

# 2025 Probation Services Fee Expenditure Proposal | Probation Champaign County | Circuit 6

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## Department Information

**First Name:** Shannon

**Last Name:** Siders

**Email Address:** ssiders@champaigncountyil.gov

**Organization:** Probation

**Are Probation Fees used for this Department?**

Are Probation Fees used for this department?

Yes

## Source of Funding

### Source of Funding - Probation Fees Fund

Probation Fee Fund	Sum
Balance at Start of Fiscal	1,886,412.31
Funding/Income	232,255.62
Department Fringe Benefits	0.00
IGA (Inter-Governmental Agreement) Revenue	0.00
Other Receivables	90,563.00

### Source of Funding - Probation Operations Fees

No data found - your filters may be too exclusive!

## Department Operations & Personnel

Department Fiscal Operations Proposed Spending	Sum
Bonuses	0.00
Contingency	0.00
Department Fringe Benefits - (FICA, Worker's Compensation, Unemployment, IMRF, Medical, Dental, and Life Insurance)	0.00
Longevity	0.00
Merit	0.00
Overtime	0.00
Personnel Payouts	0.00
Reimbursements to Staff	0.00
Salaries	0.00
Salary Shortfall	0.00
Tuition Reimbursement	0.00
OTHER - Salary	0.00

Department Operations Proposed Spending	Sum
Advertising	0.00
Applicant & Employee Psychological Testing/Evaluations	10,500.00
Auto Expenses	0.00
Boilers	0.00
Building Rent/Mortgage/Bond	0.00
Capital Expenses	10,000.00
Car Communication Systems	0.00
Case Management System Development (e.g., implementing, building compliance with data requirements)	0.00
Case Management License (e.g., new software)	0.00
Case Management Services (e.g., maintaining)	0.00
Cell Phone Chargers	0.00
Chairs	0.00
Computer Hardware (e.g., laptops, printers)	0.00
Computer Software (e.g., MS Office, Adobe Suite, Video conferencing)	200.00
Computer Video Equipment	0.00
Conducted Energy Devices (CEDs)	0.00
COVID Expenses - (e.g., cleaning)	0.00
COVID Testing	0.00
Desks	0.00
Destruction of Records Service	0.00
Document Shredding	0.00
Dues	0.00
Electric	0.00
Employee Drug Testing	0.00
Equipment Maintenance (identify type of "equipment")	0.00
Equipment Rentals	0.00
Firearm Ammunition	0.00
Firearms	0.00
Gas - Auto	0.00
Gas - Building	0.00
Hotspot/Wi-Fi Services	0.00

Icemaker	0.00
Improvements to Buildings	0.00
Ink	0.00
IT Support Contract	0.00
Job Posting/Hiring Ad	0.00
Kitchen Appliances	0.00
Laundry Services	0.00
Laundry & Cleaning Supplies	0.00
Maintenance/Cleaning Staff Salaries & Benefits	0.00
Medical Waste Disposal	0.00
Memberships (e.g., IPCSA)	3,400.00
Microfilming	0.00
Notary Services	0.00
Office Cleaning/Custodial Services	0.00
Office Copier/Printer/Scanner	200.00
Office Copier/Printer/Scanner Lease	0.00
Office Copier/Printer/Scanner Maintenance	0.00
Officer Safety Equipment	0.00
Office Supplies	0.00
Officer Uniforms	0.00
Oil changes	0.00
Oleoresin Capsicum: Pepper Spray	0.00
Operation Service Contracts	0.00
Paper	0.00
Pens	0.00
Phones - Cell	450.00
Phones - Landline	0.00
Police Radios	0.00
Postage	0.00
Printing/Duplication	0.00
Printer Toner	0.00
Property & Employee Liability Insurance	0.00
Public/Community Service Supplies	10,000.00

Publications, Printing, & Binding	0.00
Record/File Storage	0.00
Reimbursements to Other Probation Department(s)	0.00
Roofs	0.00
Security Computer & Video Equipment	0.00
Stamps	0.00
Subscriptions (e.g., journals, news papers)	0.00
Tracker Contract	0.00
Training - (accommodation reimbursements)	5,000.00
Training - (mileage)	0.00
Training - (per diem)	3,000.00
Training - (registration)	8,000.00
Travel Expenses - (accommodation reimbursements)	0.00
Travel Expenses - (home visits mileage)	0.00
Travel Expenses - (per diem)	0.00
Travel Expenses - (work meetings mileage)	0.00
Utilities	0.00
Vehicle Lease	0.00
Vehicle Maintenance	0.00
Vehicle Purchase	50,000.00
Vests	0.00
Waste Disposal & Recycling	0.00
Water - Building	0.00
Water - Coolers / Bottled	0.00
Water Heaters	0.00
Web-cams	0.00
Work Release	0.00
Other Operations	0.00
Other Expenditures	1,350.00

## Services

Client Services Proposed Spending	Sum
Alcohol Testing	0.00
Alcohol Treatment	0.00
ASL - Language	500.00
Bus Fare / Tokens (Incentives)	25,000.00
Bus Fare / Tokens - Non-Incentive	500.00
Cash (Incentives)	0.00
Client Birth Records	0.00
Client Records	100.00
Cognitive Programming & Supplies	40,000.00
Cognitive Programming	0.00
Cognitive Supplies	5,000.00
Community Service Supervision Contract	0.00
Contracted Services	0.00
COVID-19 Testing	0.00
Drug/Alcohol Testing	26,000.00
Drug/Alcohol Treatment	10,000.00
Drug Testing	0.00
Drug Treatment	0.00
DVI Assessments	0.00
Educational Programs & Supplies	0.00
Educational Programs	10,000.00
Educational Supplies	0.00
Electronic Monitoring/GPS	17,700.00
Employment Services	1,000.00
Food - Non-Incentive	9,500.00
Food/Snacks/Candy (Incentives)	5,000.00
Foreign Language Interpreters	30,000.00
Foster Care Placement	0.00
Gloves - Medical	0.00

Good-time Credit (Incentives)	0.00
GPS Equipment	0.00
Graduation Ceremony	0.00
Group Counseling Services	0.00
Hospital Miscellaneous	0.00
Incentives	0.00
In County Detention	0.00
Individual Counseling Services	0.00
Individual & Group Counseling Services	20,000.00
Inpatient Alcohol Treatment	0.00
Inpatient Drug Treatment	0.00
IPPC Sex Offender Contract	0.00
JSOP - Counseling	0.00
Language Access Services	0.00
Legal Notice(s)	0.00
LexisNexis Contract	0.00
Medical Miscellaneous	0.00
Medications/Prescriptions	1,000.00
Medical Supplies	5,000.00
Medical Treatment	0.00
Medical Waste Disposal	2,500.00
Movie Tickets (Incentives)	0.00
Other Detention Cost	0.00
Out of County Detention	0.00
Outpatient Alcohol Treatment	10,000.00
Outpatient Drug Treatment	10,000.00
Oxford Housing	0.00
Polygraph Testing	0.00
Prescriptions	0.00
Project Stipends	0.00
Psychological Evaluations	0.00
Psychological Testing/Evaluations	45,000.00
Psychological Testing	0.00

Psychological Treatment	20,000.00
Public/Community Service Supervision Contract	0.00
Public Service Supervision Contract	0.00
RANT Assessments	0.00
Redeploy Programming	0.00
Residential Facilities	0.00
Residential Placement	0.00
Risk Assessment	0.00
Salaries - (Contracted specific to client/resident services)	0.00
Shipping - Alc/Drug Tests	0.00
SNAP Contracts	0.00
STD Testing	0.00
Television (Incentives)	0.00
Text Message Appointment Reminders	1,500.00
Track Phones (Incentives)	0.00
Track Phone Minutes (Incentives)	0.00
Transportation	2,000.00
Treatment Services	0.00
Vaccines	0.00
Water Coolers / Water	0.00
Water Dyes - Alc/Drug Testing	0.00
Other Contracts	0.00
Other Services	0.00

## "Other" Expenses

<b>"Other" Expenses Proposed Spending</b>	<b>Sum</b>
Chief Judge	0.00
Juror Fees	0.00
Lawyer	0.00
Legal Notice(s)	0.00
Statute Updates	0.00
Security Services	0.00
Witness Fees	0.00
"Other" Expenses	0.00

## How Expenses Are Covered | Department Personnel

### **Department Fringe Benefits**

No data found - your filters may be too exclusive!

