

**Delaware Health and Social Services
Division of Developmental Disabilities Services
Dover, Delaware**

Title: Sponsorship Program

Approved By: _____
Division Director

Written/Revised By: DDDS Policy and Record Committee

Date of Origin: August 2001

Revision Date: April 12, 2007

Implementation Date: April 12, 2007

I. PURPOSE

To establish a program to secure sponsors, for persons receiving DDDS residential services, that encourages and supports relationships in the community while protecting the individual's rights and safety. This policy shall not apply to friendships the individual initiates on his/her own, rather it applies to relationships initiated by the Sponsor (or sponsor applicant) or the Volunteer Services Coordinator.

II. POLICY

All requests for sponsorship involving persons who live in DDDS residential programs shall be processed in accordance with this policy.

III. APPLICATION

All individuals who live in a DDDS residential programs
Applicants for sponsorship
DDDS Interdisciplinary Team Members
Executive Director of Stockley Center
Director of Community Services
Director of Special Populations
DDDS Center Volunteer Services Coordinator

IV. DEFINITIONS

- A. Applicant: An individual applying to become a Sponsor who has not yet completed the application process or the requirements set forth in this policy.
- B. Disqualifying Conditions: A list of crimes/convictions with corresponding duration of disqualification, as developed by the Division of Long Term Care Residents Protection.
- C. On-Site Visit: Contact with the person at his/her home (Stockley Center or a community residential arrangement).
- D. Sponsorship Packet: This packet may include any combination of the application for sponsorship, forms authorizing checks with the Adult Abuse Registry, Child Abuse Registry, and Division of Motor Vehicles, and the paperwork required to obtain the State Criminal Background Check.

IV. DEFINITIONS (*continued*)

- E. **Sponsor:** One who applies through the DDDS to be a sponsor, has met all of the program's requirements and has been approved by the designated administrator. The Sponsor voluntarily initiates and assumes responsibility for an individual who lives in a DDDS residential program, during a visit away from his/her home or other program funded by the DDDS. A person with an established friendship relationship with the individual is not considered to be a sponsor.
- F. **Surrogate:** A surrogate may include the following individuals, in descending order of priority
1. A legal guardian of person or other legally recognized agent assigned to make decisions for an individual in that individual's best interest when he/she is not competent or otherwise unable to give informed consent.
 2. A person identified by a mentally competent individual receiving services, to his/her supervising health care provider, in the presence of a witness.
 3. If an individual receiving services has been determined by his/her attending physician to lack capacity and the individual has no agent or guardian, any member of the following classes of the individual's family who is reasonably available, in the descending order of priority may act as a personal representative for the purpose of requesting and receiving protected health information.
 - a. The spouse, unless a petition for divorce has been filed, or unless the patient has filed a petition or complaint alleging abuse, as defined in § 1041(1) of Title 10, of the patient by the spouse;
 - b. An adult child;
 - c. A parent;
 - d. An adult sibling;
 - e. An adult grandchild;
 - f. An adult niece or nephew. (Title 16 of Del. C., Ch. 25 §2507, Title 16 of Del. C., Ch. 12, §1232 (f)).
 4. An adult who has exhibited special care and concern for the individual receiving services, who is familiar with his/her personal values and who is reasonably available may serve as a personal representative, **only in the absence of any of the aforementioned individuals, if they are appointed as legal guardian.**

V. STANDARDS

- A. All interested Sponsors shall meet/discuss with the Volunteer Services Coordinator/Designee who will explain the Sponsorship process and program, the role of the sponsor, the requirements to become a Sponsor and the expected continued commitment of the Sponsor once he/she is approved.
- B. The Volunteer Services Coordinator/Designee shall provide all interested applicants with a "Sponsorship packet".

