LETTER OF POSITIVE SUPPORT

I, _____, am providing this letter in support of:

Probationer: _____

Case Number(s): _____

Offense(s): _____

Proposed Residence Location:

City _____ County _____ State _____

I am willing to provide support to the probationer as he/she seeks to establish or maintain a stable residence and successfully comply with probation supervision. I understand that the probationer remains responsible for his/her own behavior, court orders, treatment requirements, and probation conditions.

I understand that probation officers may verify information contained in this letter and may contact me regarding the probationer's compliance, residence, employment, transportation, treatment participation, or other supervision matters. If the probationer resides with me, I understand that probation officers may conduct home contacts and that the probationer may be subject to lawful searches as permitted by court order or probation conditions.

If the probationer is required to register as a sex or violent offender or is subject to special supervision restrictions, I understand that additional residence restrictions, reporting requirements, or supervision practices may apply. I have discussed these matters with the probationer and am willing to cooperate with lawful verification requests from probation, law enforcement, or other authorized agencies.

The following information will assist probation officers in making supervision transfer decisions:

My full name is _____.

My relationship to the probationer is _____.

My Address (street address, city, state, zip code):

_____

_____

I have resided in this state since: _____

I can verify my residency through the following documentation:

_____

My Date of Birth: _____

My Phone Number: _____

My Email Address (optional): _____

If the probationer will reside with me, I confirm that he/she is permitted to live at the address listed above.

☐ Yes

☐ No

If yes, is this arrangement:

☐ Temporary

☐ Permanent

Expected start date: _____

Please list all persons living in the residence and their ages:

Does the residence have any restrictions that may affect the probationer's ability to live there? (lease restrictions, landlord approval requirements, housing authority rules, sex offender restrictions, victim-related concerns, etc.)

Please describe the support you will provide (housing, transportation, employment assistance, financial assistance, treatment support, child care, emotional support, or other assistance):

If employment has been offered or arranged, please provide details:

Employer/Business: _____

Position: _____

Supervisor/Contact: _____

Phone Number: _____

If employment has not been arranged, please explain how the probationer will support himself/herself until employment is obtained:

I understand that I am providing this information voluntarily to assist in a successful supervision plan for the probationer. I certify that the information provided in this letter is true and accurate to the best of my knowledge. I understand that probation authorities may rely upon this information when evaluating residence suitability, supervision planning, and transfer requests. I agree to notify the probation department if my ability or willingness to provide housing or support changes.

Signature: _____

Printed Name: _____

Date: _____

☐ I understand that approval of a transfer request is determined by the court, probation department, and/or receiving jurisdiction, and this letter does not guarantee that the probationer will be permitted to relocate.

You may submit this form, a letter of your own creation, or contact us at:

Wells County Probation Department
102 W. Market Street, Ste 404
Bluffton, IN 46714
email: adultreports@wellscounty.org
phone: 260-824-6496