### **Department Salaries**

No data found - your filters may be too exclusive!

### **Other Salary**

No data found - your filters may be too exclusive!

### **Overtime**

No data found - your filters may be too exclusive!

### **Personnel Payouts**

No data found - your filters may be too exclusive!

**Salary Shortfall**

No data found - your filters may be too exclusive!

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**How Expenses Are Covered | Services****In County Detention**

No data found - your filters may be too exclusive!

**Out of County Detention**

No data found - your filters may be too exclusive!

**Other Detention Costs**

No data found - your filters may be too exclusive!

**Cognitive Programming & Supplies**

<b>Funding Sourc</b>	<b>Sum</b>
Probation Fees Fund	45,000.00
Probation Operation Fees Fund	0.00

**Contracted Services**

<b>Funding Source</b>	<b>Sum</b>
Probation Fees Fund	20,000.00
Probation Operation Fees Fund	0.00

**Drug/Alcohol Testing**

<b>Funding Source</b>	<b>Sum</b>
Probation Fees Fund	26,000.00
Probation Operation Fees Fund	0.00

**Alcohol/Drug Treatment**

<b>Funding Source</b>	<b>Sum</b>
Probation Fees Fund	30,000.00
Probation Operation Fees Fund	0.00

**Educational Programs & Supplies**

<b>Funding Source</b>	<b>Sum</b>
Probation Fees Fund	10,000.00
Probation Operation Fees Fund	0.00

**Electronic Monitoring/GPS**

<b>Funding Source</b>	<b>Sum</b>
Probation Fees Fund	17,700.00
Probation Operation Fees Fund	0.00

**Employment Services**

<b>Funding Source</b>	<b>Sum</b>
Probation Fees Fund	1,000.00
Probation Operation Fees Fund	0.00

**Incentives**

Funding Source	Sum
Probation Fees Fund	39,500.00
Probation Operation Fees Fund	0.00

**Group & Individual Counseling Services**

<b>Funding Source</b>	<b>Sum</b>
Probation Fees Fund	20,000.00
Probation Operation Fees Fund	0.00

**Language Access Services**

<b>Funding Source</b>	<b>Sum</b>
Probation Fees Fund	30,500.00
Probation Operation Fees Fund	0.00

**Medical & Health Related Expenses**

<b>Funding Source</b>	<b>Sum</b>
Probation Fees Fund	8,500.00
Probation Operation Fees Fund	0.00

**Psychological Testing & Evaluations**

<b>Funding Source</b>	<b>Sum</b>
Probation Fees Fund	45,000.00
Probation Operation Fees Fund	0.00

**Public/Community Service Supervision Contract**

No data found - your filters may be too exclusive!

**Polygraph Testing**

No data found - your filters may be too exclusive!

**Residential Placement**

No data found - your filters may be too exclusive!

**Transportation**

Funding Source	Sum
Probation Fees Fund	2,000.00
Probation Operation Fees Fund	0.00

**Other Contracts**

No data found - your filters may be too exclusive!

**Other Services**

Funding Source	Sum
Probation Fees Fund	1,600.00
Probation Operation Fees Fund	0.00

**How Expenses Are Covered | Department Operations****Auto Expenses**

Funding Source	Sum
Probation Fees Fund	0.00
Probation Operation Fees Fund	50,000.00

**Building Rent/Mortgage/Bond**

No data found - your filters may be too exclusive!

**Case Management System**

No data found - your filters may be too exclusive!

**Technology Expenses**

<b>Funding Source</b>	<b>Sum</b>
Probation Fees Fund	200.00
Probation Operation Fees Fund	0.00

**Employee Drug Testing**

No data found - your filters may be too exclusive!

**Laundry & Cleaning Services**

No data found - your filters may be too exclusive!

**Maintenance/Cleaning Staff Salaries & Benefits**

No data found - your filters may be too exclusive!

**Memberships, Dues, Subscriptions**

<b>Funding Source</b>	<b>Sum</b>
Probation Fees Fund	3,400.00
Probation Operation Fees Fund	0.00

**Office Supplies**

<b>Funding Source</b>	<b>Sum</b>
Probation Fees Fund	200.00
Probation Operation Fees Fund	0.00

## Safety Equipment

No data found - your filters may be too exclusive!

## Officer Uniforms

No data found - your filters may be too exclusive!

## Operation Service Contracts

No data found - your filters may be too exclusive!

## Applicant & Employee Psychological Testing/Evaluations

Funding Source	Sum
Probation Fees Fund	10,500.00
Probation Operation Fees Fund	0.00

## Work Release/Public/Community Service Supplies

Funding Source	Sum
Probation Fees Fund	10,000.00
Probation Operation Fees Fund	0.00

## Training

Funding Source	Sum
Probation Fees Fund	16,000.00
Probation Operation Fees Fund	0.00

**Travel Expenses**

No data found - your filters may be too exclusive!

**Utilities**

<b>Funding Source</b>	<b>Sum</b>
Probation Fees Fund	450.00
Probation Operation Fees Fund	0.00

**Capital Expenses**

<b>Funding Source</b>	<b>Sum</b>
Probation Fees Fund	0.00
Probation Operation Fees Fund	10,000.00

**Reimbursement to Other Department/Funding Source**

No data found - your filters may be too exclusive!

**Other Operations**

No data found - your filters may be too exclusive!

**Other Expenditures**

<b>Funding Source</b>	<b>Sum</b>
Probation Fees Fund	1,350.00
Probation Operation Fees Fund	0.00

## How Expenses Are Covered | "Other" Expenses

### **"Other" Expenses**

No data found - your filters may be too exclusive!

We thank you for your time spent taking this survey.  
Your response has been recorded.

This survey requires a password.



## Probation Services Fee Expenditure Proposal

### Department Information

County's Proposed Spending Fiscal Year  
(e.g., 2024, 2025)

2025

First Name

Shannon

Last Name

Siders

Work Email Address

ssiders@champaigncountylil.gov

Organization Type

Probation

Circuit

6

Department

Champaign

Are Probation Fees used for this department?

- Yes  
 No

## Source of Funding

For your source of **FUNDING** for the **Probation Fee Fund** identify the following. **DO NOT ROUND**.

Balance at Start of Fiscal	\$ 1886412.31
Funding/Income	\$ 232255.62
Department Fringe Benefits	\$ 0
IGA (Inter-Governmental Agreement) Revenue	\$ 0
Other Receivables	\$ 90563
Investment interest	
<b>Total</b>	<b>\$ 2,209,250.93</b>

For your source of **Funding** for the **Probation Operation Fees Fund** identify the following. **DO NOT ROUND**.

Balance at Start of Fiscal Year	\$ 2778
Funding/Income	\$ 3856
Department Fringe Benefits	\$ 0
IGA (Inter-Governmental Agreement) Revenue	\$ 0
Other Receivables	\$ 0
<b>Total</b>	<b>\$ 310</b>

## Department Operations & Personnel

For CFY 2025 you reported a total of \$2525659.34 available for department spending. Please identify how much will be expended across each of the following for DEPARTMENT FISCAL OPERATIONS from the reported total dollar amount.