V. STANDARDS (*continued*)

- C. All Sponsors shall provide a copy of his/her valid driver's license, automobile registration, and insurance card, with his/her application.
- D. All applicants shall be subject to applicable background checks as follows:
 - State of Delaware Criminal Background Check (CBC);
 - State CBC in the applicant's state of origin if he/she has been a Delaware resident for less than five (5) years;
 - Adult Abuse Registry check;
 - Child Protection Registry Check
- E. The Disqualifying Crimes form developed by the DLTCRP, Exhibit D, shall be used to determine if an applicant's criminal conviction is a disqualifying factor and the time involved, if applicable.
- F. The State shall make efforts to pay the cost of the CBC through either the existing budget or available donation funds. If monies are not available, the applicant shall pay the costs for a State Criminal Background Check.
- G. State CBC's may not be required if the applicant has completed such a background check within the past 5 years, unless there are potential areas of concern. The potential areas of concern shall be determined by the Volunteer Services Coordinator.
- H. A minimum of one direct interview with the applicant shall be completed by the Volunteer Services Coordinator to determine his/her suitability to assume responsibility for a person receiving DDDS residential services. A home evaluation shall only be required if the applicant has requested the person receiving services to visit in his/her home.
- I. A home evaluation shall be required if the sponsor's residence changes and the sponsor requests that the person receiving services visit his/her home.
- J. The Volunteer Services Coordinator/Designee shall make a recommendation to the applicable administrator relative to a disposition on the Sponsorship application. The recommendation shall be based on all information gathered during the application process.
- K. The final approval of a Sponsorship application shall be made by the applicable administrator (i.e., Executive Director of Stockley Center/Director of Community Services/Director of Special Populations or designee) and shall be contingent on there being no disqualifying factors in the criminal background checks or registry check, the outcome of the Volunteer Services Coordinator's interview (or home visit, if applicable), successful completion of any identified training by the ID Team, and written consent from the guardian/surrogate, as applicable.

V. STANDARDS (continued)

- L. The DDDS Social Worker/Case Manager, for individuals who live in a Shared Living home, and Program Coordinators/Designee, for individuals who live in an agency supported residence, shall be the contact person for the sponsor.
- M. The outcome of the sponsorship shall be monitored on a routine basis by the DDDS Social Worker/Case Manager (Shared Living homes) and Program Coordinators/Designee (agency supported residences) and the Volunteer Services Coordinator.
- N. The Volunteer Services Coordinator shall maintain up-to-date and confidential files pertaining to applications for consumer sponsors. The confidential information shall be protected in accordance with applicable policy and laws.
- O. All Sponsors shall be required to conform to the agency's visitor policy. Residential staff shall enter an ID Note when a Sponsor visits a person receiving services.
- P. The Volunteer Services Coordinator shall notify the agency Program Coordinator/Designee or the DDDS Social Worker/Case Manager when a Sponsor has been approved or terminated.
- Q. The sponsorship may be suspended or terminated by the Executive Director of Stockley Center/Director of Community Services/Director of Special Populations if the Sponsor does not comply with the established guidelines or other problems arise.
- R. Applicants for Sponsorships must be at least 18 years of age.

VI. PROCEDURES

Responsibility

Action

Interested Applicant

1. Contacts DDDS Volunteer Services Coordinator.

Volunteer Services Coordinator

- 2. Speaks with the potential applicant to discuss his/her intentions.
- 3. Reviews the Terms of Sponsorship with the potential sponsor applicant.
- 4. Reviews and provides potential sponsor applicant with sponsorship packet, to include the Terms of Sponsorship document.
- 5. Notify the applicable Social Worker/Case Manager of the applicant's intent to become a Sponsor.
- 6. Requests the applicant to sign two reference check forms and provide non-relative reference names and phone numbers.
- 7. Requests the applicant to sign the applicable consent forms giving permission for DDDS to check the Adult Abuse and Child Protection registries.

VI. PROCEDURES (*continued*)

Responsibility

Action

Volunteer Services Coordinator
(continued)

8. Establishes a confidential file of all relevant information pertaining to the applicant/application.

DDDS Social Worker/Case Manager for individuals in Shared Living homes **and**

9. Meets with the consumer and discusses the potential sponsorship to determine the consumer's desire to have a Sponsor.

Program Coordinator for individuals who live in agency supported residences

10. Presents the information pertaining to the potential Sponsor to the ID Team to determine whether or not to proceed with the sponsorship application, identify necessary supports and training for the potential Sponsor, and identify who will be responsible for providing the support and training to the applicant.

11. Provides documentation to the Volunteer Services Coordinator outlining the ID Team's plan to support the consumer and the potential sponsor. Specific elements as identified in #10, above, shall be included in the documentation presented to the Volunteer Services Coordinator.

12. Documents information, as identified in procedural step #10, in the consumer's Essential Lifestyle Plan (ELP).

Volunteer Services Coordinator

13. Contacts the guardian/surrogate to discuss the potential sponsorship, obtain any feedback and document outcome of contact in the consumer's record.

14. Reviews with the applicant the necessary supports for the consumer and the applicant, as well as any required training identified by the ID team.

