

### RELEASE PLAN INFORMATION

|                    |                             |                      |                                   |  |
|--------------------|-----------------------------|----------------------|-----------------------------------|--|
| TO<br>James Mercer | DOC NUMBER<br>110598        | FACILITY NAME<br>SCI | REENTRY ASSESSMENT DATE COMPLETED |  |
| HOUSING UNIT<br>4A | SOCIAL WORKER NAME<br>Simon |                      | AGENT NUMBER<br>12016             | ES DATE<br>Life Sentence<br>PED: 09/2015 |

**INSTRUCTIONS TO SOCIAL WORKER:**

Social Workers will provide this form to offenders who must complete it prior to being considered for any type of release from prison (i.e., all Parole Commission Interviews, Act 38 release considerations, or ES/MR).

In preparation for your forthcoming Parole Commission Interview and/or release, please fill out this form, which will help plan for your release. This information will be shared with your Social Worker, DCC Agent, and the Parole Commission (if applicable).

RETURN COMPLETED FORM TO THE SOCIAL WORKER NO LATER THAN

### PROPOSED RESIDENCE PLAN

**PRIMARY ADDRESS**

|   |  |  |                   |
|---|--|--|-------------------|
| PERSON'S NAME WITH WHOM YOU WILL LIVE<br>Wesley A. Mercer | RELATIONSHIP TO YOU<br>half-brother        | IS THIS PERSON A VICTIM OF YOUR CRIME<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                   |
| STREET ADDRESS<br>1007 Holloway Street; Apt. A            | CITY<br>Lafayette,                         | STATE<br>IN  | ZIP CODE<br>47905 |
| PRIMARY HOME PHONE NUMBER<br>765-742-7350                 | PERSON'S CELL PHONE NUMBER<br>765-772-8808 | PERSON'S WORK PHONE NUMBER<br>None   |                   |

**ALTERNATE ADDRESS**

|   |                                      |  |                   |
|---|--------------------------------------|--|-------------------|
| PERSON'S NAME WITH WHOM YOU WILL LIVE<br>Temporary Living Placement                                   | RELATIONSHIP TO YOU<br>None          | IS THIS PERSON A VICTIM OF YOUR CRIME<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                   |
| STREET ADDRESS<br>Unknown at this time  | CITY<br>Lafayette,                   | STATE<br>IN  | ZIP CODE<br>47905 |
| ALTERNATE HOME PHONE NUMBER<br>Unknown at this time   | PERSON'S CELL PHONE NUMBER           | PERSON'S WORK PHONE NUMBER   |                   |
| DO YOU NEED HOUSING ASSISTANCE<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | COUNTY OF YOUR RELEASE<br>Tippecanoe | CITY OF YOUR RELEASE<br>Lafayette, Indiana   |                   |

### EMPLOYMENT

**WORK RELEASE**

|                                       |   |                                      |
|---------------------------------------|---|--------------------------------------|
| EMPLOYER NAME<br>Unknown at this time | YOUR JOB POSITION<br>Master Carpenter/Cabinet Maker | YOUR PAY<br>minimum of \$15 per hour |
|---------------------------------------|---|--------------------------------------|

**SKILLS USED / LEARNED** I am a Master Carpenter/Cabinet Maker with over 48 years of experience. I also know how to Weld any metal in any position and have over 30 years of experience in this field. Furthermore, I can operate a Forklift, perform Building Services and Maintenance, and various other types of vocations. Brother will help when needed.

**HOW CAN YOU APPLY THESE SKILLS TO EMPLOYMENT IN THE COMMUNITY** As a general rule, I have never had any problem of obtaining employment and keeping it. I don't see a problem in my obtaining employment once release, although it may not happen right away. If I have to I can work for some Temp Service in the Lafayette, Indiana area.

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| HOUSING UNIT<br>4A | SOCIAL WORKER NAME<br>Simon | AGENT NUMBER<br>12016 | ES DATE<br>Life Sentence<br>PED: 09/2015 |

#### INSTITUTION JOB(S)

LIST ALL JOBS In 2009 at the Columbia Correctional Institution, I was working in the Maintenance Department as a Maintenance Mechanic. While at Stanley Correctional Institution I have worked as a Cart Pusher, Unit Servery Worker (twice), Respite Worker, Daytime Custodian, Dishwasher (twice), and now I work in the Main Kitchen as Lead Supersanitation Worker  
 SKILLS USED / LEARNED  
 I am a Master Carpenter/Cabinet Maker, as well as a Welder who can operate a Forklift. I have a A.A. degree in Building Services and Maintenance, although I find that if I have to I will mow lawns or wash dishes for some restaurant for cash.