Bonuses	\$ 0
Contingency	\$ 0
Department Fringe Benefits - (FICA, Worker's Compensation, Unemployment, IMRF, Medical, Dental, and Life Insurance)	\$ 0
Longevity	\$ 0
Merit	\$ 0
Overtime	\$ 0
Personnel Payouts	\$ 0
Reimbursements to Staff	\$ 0
Salaries	\$ 0
Medical/Nurse Salaries & Benefits	\$ 0
Salary Shortfall	\$ 0
Tuition Reimbursement	\$ 0
OTHER - Salary	\$ 0
<b>Total</b>	<b>\$ 0</b>

For CFY 2025 you reported a total of **\$2525659.34** available for department spending. Please identify how much will be expended across each of the following for **DEPARTMENT OPERATIONS** from the reported total dollar amount.

Advertising	\$ 0
Applicant & Employee Psychological Testing/Evaluations	\$ 10500
Auto Expenses	\$ 0
Boilers	\$ 0
Bond Payments	\$ 0
Building Rent/Mortgage/Bond	\$ 0
Capital Expenses	\$ 10000
Annual contribution to Capital Assessment Replacement Fund which covers computers, radios, case management system maintenance	
Car Communication Systems	\$ 0
Case Management System Development (e.g., implementing, building compliance with data requirements)	\$ 0
Case Management License (e.g., new software)	\$ 0
Case Management Services (e.g., maintaining)	\$ 0
Cell Phone Chargers	\$ 0
Chairs	\$ 0
Computer Hardware (e.g., laptops, printers)	\$ 0
Computer Software (e.g., MS Office, Adobe Suite, Video conferencing)	\$ 200
Computer Video Equipment	\$ 0
Conducted Energy Devices (CEDs)	\$ 0
COVID Expenses - (e.g., cleaning)	\$ 0
COVID Testing	\$ 0
Desks	\$ 0
Destruction of Records Service	\$ 0
Document Shredding	\$ 0
Dues	\$ 0
Electric	\$ 0
Employee Drug Testing	\$ 0
Equipment Maintenance (identify type of "equipment")	\$ 0
Equipment Rentals	\$ 0

Firearm Ammunition	\$ 0
Firearms	\$ 0
Gas - Auto	\$ 0
Gas - Building	\$ 0
Hotspot/Wi-Fi Services	\$ 0
Icemaker	\$ 0
Improvements to Buildings	\$ 0
Ink	\$ 0
IT Support Contract	\$ 0
Job Posting/Hiring Ad	\$ 0
Kitchen Appliances	\$ 0
Laundry Services	\$ 0
Laundry & Cleaning Supplies	\$ 0
Maintenance/Cleaning Staff Salaries & Benefits	\$ 0
Medical Waste Disposal	\$ 0
Memberships (e.g., IPCSA)	\$ 3400
Microfilming	\$ 0
Notary Services	\$ 0
Office Cleaning/Custodial Services	\$ 0
Office Copier/Printer/Scanner	\$ 200
Office Copier/Printer/Scanner Lease	\$ 0
Office Copier/Printer/Scanner Maintenance	\$ 0
Officer Safety Equipment	\$ 0
Office Supplies	\$ 0
Officer Uniforms	\$ 0
Oil changes	\$ 0
Oleoresin Capsicum: Pepper Spray	\$ 0
Operation Service Contracts	\$ 0
Out of County Detention Expenditures	\$ 0
Paper	\$ 0
Pens	\$ 0

Phones - Cell	\$ 450
Phones - Landline	\$ 0
Police Radios	\$ 0
Postage	\$ 0
Printing/Duplication	\$ 0
Printer Toner	\$ 0
Property & Employee Liability Insurance	\$ 0
Public/Community Service Supplies	\$ 10000
Publications, Printing, & Binding	\$ 0
Record/File Storage	\$ 0
Reimbursement to Other Funding Source (e.g., County General Fund)	\$ 0
Reimbursements to Other Probation Department(s)	\$ 0
Roofs	\$ 0
Security Computer & Video Equipment	\$ 0
Stamps	\$ 0
Subscriptions (e.g., journals, news papers)	\$ 0
Tracker Contract	\$ 0
Training - (accommodation reimbursements)	\$ 5000
Training - (mileage)	\$ 0
Training - (per diem)	\$ 3000
Training - (registration)	\$ 8000
Travel Expenses - (accommodation reimbursements)	\$ 0
Travel Expenses - (home visits mileage)	\$ 0
Travel Expenses - (per diem)	\$ 0
Travel Expenses - (work meetings mileage)	\$ 0
Utilities	\$ 0
Vehicle Lease	\$ 0
Vehicle Maintenance	\$ 0
Vehicle Purchase	\$ 50000

Vests	\$ [REDACTED] 0
Waste Disposal & Recycling	\$ [REDACTED] 0
Water - Building	\$ [REDACTED] 0
Water ~ Coolers / Bottled	\$ [REDACTED] 0
Water Heaters	\$ [REDACTED] 0
Web-cams	\$ [REDACTED] 0
Work Release	\$ [REDACTED] 0
Other Operations	\$ [REDACTED] 0
Other Expenditures	\$ [REDACTED] 1350
Employee Assistance Program	\$ [REDACTED]
<b>Total</b>	\$ [REDACTED] 102,006

## Services

For CFY 2025 you reported a total of \$2525659.34 available for department spending. Please identify how much will be expended across each of the following for CLIENT SERVICES from the reported total dollar amount.

Alcohol Testing	\$ 0
Alcohol Treatment	\$ 0
ASL - Language	\$ 500
Bedding & Linens	\$ 0
Bond Payments	\$ 0
Brushes/Combs	\$ 0
Bus Fare / Tokens (Incentives)	\$ 25000
Bus Fare / Tokens - Non-Incentive	\$ 500
Cash (Incentives)	\$ 0
Client Birth Records	\$ 0
Client Clothing/Uniforms	\$ 0
Client Records	\$ 100
Cognitive Programming & Supplies	\$ 40000
Cognitive Programming	\$ 0
Cognitive Supplies	\$ 5000
Community Service Supervision Contract	\$ 0
Contracted Services	\$ 0
COVID-19 Testing	\$ 0
DCFS Transfer	\$ 0
Dental Miscellaneous	\$ 0
Deoderant	\$ 0
Dietary Utensils	\$ 0
Drug/Alcohol Testing	\$ 26000
Drug/Alcohol Treatment	\$ 10000
Drug Testing	\$ 0
Drug Treatment	\$ 0
DVI Assessments	\$ 0
Educational Programs & Supplies	\$ 0
Educational Programs	\$ 10000

Educational Supplies	\$ 0
Electronic Monitoring/GPS	\$ 17700
Emergency Housing	\$ 5000
Employment Services	\$ 1000
Food - Non-Incentive	\$ 9500
Food/Snacks/Candy (Incentives)	\$ 6000
Food Supplies & Dietary Utensils	\$ 0
Food Supplies	\$ 0
Foreign Language Interpreters	\$ 30000
Foster Care Placement	\$ 0
Gloves - Medical	\$ 0
Good-time Credit (Incentives)	\$ 0
GPS Equipment	\$ 0
Graduation Ceremony	\$ 0
Group Counseling Services	\$ 0
Halfway Houses	\$ 0
Hospital Miscellaneous	\$ 0
Incentives	\$ 0
In County Detention	\$ 0
Individual Counseling Services	\$ 0
Individual & Group Counseling Services	\$ 20000
Inpatient Alcohol Treatment	\$ 0
Inpatient Drug Treatment	\$ 0
IPPC Sex Offender Contract	\$ 0
JRI - Household Needs	\$ 0
JSOP - Counseling	\$ 0
Language Access Services	\$ 0
Legal Notice(s)	\$ 0
LexisNexis Contract	\$ 0
Medical Miscellaneous	\$ 0
Medications/Prescriptions	\$ 1000