15. Contacts applicant when applicable to advise him/her to initiate the State criminal background check process.

16. As applicable, contacts the applicant to arrange for a home evaluation if he/she plans to take the consumer into his/her home. Completes home evaluation.

17. Prepares a written home evaluation report, to be maintained in the applicant's confidential file.

VI. PROCEDURES (*continued*)

Responsibility

Action

Volunteer Services Coordinator
(continued)

18. Reviews with the applicant the necessary supports for the consumer and the applicant and any required training identified by the ID team.
19. Arranges for a minimum of one on-site visit by the applicant (at the consumer's home). Supervise the on-site visits or arrange for a managerial level staff to supervise the visits.
20. Obtains written consent from the consumer's guardian/surrogate (as necessary) after completion of the application process, to include a home evaluation, if applicable.
21. Reviews the application and supporting documentation. Recommends approval or disapproval of the application.
22. Forwards completed Sponsorship application, background check results, references and home visit evaluation to the applicable administrator (i.e., Executive Director of Stockley Center, Director of Community Services Director of Special Populations).

Executive Director of Stockley Center,
Director of Community Services, Director
of Adult Special Populations

23. Reviews the completed Sponsorship application, background check and reference results, as well as home visit evaluation, if such was if such was necessary and completed.
24. Signs the sponsorship application indicating approval or disapproval.
25. Forwards the entire application packet back to the Volunteer Services Coordinator.

Volunteer Services Coordinator

26. Sends written notification to the applicable Social Worker/Case Manager and Director of residential agency/living area of the status of the sponsorship application.
27. Notifies the applicant in writing of the status of the sponsorship application.

DDDS Social Worker/Case Manager for
individuals in Shared Living homes and

Program Coordinator for individuals who live
in agency supported residences

28. Develops an individualized support plan for the approved sponsor that minimally includes emergency contact information, health and safety information and support information discussed by the team in procedural step #10.

VI. PROCEDURES (continued)

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| DDDS Social Worker/Case Manager | 29. Includes information concerning the approved Sponsor in the consumer's Social Assessment Update. |
| Program Coordinator/Designee for individuals who live in agency supported residences | 30. Notifies the residential staff and ensures documentation of the Sponsor's visit in the consumer's record. |
| DDDS Social Worker/Case Manager for individuals in Shared Living homes and | 31. Contacts the consumer (or person who knows him/her best if communication is a barrier), at least quarterly, to assess the status of the sponsorship. |
| Program Coordinator for individuals who live in agency supported residences | 32. Documents description of the aforementioned contact in the consumer's ID Notes and copies the documentation to the Volunteer Services Coordinator. |
| Volunteer Services Coordinator | 33. Contacts the sponsor at least annually to assess the status of the sponsorship. |
| | 34. Documents assessment of the sponsorship and files in the Sponsor's confidential file. |
| | 35. Renews sponsorship consent within 365 days. |
| DDDS Social Worker/Case Manager for individuals in Shared Living homes and | 36. Notifies Volunteer Services Coordinator of any concerns related to a sponsorship. Notification shall minimally be in written format. |
| Program Coordinator for individuals who live in agency supported residences | |

VII. REFERENCES

- A. DDDS Consent Policy
- B. DDDS Confidentiality and Release of Information Policy

VIII. EXHIBITS

- A. Application for Sponsorship
- B. Terms of Sponsorship
- C. Home Evaluation Format for Sponsorships
- D. Consent for Sponsorship
- E. Disqualifying Crimes List



DELAWARE HEALTH & SOCIAL SERVICES
DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES

APPLICATION FOR SPONSORSHIP

Name:	Date of Application:
Address:	Are you at least 18 years old?:
City:	Social Security #:
State & Zip Code:	Driver's License: State:
Telephone #: Home:	Driver's License #:
Telephone #: Work	Consumer Requesting to Sponsor:

Type of Sponsorship Requested: At the Person's Home Away from the Person's Home Both Away and at Person's Home
 Overnight Visit

Please explain why you would like to be a sponsor: _____

REFERENCES: Please list 2 non-relatives

Name:	Name:
Address:	Address:
City:	City:
State & Zip Code:	State & Zip Code:
Day Time Phone #:	Day Time Phone #:

Please provide a copy of your driver's license, automobile registration and insurance card when you submit your completed application. If you have any questions, please contact Gayle King (302) 933-3156.

