox"/> returning from prison with supervision |
| <input type="checkbox"/> returning from prison without supervision | <input type="checkbox"/> completed a probationary sentence |

Referral Source: (please check all that apply)

- | |
|--|
| <input type="checkbox"/> Open to Public |
| <input type="checkbox"/> Call to Make Appointment |
| <input type="checkbox"/> Court-imposed Program |
| <input type="checkbox"/> No Phone Calls Please |
| <input type="checkbox"/> Email for more information (Specify email: _____) |

Optional Information:

of Full-Time Staff: ___ Volunteer Based ___ 5 or less ___ 6 – 10 ___ More than 10

Year Founded: _____

Annual Budget: ___ Less than \$25,000 ___ \$25,001 - \$99,000 ___ more than \$100,000

Short Narrative/Mission Statement

Please provide a short narrative or mission statement about your agency.

Please tell us about other Agencies & Programs in your county.

Please list other groups/programs providing offender and family services in your community:
(Please include contact information when available)

Organization/Program	City/State	Phone	Website
----------------------	------------	-------	---------

Organization/Program	City/State	Phone	Website
----------------------	------------	-------	---------

Organization/Program	City/State	Phone	Website
----------------------	------------	-------	---------

Organization/Program	City/State	Phone	Website
----------------------	------------	-------	---------

Organization/Program	City/State	Phone	Website
----------------------	------------	-------	---------

Organization/Program	City/State	Phone	Website
----------------------	------------	-------	---------

**Submission Deadline:
Friday, November 20, 2009**

**** Return this form via email or regular mail in order to be included in the directory:
Carolina Justice Policy Center
PO Box 309
Durham, NC 27702-0309**

directory@justicepolicycenter.org

Please call Charmaine Fuller Cooper or Lao Rubert at (919) 682-1149 for more information.