Medical Supplies	\$ 5000
Medical Treatment	\$ 0
Medical Waste Disposal	\$ 2500
Menstrual Products	\$ 0
Movie Tickets (Incentives)	\$ 0
Other Detention Cost	\$ 0
Out of County Detention	\$ 0
Outpatient Alcohol Treatment	\$ 10000
Outpatient Drug Treatment	\$ 10000
Oxford Housing	\$ 0
Personal Clothing	\$ 0
Personal Hygiene Supplies	\$ 0
Phone Services	\$ 0
Phone & Visitation Services	\$ 0
Polygraph Testing	\$ 0
Prescriptions	\$ 0
Project Stipends	\$ 0
Psychological Evaluations	\$ 0
Psychological Testing/Evaluations	\$ 45000
Psychological Testing	\$ 0
Psychological Treatment	\$ 20000
Public/Community Service Supervision Contract	\$ 0
Public Service Supervision Contract	\$ 0
RANT Assessments	\$ 0
Razors	\$ 0
Redeploy Programming	\$ 0
Resident Activities	\$ 0
Residential Facilities	\$ 0
Residential Placement	\$ 0
Risk Assessment	\$ 0
Salaries - (Contracted specific to client/resident services)	\$ 0

Shampoo	\$ 0
Shipping - Alc/Drug Tests	\$ 0
SNAP Contracts	\$ 0
Soap	\$ 0
STD Testing	\$ 0
Teacher Salaries & Benefits	\$ 0
Television (Incentives)	\$ 0
Text Message Appointment Reminders	\$ 1500
Track Phones (Incentives)	\$ 0
Track Phone Minutes (Incentives)	\$ 0
Transfer Fees	\$ 0
Transportation	\$ 2000
Treatment Services	\$ 0
Vaccines	\$ 0
Visitation Services	\$ 0
Water Coolers / Water	\$ 0
Water Dyes - Alc/Drug Testing	\$ 0
Other Contracts	\$ 0
Other Services	\$ 0
<b>Total</b>	<b>\$ 302,300</b>

## "Other" Expenses

For CFY 2025 you reported a total of \$2525659.34 available for department spending. Please identify how much will be expended across each of the following for "Other" Expenses\* from the reported total dollar amount

\* Items which have not been already identified above and do not necessarily fall under client/resident services or department operations.

Chief Judge	\$ [REDACTED] 0
Juror Fees	\$ [REDACTED] 0
Lawyer	\$ [REDACTED] 0
Legal Notice(s)	\$ [REDACTED] 0
Statute Updates	\$ [REDACTED] 0
Security Services	\$ [REDACTED] 0
Witness Fees	\$ [REDACTED] 0
"Other" Expenses	\$ [REDACTED] 0
Total	\$ [REDACTED] 0

## How Expenses Are Covered | Services

**Cognitive Programming & Supplies:** Cognitive Programming, Cognitive Supplies, Redeploy Programming

You indicated \$45000 of Cognitive Programming & Supplies will be spent. Please indicate which account/department will cover this expense, and how much of the \$45000 per account/department.

Probation Fees Fund	\$ [REDACTED] 45000
Probation Operation Fees Fund	\$ [REDACTED] 0
Total	\$ [REDACTED] 45000

**Cognitive Programming & Supplies: Cognitive Programming, Cognitive Supplies, Redeploy Programming**

Please confirm that these two numbers match:

- \$45000 to be spent on Cognitive Programming & Supplies
- \$45000 in How "Cognitive Programming & Supplies" Will be Covered

**Do the two numbers match?** If these two numbers do NOT match, review the "Services" and "How This Expense Will be Covered" sections to determine where corrections might need to be made. Otherwise, explain why they do not match.

- Yes  
 No

**Contracted Services: Medical Treatment, Psychological Treatment, Treatment Services, Salaries (Contracted), IPPC Sex Offender Contract, LexisNexis Contract, SNAP Contracts**

You indicated **\$20000** of Contracted Services will be spent. Please indicate which account/department will cover this expense, and how much of the **\$20000** per account/department.

Probation Fees Fund

\$  20000

Probation Operation Fees Fund

\$  0

Total

\$  20,000

**Contracted Services: Medical Treatment, Psychological Treatment, Treatment Services, Salaries (Contracted), IPPC Sex Offender Contract, LexisNexis Contract, SNAP Contracts**

Please confirm that these two numbers match:

- \$20000 to be spent on Contracted Services
- \$20000 in How "Contracted Services" Will be Covered

**Do the two numbers match?** If these two numbers do NOT match, review the "Services" and "How This Expense Will be Covered" sections to determine where corrections might need to be made. Otherwise, explain why they do not match.

- Yes  
 No

#### Drug/Alcohol Testing: Alcohol Testing, Drug Testing, Water Dyes, Shipping

You indicated \$26000 of Alcohol/Drug Testing will be spent. Please indicate which account/department will cover this expense, and how much of the \$26000 per account/department.

Probation Fees Fund	\$ <input type="text" value="26000"/>
Probation Operation Fees Fund	\$ <input type="text" value="0"/>
<b>Total</b>	\$ <input type="text" value="26000"/>

#### Drug/Alcohol Testing: Alcohol Testing, Drug Testing, Water Dyes, Shipping

Please confirm that these two numbers match:

- \$26000 in How "Drug/Alcohol Testing" Will be Covered
- \$26000 in How "Drug/Alcohol Testing" Will be Covered

**Do the two numbers match?** If these two numbers do NOT match, review the "Services" and "How This Expense Will be Covered" sections to determine where corrections might need to be made. Otherwise, explain why they do not match.

- Yes  
 No

#### Alcohol/Drug Treatment: Drug Treatment, Alcohol Treatment, Inpatient Drug Treatment, Inpatient Alcohol Treatment, Outpatient Alcohol Treatment, Outpatient Drug Treatment, Oxford Housing, Halfway Houses

You indicated \$30000 of Alcohol/Drug Treatment will be spent. Please indicate which account/department will cover this expense, and how much of the \$30000 per account/department.

Probation Fees Fund	\$ <input type="text" value="30000"/>
Probation Operation Fees Fund	\$ <input type="text" value="0"/>
<b>Total</b>	\$ <input type="text" value="30000"/>

**Alcohol/Drug Treatment: Drug Treatment, Alcohol Treatment, Inpatient Drug Treatment, Inpatient Alcohol Treatment, Outpatient Alcohol Treatment, Outpatient Drug Treatment, Oxford Housing, Halfway Houses**

Please confirm that these two numbers match:

- \$30000 in How "Drug/Alcohol Treatment" Will be Covered
- \$30000 in How "Drug/Alcohol Treatment" Will be Covered

**Do the two numbers match?** If these two numbers do NOT match, review the "Services" and "How This Expense Will be Covered" sections to determine where corrections might need to be made. Otherwise, explain why they do not match.

- Yes  
 No

**Educational Programs & Supplies: Educational Programs, Educational Supplies**

You indicated \$10000 of **Educational Programs & Supplies** will be spent. Please indicate which account/department will cover this expense, and how much of the \$10000 per account/department.

Probation Fees Fund

\$  10000

Probation Operation Fees Fund

\$  0

Total

\$  10000

**Educational Programs & Supplies: Educational Programs, Educational Supplies**

Please confirm that these two numbers match:

- \$10000 in How "Educational Programs & Supplies" Will be Covered
- \$10000 in How "Educational Programs & Supplies" Will be Covered

**Do the two numbers match?** If these two numbers do NOT match, review the "Services" and "How This Expense Will be Covered" sections to determine where corrections might need to be made. Otherwise, explain why they do not match.