Applicant's Signature

Date



**DELAWARE HEALTH & SOCIAL SERVICES
DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES**

TERMS OF SPONSORSHIP

Applicant:	Date of Application:
Phone Number:	

As a sponsor of a person with developmental disabilities, you have made a commitment to that person which cannot be taken lightly. Regular contact (i.e., a minimum of 2 hours per month) with that person is expected. Please consider your obligation as a sponsor before continuing with the sponsorship application.

You may be responsible for fees associated with the criminal background check required by the Division of Developmental Disabilities Services (DDDS). Background checks are completed for the protection of the persons served by the DDDS.

Your sponsorship privileges may be limited or terminated if you fail to follow the person’s support plans or established guidelines. If you need assistance at anytime with handling a difficult situation or understanding the support plan or guidelines, you are expected to immediately request assistance from the Volunteer Services coordinator. It is the role of the Volunteer Services Coordinator to support you, as a DDDS sponsor.

Please consider the importance of this sponsorship to the person you wish to sponsor. The people served by the DDDS value the friendship of sponsors and often become an important part of the person’s life.

I have read and understand the terms of the sponsorship as described herein.

Applicant’s Name (print)

Signature of Applicant

Date

Volunteer Services Coordinator (print)

Signature of Volunteer Services Coordinator

Date

**DELAWARE HEALTH & SOCIAL SERVICES
DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES**

HOME EVALUATION FORMAT FOR SPONSORSHIPS

Identifying Sponsor Information

1. Name
2. Address, Telephone Number

Sponsor Information and Composition of Household (include composition of household for home visits only)

Describe potential sponsor. (Include description of household members). Include hobbies, membership in organizations or community, family activities and/or personal characteristics that would be beneficial to the consumer and any possible personal limitations. Address type of consumer needs/limitations the sponsor feels he/she can meet, how he/she became interested in sponsorship program, experience with a particular consumer or with persons with developmental disabilities; type of sponsorship the applicant is interested in (at home, away from home, overnight visits).

Description of the Home

Describe the home and immediate neighborhood, including any potential safety problems (accessibility, stairs, road, etc.). Outline the plan developed to protect the consumer from any potential safety problems.

Impressions and Recommendations

Explain your understanding of the potential sponsor's (household member's -if applicable) willingness and ability to meet the consumer's needs, and help them have an enjoyable experience. Does the applicant understand the consumer's support plan? Can the sponsor applicant satisfactorily meet the "In Order to Support" section of the consumer's ELP? If the consumer must receive medications (prescribed or over-the-counter) when away from their home, has the sponsor been instructed on the specifics of giving the medication and does he/she understand the instructions?

**EVALUATION FOR SPONSORSHIP
PAGE 2**

Explain the recommendation for approval/disapproval and/or any concerns or limitations of the sponsor applicant.

Volunteer Services Coordinator

Date

Original in Sponsor File Maintained by V.S.C.



DELAWARE HEALTH & SOCIAL SERVICES
DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES

CONSENT FOR SPONSORSHIP

Name: _____ MCI #: _____ Date: _____

Residence: _____ DOB: _____

I, _____, consent for _____, to be
Name of Guardian or Surrogate *Name of Consumer*

sponsored by _____ . I understand that this consent
Name of Sponsor

allows for _____ to participate in (initial all that apply):
Name of Consumer

- visit at consumer's home
- overnight visit at Sponsor's home
- visit at Sponsor's home
- community participation
- transportation by Sponsor
- assistance with medication

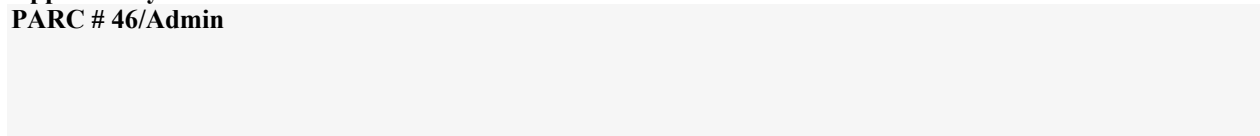
The aforementioned sponsor has been reviewed by DDDS, in accordance with their Sponsorship policy. I understand that my consent releases the aforementioned sponsor from any liability except as a result of gross negligence.

My consent was given without coercion. The consent will expire in 365 days or earlier, if withdrawn in writing.