#### EMPLOYMENT UPON RELEASE

|  |                   |
|--|-------------------|
| PROPOSED EMPLOYER NAME<br><br>None yet, but my brother is working on it. | PHONE NUMBER      |
| STREET ADDRESS   | CITY<br>Lafayette |
|  | STATE<br>IN       |
|  | ZIP CODE<br>47905 |

#### FINANCIAL

|   |                                       |                              |  |                               |
|---|---------------------------------------|------------------------------|--|-------------------------------|
| REGULAR ACCOUNT AMOUNT<br>\$ about \$30.21  | RELEASE ACCOUNT AMOUNT<br>\$ 1,025.00 | SAVINGS ACCOUNT AMOUNT<br>\$ | RESTITUTION AMOUNT OWED<br>\$ 0.00   | CHILD SUPPORT OWED<br>\$ 0.00 |
| HAVE YOU RECEIVED SOCIAL SECURITY BENEFITS IN THE PAST<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list date(s): |                                       |                              | ARE YOU ELIGIBLE FOR VETERANS' BENEFITS<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                               |

#### HEALTH

DO YOU PLAN TO COMPLETE AN APPLICATION FOR HEALTH INSURANCE PRIOR TO RELEASE?  Yes  No

DO YOU HAVE ANY CURRENT HEALTH ISSUES (medical, psychological, dental) THAT YOU BELIEVE NEEDS TO BE ADDRESSED IN YOUR RELEASE PLANNING? PLEASE DESCRIBE. You may choose not to answer this question, due to the confidential nature of the information. I am a type 2 diabetic, have atypical scoliosis, arthritis of my entire spine, and I was diagnosed in the early 80's as being a functional schizophrenic.

DO YOU HAVE MEDICAL APPLIANCES (wheelchair, artificial limbs, etc.) THAT NEED TO BE CONSIDERED IN YOUR RELEASE PLANNING? PLEASE DESCRIBE. I have two sets of dentures, two wrist braces, 1 back brace, and orthopedic shoes. I don't yet need a wheelchair.

#### EDUCATION AND TREATMENT UPON RELEASE

##### EDUCATION / VOCATIONAL GOALS

DO YOU PLAN ON ATTENDING SCHOOL UPON RELEASE?

Yes  No If yes, where: In Lafayette, Indiana at a community college.

##### TREATMENT GOALS

ARE YOU INTERESTED IN ATTENDING TREATMENT PROGRAMS WHILE ON SUPERVISION?

Yes  No If yes, identify the type below:

Anger Management  AODA  Domestic Violence  Parenting/Family  Sex Offender  CGIP

Other (list):

LIST LOCATION(S) OF SERVICE PROVIDER Wabash Valley Hospital Outpatient Services

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#### TRANSPORTATION UPON RELEASE

|   |   |
|---|---|
| IS SOMEONE PICKING YOU UP<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list their name: | DO YOU NEED A BUS TICKET<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|

#### CLOTHING NEEDS UPON RELEASE

LIST NEEDED CLOTHING (INCLUDE SIZES) Depending on time of year of release, I'll need 1 T-shirt (2X), 1 pair of Blue Jeans (40" Waist; 30" Inseam), and 1 Winter Coat (2X) if I am release during winter.

#### VITAL DOCUMENTS / PROPER IDENTIFICATION

CHECK THE BOX(ES) FOR ALL DOCUMENTS THAT YOU HAVE

Social Security Card    Driver's License    State Photo ID    Birth Certificate

#### ADDITIONAL INFORMATION

List other information you feel the Parole Commission or your DCC Agent should know about your institution programming, group participation, activities, individuals who may assist you when released, and alternate plans you may have, etc. **DO NOT ATTACH ANY DOCUMENTS TO THIS FORM.**

Since I have been signed up for Anger Management for nearly 6 years I've been at the Stanley Correctional Institution and have not been allowed to take this program while I've been here, in spite of "endorsements" from both P.R.C. (Reclassification) and the Parole Commission, I propose that I be allowed to take said Anger Management program on an Outpatient basis at the: Wabash Valley Hospital on 610 Main Street in the city of Lafayette, Indiana 47901 through their Act Program. It is also through the Wabash Valley Hospital's Act Program that I'll get help obtaining both a full-time job and housing. It is at the Wabash Valley Hospital that I will obtain all of my medical care from and I will obtain my dental services from the Riggs Center nearby.

I will also work part-time for my brother making therapeutic cat stands in exchange for food and use of his shower. Any help I need in reintegrating back into society successfully that I can't obtain elsewhere, my brother says he will help me obtain.

|   |                       |
|---|-----------------------|
| OFFENDER SIGNATURE<br><i>James Mercer</i> | DATE SIGNED<br>8/5/15 |
|---|-----------------------|