- Yes  
 No

### Electronic Monitoring/GPS: GPS Equipment

You indicated \$17700 of Electronic Monitoring & GPS Equipment will be spent. Please indicate which account/department will cover this expense, and how much of the \$17700 per account/department.

Probation Fees Fund	\$ <input type="text" value="17700"/>
Probation Operation Fees Fund	\$ <input type="text" value="0"/>
<b>Total</b>	\$ <input type="text" value="17700"/>

### Electronic Monitoring/GPS: GPS Equipment

Please confirm that these two numbers match:

- \$17700 in How "Electronic Monitoring/GPS" Will be Covered
- \$17700 in How "Electronic Monitoring/GPS" Will be Covered

**Do the two numbers match?** If these two numbers do NOT match, review the "Services" and "How This Expense Will be Covered" sections to determine where corrections might need to be made. Otherwise, explain why they do not match.

- Yes  
 No

### Emergency Housing

You indicated \$6000 of Emergency Housing will be spent. Please indicate which account/department will cover this expense, and how much of the \$6000 per account/department.

Probation Fees Fund	\$ <input type="text" value="5000"/>
Probation Operation Fees Fund	\$ <input type="text" value="0"/>
<b>Total</b>	\$ <input type="text" value="5000"/>

## Emergency Housing

Please confirm that these two numbers match:

- **\$6000 in How "Emergency Housing" Will be Covered**
- **\$6000 in How "Emergency Housing" Will be Covered**

Do the two numbers match? If these two numbers do NOT match, review the "Services" and "How This Expense Will be Covered" sections to determine where corrections might need to be made. Otherwise, explain why they do not match.

- Yes  
 No

## Employment Services

You indicated **\$1000** of Employment Services will be spent. Please indicate which account/department will cover this expense, and how much of the **\$1000** per account/department.

Probation Fees Fund

\$

Probation Operation Fees Fund

\$

Total

\$

## Employment Services

Please confirm that these two numbers match:

- **\$1000 in How "Employment Services" Will be Covered**
- **\$1000 in How "Employment Services" Will be Covered**

Do the two numbers match? If these two numbers do NOT match, review the "Services" and "How This Expense Will be Covered" sections to determine where corrections might need to be made. Otherwise, explain why they do not match.

- Yes  
 No

**Incentives:** Bus Fare/Tokens, Food, Food/Snacks/Candy, Good-Time Credit, Movie Tickets, Television, Cash, Track Phones, Track Phone Minutes, Graduation Ceremony

You indicated **\$39500** of Incentives will be spent. Please indicate which account/department will cover this expense, and how much of the \$39500 per account/department.

Probation Fees Fund	\$ <input type="text" value="39500"/>
Probation Operation Fees Fund	\$ <input type="text" value="0"/>
<b>Total</b>	\$ <input type="text" value="39500"/>

**Incentives:** Bus Fare/Tokens, Food, Food/Snacks/Candy, Good-Time Credit, Movie Tickets, Television, Cash, Track Phones, Track Phone Minutes, Graduation Ceremony

Please confirm that these two numbers match:

- \$39500 in How "Incentives" Will be Covered
- \$39500 in How "Incentives" Will be Covered

**Do the two numbers match?** If these two numbers do NOT match, review the "Services" and "How This Expense Will be Covered" sections to determine where corrections might need to be made. Otherwise, explain why they do not match.

Yes  
 No

**Group & Individual Counseling Services:** Group Counseling Services, Individual Counseling Services, JSOP - Counseling

You indicated **\$20000** of Group & Individual Counseling Services will be spent. Please indicate which account/department will cover this expense, and how much of the \$20000 per account/department.

Probation Fees Fund	\$ <input type="text" value="20000"/>
Probation Operation Fees Fund	\$ <input type="text" value="0"/>
<b>Total</b>	\$ <input type="text" value="20000"/>

**Group & Individual Counseling Services:** Group Counseling Services, Individual Counseling Services, JSOP - Counseling

Please confirm that these two numbers match:

- \$20000 in How "Group & Individual Counseling Services" Will be Covered
- \$20000 in How "Group & Individual Counseling Services" Will be Covered

**Do the two numbers match?** If these two numbers do NOT match, review the "Services" and "How This Expense Will be Covered" sections to determine where corrections might need to be made. Otherwise, explain why they do not match.

- Yes  
 No

**Language Access Services:** ASL - Language, Foreign Language Interpreters

You indicated \$30500 of Language Access Services will be spent. Please indicate which account/department will cover this expense, and how much of the \$30500 per account/department.

Probation Fees Fund	\$ <input type="text" value="30500"/>
Probation Operation Fees Fund	\$ <input type="text" value="0"/>
<b>Total</b>	\$ <input type="text" value="30500"/>

**Language Access Services:** ASL - Language, Foreign Language Interpreters

Please confirm that these two numbers match:

- \$30500 in How "Language Access Services" Will be Covered
- \$30500 in How "Language Access Services" Will be Covered

**Do the two numbers match?** If these two numbers do NOT match, review the "Services" and "How This Expense Will be Covered" sections to determine where corrections might need to be made. Otherwise, explain why they do not match.

- Yes  
 No

**Medical & Health Related Expenses:** Dental Miscellaneous, Hospital Miscellaneous, Medical Miscellaneous, COVID-19 Testing, STD Testing, Medications/Prescriptions, Medical Supplies, Medical Waste Disposal, Gloves, Prescriptions

You indicated \${Invalid Expression} of Medical & Health Related Expenses will be spent. Please indicate which account/department will cover this expense, and how much of the \$8500 per account/department.

Probation Fees Fund

\$  8500

Probation Operation Fees Fund

\$  0

Total

\$  8500

**Medical & Health Related Expenses:** Dental Miscellaneous, Hospital Miscellaneous, Medical Miscellaneous, COVID-19 Testing, STD Testing, Medications/Prescriptions, Medical Supplies, Medical Waste Disposal, Gloves, Prescriptions

Please confirm that these two numbers match:

- \${Invalid Expression} in How "Medical & Health Related Expenses" Will be Covered
- \$8500 in How "Medical & Health Related Expenses" Will be Covered

**Do the two numbers match?** If these two numbers do NOT match, review the "Services" and "How This Expense Will be Covered" sections to determine where corrections might need to be made. Otherwise, explain why they do not match.

- Yes  
 No

**Psychological Testing & Evaluations:** Psychological Evaluations, Psychological Testing, DVI Assessments, RANT Assessments, Risk Assessments

You indicated \$45000 of Psychological Testing & Evaluations will be spent. Please indicate which account/department will cover this expense, and how much of the \$45000 per account/department.

Probation Fees Fund

\$  45000

Probation Operation Fees Fund

\$  0

Total

\$  45000

**Psychological Testing & Evaluations: Psychological Evaluations, Psychological Testing, DVI Assessments, RANT Assessments, Risk Assessments**

Please confirm that these two numbers match:

- \$45000 in How "Psychological Testing & Evaluations" Will be Covered
- \$45000 in How "Psychological Testing & Evaluations" Will be Covered

**Do the two numbers match?** If these two numbers do NOT match, review the "Services" and "How This Expense Will be Covered" sections to determine where corrections might need to be made. Otherwise, explain why they do not match.

- Yes  
 No

**Transportation**

You indicated \$2000 of Transportation will be spent. Please indicate which account/department will cover this expense, and how much of the \$2000 per account/department.

Probation Fees Fund

\$  2000

Probation Operation Fees Fund

\$  0

Total

\$  2000

**Transportation**

Please confirm that these two numbers match:

- \$2000 in How "Transportation" Will be Covered
- \$2000 in How "Transportation" Will be Covered

**Do the two numbers match?** If these two numbers do NOT match, review the "Services" and "How This Expense Will be Covered" sections to determine where corrections might need to be made. Otherwise, explain why they do not match.

