

NOTICE OF SUBSTANTIVE CHANGE

Standard 2.5 – A PSC that is applying for or has received certification shall give written notice to the AOIC of any change in the PSC judge, local PSC coordinator, PSC name, type of program, location, or policy. Notice of program or operational changes shall be submitted to the AOIC no later than thirty days after the change takes effect. The AOIC may require a new application for certification or site visit based on the change.

Certification is required by the Supreme Court of all Problem Solving Courts in Illinois. Re-certification is required three years from certification. In maintaining Certification, a PSC must inform AOIC when a significant change to the PSC program occurs.

Administrative Office of Illinois Courts
Problem Solving Court Coordinator
Probation Services Division
222 N. LaSalle Street
Chicago, IL 60601
(312)793-3250
Problemsolvingcourts@Illinoiscourts.gov

(Please place a check on the line below, which best describes the area of the PSC program in which you are seeking supplemental approval for a change to the Certification (please refer to the second page for definitions of categories). In the space below, describe the change you are proposing along with the rationale for the proposed change. Follow the format presented in the section of the PSC Certification Application you wish to supplement. For example, if your supplement concerns adopting new PSC Policies and Procedures, please submit a revised page 10, **Operational Policies and Procedures**. Attach additional pages as necessary).

Problem-solving Court Name _____

Presiding Judge _____

Type of Problem-Solving Court:

- Mental Health Court
- Drug Court
- Veterans Court
- Other DUI Court

Enhancement(s)

Grant/Award Implantation

Personnel Change
(Complete page 3)

Other

Describe the change:

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DESIGNATED PROBLEM-SOLVING COURT COORDINATOR

As the designated Problem Solving Court Coordinator of the _____ Court in _____ County located in the Judicial Circuit, I have reviewed the change to the Problem-Solving Court Certification and confirm that the information is true and correct and that the notification is complete.

Name of Problem-Solving Court Coordinator _____

Signature _____ Date _____

Definitions

Enhancement(s):

Proposal to implement new programming to be offered by existing staff or new staff which should include the following information with/on the form: 1) Name/Title of the new program; 2) Overview of what the program will address, including the identified population to be served, curriculum to be used, and proposed outcomes; 3) Who will be responsible for program oversight/operations; and 4) Fiscal impact, if any, to the PSC program or the state.

Grant Award/Implementation:

Proposal to revise the PSC program utilizing grant funding. Included with/on the form should be: 1) Copy of the grant application; 2) Statement of why the change is being proposed; and, 3) Fiscal impact, if any, to the department or the state.

Personnel Change:

Replacement of an existing position or addition of a new PSC Team member. Included with/on the form should be: 1) Contact information for the new Team member including their new title; 2) Copy of the signed MOU; 3) Training needs of the new team member; and 4) Impact, if any, to the PSC program or the state.

Other:

Proposal to amend the current, approved PSC Certification in areas not previously identified above that would have significant impact(s) on the program, either operationally or fiscally. Included with/on the form should be: 1) Which section of the Certification is being amended; 2) Rationale for the proposed amendment, including the anticipated outcome/relief to be achieved by the amendment; and 3) Fiscal impact, if any, to the PSC program or the state.

PSC TEAM MEMBERS

Copy form to provide information about each team member

Name and Title:

Role/Function on Team:

Agency/Office:

Address:

Phone:

Email:

Name and Title:

Role/Function on Team:

Agency/Office:

Address:

Phone:

Email:

Name and Title:

Role/Function on Team:

Agency/Office:

Address:

Phone:

Email:

Name and Title:

Role/Function on Team:

Agency/Office:

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