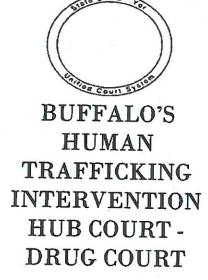
Honorable Amy C. Martoche 50 Delaware Avenue Buffalo, New York 14202 Ph (716) 845-2638 Fax (716) 845-7574



Erika Webb Chief Clerk Buffalo City Court Ph (716) 845-2654

Alicia M. Tabliago Resource Coordinator Ph (716)-845-2752 Fax (716) 845-7580

Defendant Name:	IN CUSTODY:	YES	NO
Defendant DOB:			

Prior to the defendant being screened, the Resource Coordinator will explain the HTIC and the role of the Resource Coordinator (who is not a confidential advocate). The Resource Coordinator will provide her contact information and explain the various services available to the defendant through the Court, including access to a confidential advocate (not employed by the court system) to assist during the court process.

The defendant will be asked about his or her history of commercial sex work to make an assessment of his or her current safety issues. The Resource Coordinator will not ask for specific details about their history of commercial sex work.

# Screening

### Housing:

Where are you living?

How long have you lived there?

Who else lives there? Who else stays there?

Can you return to that residence?

Do you feel safe? Has anyone ever harmed you there?

How do you pay rent?

Where do you go when you are not at home (friend's house, significant other)?

Have you ever been homeless?

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Do you have anyone (not family) that supports you and provides you with the essentials?

#### Personal:

Do you have identification (driver's license, passport, benefit card)?

Do you know where your identification is?

Is someone holding these for you?

Other special concerns? (LGBTQ, runaway youth, medical needs, etc.)

#### Family:

Do you have children or serve as a guardian?

(If so, what is the custody status?)

Are there any current Family Court orders or a menu in place?

Who is the father of your children?

Do you have support from family members?

Are you in a relationship with someone? If so, is that person using substances?

### Medical:

Do you have any current medical needs or require medication?

Are you pregnant?

Do you need medical referrals?

Any other concerns?

# Treatment:

Are you using substances?

If so, how often are you using and what type of substance?

How do you support your substance use?

Are you currently linked to treatment for AOD or MH?

If so, where are you receiving treatment?

Do you have a mental health diagnosis?

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What agency provided the diagnosis?

Do you have a history of suicidal ideations?

Have you ever attempted suicide?

Do you have a history of cutting?

Do you have a history of trauma, rape, and/or sexual assault as an adult or a child?

#### Safety:

Will anyone be looking for you when you are released from custody?

Do you owe anyone money?

Does anyone hold your money for you?

Any current orders of protection filed on your behalf?

Any current orders of protection filed against you?