- Yes  
 No

**Other Services:** Client Records, Client Birth Records, Appointment Text Reminders, Water Coolers, JRI (Household Needs)

You indicated **\$1600** of **Other Services** will be spent. Please indicate which account/department will cover this expense, and how much of the **\$1600** per account/department.

Probation Fees Fund	\$ <input type="text" value="1600"/>
Probation Operation Fees Fund	\$ <input type="text" value="0"/>
<b>Total</b>	\$ <input type="text" value="1600"/>

**Other Services:** Client Records, Client Birth Records, Appointment Text Reminders, Water Coolers, JRI (Household Needs)

Please confirm that these two numbers match:

- **\$1600** in **How "Other Services" Will be Covered**
- **\$1600** in **How "Other Services" Will be Covered**

**Do the two numbers match?** If these two numbers do **NOT** match, review the "Services" and "How This Expense Will be Covered" sections to determine where corrections might need to be made. Otherwise, explain why they do not match.

Yes  
 No

## How Expenses Are Covered | Department Operations

**Auto Expenses:** Car Communication Systems, Gas - Auto, Vehicle Lease, Vehicle Purchase, Oil Changes, Vehicle Maintenance, Auto Expenses

You indicated **\$50000** of **Auto Expenses** will be spent. Please indicate which account/department will cover this expense, and how much of the **\$50000** per account/department.

Probation Fees Fund	\$ <input type="text" value="0"/>
Probation Operation Fees Fund	\$ <input type="text" value="50000"/>
<b>Total</b>	\$ <input type="text" value="50,000"/>

**Auto Expenses:** Car Communication Systems, Gas - Auto, Vehicle Lease, Vehicle Purchase, Oil Changes, Vehicle Maintenance, Auto Expenses

Please confirm that these two numbers match:

- \$50000 to be spent on Auto Expenses
- \$50000 in How "Auto Expenses" Will be Covered

**Do the two numbers match?** If they do NOT match, review the "Department Operations" and "How This Expense Will be Covered" sections to determine where corrections might need to be made. Otherwise, explain why they do not match.

Yes  
 No

**Technology Expenses:** Computer Hardware, Software, Video Equipment, Security Computer & Video Equipment, Web-Cams, Record/File Storage

You indicated \$200 of Technology Expenses will be spent. Please indicate which account/department will cover this expense, and how much of the \$200 per account/department.

Probation Fees Fund

\$  200

Probation Operation Fees Fund

\$  0

Total

\$  200

**Technology Expenses:** Computer Hardware, Software, Video Equipment, Security Computer & Video Equipment, Web-Cams, Record/File Storage

Please confirm that these two numbers match:

- \$200 will be spent on Technology Expenses
- \$200 in How "Technology Expenses" Will be Covered

**Do the two numbers match?** If they do NOT match, review the "Department Operations" and "How This Expense Will be Covered" sections to determine where corrections might need to be made. Otherwise, explain why they do not match.

Yes  
 No

**Memberships, Dues, Subscriptions: Dues, Memberships, Subscriptions**

You indicated **\$3400** of **Memberships, Dues, & Subscriptions** will be spent. Please indicate which account/department will cover this expense, and how much of the **\$3400** per account/department.

Probation Fees Fund	\$ <input type="text" value="3400"/>
Probation Operation Fees Fund	\$ <input type="text" value="0"/>
<b>Total</b>	\$ <input type="text" value="3400"/>

**Memberships, Dues, Subscriptions: Dues, Memberships, Subscriptions**

Please confirm that these two numbers match:

- **\$3400** will be spent on **Memberships, Dues, Subscriptions**
- **\$3400** in **How "Memberships, Dues, Subscriptions" Expense Will be Covered**

**Do the two numbers match?** If they do **NOT** match, review the "Department Operations" and "How This Expense Will be Covered" sections to determine where corrections might need to be made. Otherwise, explain why they do not match.

- Yes  
 No

**Office Supplies: Chairs, Desks, Ink, Office Supplies, Microfilming, Office Copier/Printer/Scanner, Paper, Pens, Postage, Printing/Duplication, Publications, Printing, & Binding, Stamps, Hotspot/Wi-Fi Services, Notary Services, Advertising, Water-Coolers/Bottled, Icemaker, Printer Toner, Cell Phone Chargers, Job Posting/Hiring Ad**

You indicated **\$200** of **Office Supplies** will be spent. Please indicate which account/department will cover this expense, and how much of the **\$200** per account/department.

Probation Fees Fund	\$ <input type="text" value="200"/>
Probation Operation Fees Fund	\$ <input type="text" value="0"/>
<b>Total</b>	\$ <input type="text" value="200"/>

**Office Supplies:** Chairs, Desks, Ink, Office Supplies, Microfilming, Office Copier/Printer/Scanner, Paper, Pens, Postage, Printing/Duplication, Publications, Printing, & Binding, Stamps, Hotspot/Wi-Fi Services, Notary Services, Advertising, Water-Coolers/Bottled, Icemaker, Printer Toner, Cell Phone Chargers, Job Posting/Hiring Ad

Please confirm that these two numbers match:

- \$200 in How "Office Supplies" Expense Will be Covered.
- \$200 in How "Office Supplies" Expense Will be Covered.

**Do the two numbers match?** If they do NOT match, review the "Department Operations" and "How This Expense Will be Covered" sections to determine where corrections might need to be made. Otherwise, explain why they do not match.

Yes

No

--

#### Applicant & Employee Psychological Testing/Evaluations

You indicated **\$10500** of Applicant & Employee Psychological Testing/Evaluations will be spent. Please indicate which account/department will cover this expense, and how much of the **\$10500** per account/department.

Probation Fees Fund

\$  10500

Probation Operation Fees Fund

\$  0

Total

\$  10500

#### Applicant & Employee Psychological Testing/Evaluations

Please confirm that these two numbers match:

- \$10500 in How "Applicant & Employee Psychological Testing/Evaluations" Expense Will be Covered
- \$10500 in How "Applicant & Employee Psychological Testing/Evaluations" Expense Will be Covered

**Do the two numbers match?** If they do NOT match, review the "Department Operations" and "How This Expense Will be Covered" sections to determine where corrections might need to be made. Otherwise, explain why they do not match.

Yes

No

--

#### Work Release/Public/Community Service Supplies: Work Release

You indicated **\$10000** of **Work Release/Public/Community Service Supplies** will be spent. Please indicate which account/department will cover this expense, and how much of the **\$10000** per account/department.

Probation Fees Fund	\$ <input type="text" value="10000"/>
Probation Operation Fees Fund	\$ <input type="text" value="0"/>
<b>Total</b>	\$ <input type="text" value="10,000"/>

#### Work Release/Public/Community Service Supplies: Work Release

Please confirm that these two numbers match:

- **\$10000** in How "Work Release/Public/Community Service Supplies" Expense Will be Covered
- **\$10000** in How "Work Release/Public/Community Service Supplies" Expense Will be Covered

Do the two numbers match? If they do **NOT** match, review the "Department Operations" and "How This Expense Will be Covered" sections to determine where corrections might need to be made. Otherwise, explain why they do not match.

- Yes  
 No

#### Training: Accommodation Reimbursements, Mileage, Per diem, Registration

You indicated **\$16000** of **Training** will be spent. Please indicate which account/department will cover this expense, and how much of the **\$16000** per account/department.

Probation Fees Fund	\$ <input type="text" value="16000"/>
Probation Operation Fees Fund	\$ <input type="text" value="0"/>
<b>Total</b>	\$ <input type="text" value="16,000"/>

## Training: Accommodation Reimbursements, Mileage, Per diem, Registration

Please confirm that these two numbers match:

- \$16000 in How "Training" Expense Will be Covered
- \$16000 in How "Training" Expense Will be Covered

Do the two numbers match? If they do **NOT** match, review the "Department Operations" and "How This Expense Will be Covered" sections to determine where corrections might need to be made. Otherwise, explain why they do not match.