Signature/ Relationship

Date of Consent

Approved by PARC on 09/22/06
PARC # 46/Admin



DEPARTMENT OF HEALTH & SOCIAL SERVICES
CRIMINAL BACKGROUND CHECK UNIT
DISQUALIFYING CRIMES
CONVICTION/TIME PARAMETERS

	10 YEARS	NO LIMIT
502. Solicitation 2 nd	513. Conspiracy 1 st	631. Criminally negligent homicide
503. Solicitation 1 st	602b Aggravated Menacing	632. Manslaughter
512. Conspiracy 2 nd	604. Reckless Endangering 1 st Degree	633. Murder/abuse/neglect 2 nd Degree
601. Offensive Touching (If against Law Enforcement, Emergency, Medical or Corrections personnel) Class A Misdemeanor Only	605. Abuse of Pregnant Female in 2 nd Degree 606. Abuse of a Pregnant Female in 1 st Degree	634. Murder/abuse/neglect 1 st Degree
603. Reckless Endangering 2 nd	612. Assault 2 nd	635. Murder 2 nd Degree
611. Assault 3 rd	613. Assault 1 st	636. Murder 1 st Degree
621. Terroristic Threatening (Felony or Misdemeanor)	614. Assault on a sports official 2 nd Offense	645. Promoting Suicide
625. Unlawfully administer drugs – Misdemeanor	615. Assault by Abuse or Neglect (Felony)	768. Unlawful sexual contact in 2 nd Degree
626. Unlawfully administer controlled substance, narcotic drugs.	629. Vehicle Assault 1 st	769. Sexual contact in 1 st
651. Commit Abortion (Other than Therapeutic, that causes miscarriage)	630. Vehicle Homicide 2 nd	770. Sexual penetration 3 rd or Rape 4 th Degree
785. Interference w/custody	630A Vehicle Homicide 1 st	771. Sexual penetration 2 nd or Rape 3 rd Degree
801. Arson in 3 rd	782. Imprisonment 1 st	772 Sexual penetration 1 st or Rape 2 nd Degree
804b2. Reckless burning \$1,500 or more in damage	783. Kidnapping 2 nd	773. Sexual intercourse 3 rd or Rape 1 st Degree
811. Criminal Mischief \$1,500.00 or more damage	783A. Kidnapping 1 st	776. Sexual Extortion
824. Burglary in 3 rd	802. Arson in 2 nd	777. Bestiality
828. Possess Burglary Tools	803. Arson in 1 st	778. Continuous sexual abuse of a child
840. Shoplifting \$1,000 or more	825. Burglary in 2 nd	779. Dangerous crime against child
841. Theft (over \$1,000)	826. Burglary in 1 st	780. Female genital mutilation
842. Theft; lost or mislaid property; mistaken delivery \$1,000 or more	831. Robbery in 2 nd	

5 YEARS	10 YEARS
843. Theft; False pretense \$1,000 or more	832. Robbery in 1 st
844. Theft; false promise \$1,000 or more	835. Carjacking 2 nd Degree
845. Theft of Services \$1,000 or more	836. Carjacking 1 st Degree
848. Misapplication of property over \$1,000	846. Extortion
849. Theft or rented property \$1,000 or more	1108. Sexual exploitation of a child
850. Possess/deal in device for unlawfully taking telecommunication services.- Over 5 devices	1109. Dealing in material depicting a child in a prohibited sexual act.
851. Receive Stolen Property – over \$1,000	1112A. Sexual solicitation of a child
854. Identity Theft	1250. Offenses against law-enforcement animals
859. Larceny of livestock	1253. Escape after conviction
860. Possession of Shoplifters Tools	1254. Assault in Detention Facility
861. Forgery 1 st & 2 nd Degree -Felonies	1256. Promoting prison contraband; deadly wpn.
862. Possession of Forgery Devices	1302. Riot
876. Tamper with public records in 1 st Degree	1304. Hate Crimes
878. Issuing false certificate	1312A. Stalking
900. Issuing Bad check –over \$1,000	1338. Bombs, incendiary devices, Molotov cocktails and explosive devices
903. Unlawful use of credit card (\$1,000 or more)	1339. Adulteration (Causing Injury or Death)
907A. Criminal impersonation, accident related	1353. Promoting prostitution in 1 st Degree
907B. Criminal impersonation of a police officer	1442. Carrying a concealed deadly weapon
908. Concealing a will	1444. Possessing a destructive weapon
911. Fraudulent conveyance of public lands	1445. Unlawfully dealing with a dangerous weapon. (If (4) or (5) violated)
912. Fraudulent receipt of public lands	1447. Possession of deadly weapon during commission of a felony
913. Insurance Fraud	1447A. Possession of a firearm during commission of a felony
913A. Health Care Fraud	1449. Wearing body armor during commission of a felony
916. Home Improvement fraud – 2 nd offense	1455. Engaging in a firearms transaction on behalf of another
917. New home construction fraud – over \$1,000	1503. Racketeering
920. Transfer of recorded sounds.	3533. Aggravated Act of Intimidation
932. Unauthorized access of computer Over \$500.00	4751. Controlled Narcotic substance- Possess, deliver, manufacturer with intent to deliver
933. Theft of Computer Services Over \$500.00	4752. Controlled Non-Narcotic substance