Yes  
 No

**Utilities:** Electric, Gas - Building, Phones - Cell, Phones - Landline, Water - Building, Waster Disposal & Recycling, Document Shredding, Destruction of Records Service, Medical Waster Disposal

You indicated **\$450** of **Utilities** will be spent. Please indicate which account/department will cover this expense, and how much of the **\$450** per account/department.

Probation Fees Fund

\$  450

Probation Operation Fees Fund

\$  0

Total

\$  450

**Utilities:** Electric, Gas - Building, Phones - Cell, Phones - Landline, Water - Building, Waste Disposal & Recycling, Document Shredding, Destruction of Records Service, Medical Waste Disposal

Please confirm that these two numbers match:

- \$450 in How "Utilities" Expense Will be Covered
- \$450 in How "Utilities" Expense Will be Covered

Do the two numbers match? If they do **NOT** match, review the "Department Operations" and "How This Expense Will be Covered" sections to determine where corrections might need to be made. Otherwise, explain why they do not match.

Yes  
 No

**Capital Expense: Boilers, Improvements to Buildings, Kitchen Appliances, Roofs, Water Heaters**

You indicated **\$10000** of Capital Expense will be spent. Please indicate which account/department will cover this expense, and how much of the **\$10000** per account/department.

Probation Fees Fund	\$ <input type="text" value="0"/>
Probation Operation Fees Fund	\$ <input type="text" value="10000"/>
<b>Total</b>	\$ <input type="text" value="10,000"/>

**Capital Expense: Boilers, Improvements to Buildings, Kitchen Appliances, Roofs, Water Heaters**

Please confirm that these two numbers match:

- **\$10000** in How "Capital Expense" Expense Will be Covered
- **\$10000** in How "Capital Expense" Expense Will be Covered

**Do the two numbers match?** If they do NOT match, review the "Department Operations" and "How This Expense Will be Covered" sections to determine where corrections might need to be made. Otherwise, explain why they do not match.

- Yes  
 No

**Other Expenditures**

You indicated **\$1350** of Other Expenditures will be spent. Please indicate which account/department will cover this expense, and how much of the **\$1350** per account/department.

Probation Fees Fund	\$ <input type="text" value="1350"/>
Probation Operation Fees Fund	\$ <input type="text" value="0"/>
<b>Total</b>	\$ <input type="text" value="1350"/>

## Other Expenditures

Please confirm that these two numbers match:

- \$1350 in How "Other Expenditures" Expense Will be Covered
- \$1350 in How "Other Expenditures" Expense Will be Covered

Do the two numbers match? If they do **NOT** match, review the "Department Operations" and "How This Expense Will be Covered" sections to determine where corrections might need to be made. Otherwise, explain why they do not match.

Yes  
 No

Thank you, Director Siders, for submitting your CFY 2025 Probation and Court Services Financial Proposal data!

Upon completion of this data submission, the Qualtrics System will send you and the Annual Probation Plan an email providing notification of completion that will include a link where you can generate a PDF to print your responses. Upon receipt of this email, Missy Dean and your Field Coordinator will verify completion of all submission requirements and email you with any questions of concerns.

Thank You  
Field Services Unit

Administrative Office of the Illinois Courts | Probation Services Division

Powered by Qualtrics A



# 2025 Probation Services Fee Expenditure Proposal PSC | Drug (Adult) Champaign County | Circuit 6

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## Department Information

**First Name:** Shannon

**Last Name:** Siders

**Email Address:** ssiders@champaigncountyil.govb

**Organization:** Problem Solving Court

**Are Probation Fees used for this Department?**

Are Probation Fees used for this department?

Yes

## Problem-Solving Court Information

**Population Served:** Adult

**Court Type:** Drug

**If Hybrid & Other (Select all):** No data found - your filters may be too exclusive!

**Other (Text Entry):** No data found - your filters may be too exclusive!

**If "Multiple" (Select All):** No data found - your filters may be too exclusive!

**Hybrid & Other (Text Entry):** No data found - your filters may be too exclusive!

**Other (Text Entry):** No data found - your filters may be too exclusive!

**Court Name(s):**

**Court 1:** Champaign County Drug Court

**Court 2:** No data found - your filters may be too exclusive!

**Court 3:** No data found - your filters may be too exclusive!

**Court 4:**

No data found - your filters may be too exclusive!

**Court 5:**

No data found - your filters may be too exclusive!

**Court 6:**

No data found - your filters may be too exclusive!

**Court 7:**

No data found - your filters may be too exclusive!

**Court 8:**

No data found - your filters may be too exclusive!

**Court 9:**

No data found - your filters may be too exclusive!

**Court 10:**

No data found - your filters may be too exclusive!

**Court 11:**

No data found - your filters may be too exclusive!

**Court 12:**

No data found - your filters may be too exclusive!

**Court 13:**

No data found - your filters may be too exclusive!

**Court 14:**

No data found - your filters may be too exclusive!

**Court 15:**

No data found - your filters may be too exclusive!

**Court 16:**

No data found - your filters may be too exclusive!

**Court 17:**

No data found - your filters may be too exclusive!

**Court 18:**

No data found - your filters may be too exclusive!

**Court 19:**

No data found - your filters may be too exclusive!

**Court 20:**

No data found - your filters may be too exclusive!

Is this department using Probation Services Fees to fund this operation?

Yes

### Source of Funding

#### **Source of Funding - Probation Fees Fund**

Probation Fee Fund	Sum
Balance at Start of Fiscal	1,886,412.31
Funding/Income	232,255.62
Department Fringe Benefits	0.00
IGA (Inter-Governmental Agreement) Revenue	0.00
Other Receivables	90,563.00

#### **Source of Funding - Probation Operations Fees**

No data found - your filters may be too exclusive!

## Department Operations & Personnel

<b>Department Fiscal Operations Proposed Spending</b>	<b>Sum</b>
Bonuses	0.00
Contingency	0.00
Department Fringe Benefits - (FICA, Worker's Compensation, Unemployment, IMRF, Medical, Dental, and Life Insurance)	0.00
Longevity	0.00
Merit	0.00
Overtime	0.00
Personnel Payouts	0.00
Reimbursements to Staff	0.00
Salaries	0.00
Salary Shortfall	0.00
Tuition Reimbursement	0.00
OTHER - Salary	0.00

<b>Department Operations Proposed Spending</b>	<b>Sum</b>
Advertising	0.00
Applicant & Employee Psychological Testing/Evaluations	0.00
Auto Expenses	0.00
Boilers	0.00
Building Rent/Mortgage/Bond	0.00
Capital Expenses	0.00
Car Communication Systems	0.00
Case Management System Development (e.g., implementing, building compliance with data requirements)	0.00
Case Management License (e.g., new software)	0.00
Case Management Services (e.g., maintaining)	0.00
Cell Phone Chargers	0.00
Chairs	0.00
Computer Hardware (e.g., laptops, printers)	0.00

Computer Software (e.g., MS Office, Adobe Suite, Video conferencing)	0.00
Computer Video Equipment	0.00
Conducted Energy Devices (CEDs)	0.00
COVID Expenses - (e.g., cleaning)	0.00
COVID Testing	0.00
Desks	0.00
Destruction of Records Service	0.00
Document Shredding	0.00
Dues	0.00
Electric	0.00
Employee Drug Testing	0.00
Equipment Maintenance (identify type of "equipment")	0.00
Equipment Rentals	0.00
Firearm Ammunition	0.00
Firearms	0.00
Gas - Auto	0.00
Gas - Building	0.00
Hotspot/Wi-Fi Services	0.00
Icemaker	0.00
Improvements to Buildings	0.00
Ink	0.00
IT Support Contract	0.00
Job Posting/Hiring Ad	0.00
Kitchen Appliances	0.00
Laundry Services	0.00
Laundry & Cleaning Supplies	0.00
Maintenance/Cleaning Staff Salaries & Benefits	0.00
Medical Waste Disposal	0.00
Memberships (e.g., IPCSA)	100.00
Microfilming	0.00
Notary Services	0.00
Office Cleaning/Custodial Services	0.00
Office Copier/Printer/Scanner	0.00