934. Interruption of computer services Over \$500.00	4752A. Delivery of noncontrolled substance
5 YEARS	10 YEARS
935. Misuse of computer system information Over \$500.00	4753A. Trafficking in marijuana, cocaine, illegal drugs, methamphetamines, LSD or designer drugs
936. Destruction of computer equipment) over \$500.00	4754A. Possession and delivery of noncontrolled prescription drug
937. Unrequested or unauthorized electronic mail or use of network or software to cause same. Damage over \$500.0	4755. Distribute, dispense a controlled substance. Maintain dwelling, vehicle etc.
938. Failure to promptly cease electronic communications upon request. Damage over \$500.00	4756. Schedule I & II violations as registrant
1001. Bigamy	4757. Disposal – hypodermic syringe or needle
1100. Dealing in children	4761. Distribution narcotics to minors
1102. Endangering the welfare of a child. (Felony if death or serious injury occurs)	4761A. Purchase narcotics from minors
1111. Possession of Child Pornography	4767. Distribution, delivery or possession of controlled substance within 1,000 feet of a school property
1201. Bribery	4768. Distribution, delivery or possession of controlled substance within 300 feet of a park or recreation area
1203. Receiving a bribe	4771(b) Deliver, possess with intent to deliver, convert, manufacture, convey sell or offer sale of Drug Paraphernalia knowing will be used to plant, grow, manufacture, process, pack, inject, ingest, inhale or otherwise introduce into human body a controlled substance.
1222. Perjury 2 nd Degree	4771 (c) Delivery to a minor of Drug Paraphernalia
1223. Perjury 1 st Degree	Title16/1136. Abuse, Mistreatment, Neglect of a Patient
1239. Wearing a disguise during commission of a felony	Title 31/3913. Abuse, Neglect, exploit, mistreat an infirm adult
1240. Threats to a Public Official	
1244b. Hindering Prosecution (If acts of Felony original charge)	
1248b. Obstructing control and suppression of Rabies during state of emergency	
1249. Abetting the violation of drivers license restrictions 2 nd Offense	
1252. Escape from Detention facility 2 nd Degree	
1259. Sexual relations in detention facility	

1260. Misuse of prisoner mail – 2 nd offense	
1261. Bribing a witness	
1262. Witness receiving bribe	
1263. Tampering with a witness	
1263A. Interfering with a child witness	
5 YEARS	10 YEARS
1264. Bribing a juror	
1265. Juror receiving bribe	
1269. Tampering with physical evidence	
1312. Aggravated Harassment	
1325. Cruelty to animals resulting in death or serious injury	
1326. Animals fighting and baiting	
1335(a)(6). Violation of Privacy	
1351. Promoting prostitution in 3 rd Degree	
1352. Promoting prostitution in 2 nd Degree	
1361. Obscenity	
1448. Possession and purchase of deadly weapons by a person prohibited.	
1450. Receiving a stolen firearm	
1451. Theft of a firearm	
1454. Giving a firearm to a person prohibited	
1457. Possession of a weapon in a Safe School and Recreation Zone	
1458. Removing a firearm from the possession of a law enforcement officer	
1459. Possession of a weapon with a removed, obliterated or altered serial number	
3532. Act of intimidation; class E felony	
4753. Possess, use or consume controlled substance, which is a narcotic drug without valid prescription. – Misdemeanor	
4754. Possess, use or consume controlled or counterfeit substance not a narcotic drug without valid prescription - Misdemeanor	
4771. (a) Possession of Drug Paraphernalia Class A Misdemeanor	
Any other Felony, not listed above, if convicted within last five years	

DESIGNED 05/04/1999 - 02/01/2000

UPDATED: 03/24/2000, 01/05/00, 10/26/01, 01/18/02, 01/24/03, 07/31/03 & 12/24/03, 10/22/04

KEN THOMPSON

Investigative Administrator