Office Copier/Printer/Scanner Lease	0.00
Office Copier/Printer/Scanner Maintenance	0.00
Officer Safety Equipment	0.00
Office Supplies	0.00
Officer Uniforms	0.00
Oil changes	0.00
Oleoresin Capsicum: Pepper Spray	0.00
Operation Service Contracts	0.00
Paper	0.00
Pens	0.00
Phones - Cell	0.00
Phones - Landline	0.00
Police Radios	0.00
Postage	0.00
Printing/Duplication	0.00
Printer Toner	0.00
Property & Employee Liability Insurance	0.00
Public/Community Service Supplies	0.00
Publications, Printing, & Binding	0.00
Record/File Storage	0.00
Reimbursements to Other Probation Department(s)	0.00
Roofs	0.00
Security Computer & Video Equipment	0.00
Stamps	0.00
Subscriptions (e.g., journals, news papers)	0.00
Tracker Contract	0.00
Training - (accommodation reimbursements)	3,000.00
Training - (mileage)	500.00
Training - (per diem)	1,000.00
Training - (registration)	3,500.00
Travel Expenses - (accommodation reimbursements)	0.00
Travel Expenses - (home visits mileage)	0.00
Travel Expenses - (per diem)	2,000.00

Travel Expenses - (work meetings mileage)	0.00
Utilities	0.00
Vehicle Lease	0.00
Vehicle Maintenance	0.00
Vehicle Purchase	0.00
Vests	0.00
Waste Disposal & Recycling	0.00
Water - Building	0.00
Water - Coolers / Bottled	0.00
Water Heaters	0.00
Web-cams	0.00
Work Release	0.00
Other Operations	0.00
Other Expenditures	0.00

## Services

<b>Client Services Proposed Spending</b>	<b>Sum</b>
Alcohol Testing	0.00
Alcohol Treatment	0.00
ASL - Language	0.00
Bus Fare / Tokens (Incentives)	0.00
Bus Fare / Tokens - Non-Incentive	0.00
Cash (Incentives)	0.00
Client Birth Records	0.00
Client Records	0.00
Cognitive Programming & Supplies	20,000.00
Cognitive Programming	4,000.00
Cognitive Supplies	0.00
Community Service Supervision Contract	0.00
Contracted Services	0.00

COVID-19 Testing	0.00
Drug/Alcohol Testing	26,000.00
Drug/Alcohol Treatment	0.00
Drug Testing	0.00
Drug Treatment	0.00
DVI Assessments	0.00
Educational Programs & Supplies	0.00
Educational Programs	0.00
Educational Supplies	0.00
Electronic Monitoring/GPS	12,000.00
Employment Services	0.00
Food - Non-Incentive	0.00
Food/Snacks/Candy (Incentives)	0.00
Foreign Language Interpreters	0.00
Foster Care Placement	0.00
Gloves - Medical	0.00
Good-time Credit (Incentives)	0.00
GPS Equipment	0.00
Graduation Ceremony	0.00
Group Counseling Services	0.00
Hospital Miscellaneous	0.00
Incentives	0.00
In County Detention	0.00
Individual Counseling Services	0.00
Individual & Group Counseling Services	7,000.00
Inpatient Alcohol Treatment	0.00
Inpatient Drug Treatment	0.00
IPPC Sex Offender Contract	0.00
JSOP - Counseling	0.00
Language Access Services	0.00
Legal Notice(s)	0.00
LexisNexis Contract	0.00
Medical Miscellaneous	0.00

Medications/Prescriptions	0.00
Medical Supplies	0.00
Medical Treatment	0.00
Medical Waste Disposal	0.00
Movie Tickets (Incentives)	0.00
Other Detention Cost	0.00
Out of County Detention	0.00
Outpatient Alcohol Treatment	0.00
Outpatient Drug Treatment	0.00
Oxford Housing	0.00
Polygraph Testing	0.00
Prescriptions	0.00
Project Stipends	0.00
Psychological Evaluations	0.00
Psychological Testing/Evaluations	0.00
Psychological Testing	0.00
Psychological Treatment	0.00
Public/Community Service Supervision Contract	0.00
Public Service Supervision Contract	0.00
RANT Assessments	0.00
Redeploy Programming	0.00
Residential Facilities	0.00
Residential Placement	0.00
Risk Assessment	0.00
Salaries - (Contracted specific to client/resident services)	0.00
Shipping - Alc/Drug Tests	0.00
SNAP Contracts	0.00
STD Testing	0.00
Television (Incentives)	0.00
Text Message Appointment Reminders	0.00
Track Phones (Incentives)	0.00
Track Phone Minutes (Incentives)	0.00
Transportation	0.00

Treatment Services	0.00
Vaccines	0.00
Water Coolers / Water	0.00
Water Dyes - Alc/Drug Testing	0.00
Other Contracts	0.00
Other Services	0.00

---

### "Other" Expenses

"Other" Expenses Proposed Spendin	Sum
Chief Judge	0.00
Juror Fees	0.00
Lawyer	0.00
Legal Notice(s)	0.00
Statute Updates	0.00
Security Services	0.00
Witness Fees	0.00
"Other" Expenses	0.00

## How Expenses Are Covered | Department Personnel

### **Department Fringe Benefits**

No data found - your filters may be too exclusive!

### **Department Salaries**

No data found - your filters may be too exclusive!

### **Other Salary**

No data found - your filters may be too exclusive!

### **Overtime**

No data found - your filters may be too exclusive!

### **Personnel Payouts**

No data found - your filters may be too exclusive!

### **Salary Shortfall**

No data found - your filters may be too exclusive!

---

## How Expenses Are Covered | Services

### **In County Detention**

No data found - your filters may be too exclusive!

### **Out of County Detention**

No data found - your filters may be too exclusive!

### **Other Detention Costs**

No data found - your filters may be too exclusive!

### **Cognitive Programming & Supplies**

<b>Funding Source</b>	<b>Sum</b>
Probation Fees Fund	24,000.00
Probation Operation Fees Fund	0.00

## Contracted Services

No data found - your filters may be too exclusive!

## Drug/Alcohol Testing

Funding Source	Sum
Probation Fees Fund	26,000.00
Probation Operation Fees Fund	0.00

## Alcohol/Drug Treatment

No data found - your filters may be too exclusive!

## Educational Programs & Supplies

No data found - your filters may be too exclusive!

## Electronic Monitoring/GPS

Funding Source	Sum
Probation Fees Fund	12,000.00
Probation Operation Fees Fund	0.00

## Employment Services

No data found - your filters may be too exclusive!

## Incentives

No data found - your filters may be too exclusive!

## Group & Individual Counseling Services

Funding Source	Sum
Probation Fees Fund	7,000.00
Probation Operation Fees Fund	0.00

## Language Access Services

No data found - your filters may be too exclusive!

## Medical & Health Related Expenses

No data found - your filters may be too exclusive!

## **Psychological Testing & Evaluations**

**No data found - your filters may be too exclusive!**

## **Public/Community Service Supervision Contract**

**No data found - your filters may be too exclusive!**

## **Polygraph Testing**

**No data found - your filters may be too exclusive!**

## **Residential Placement**

**No data found - your filters may be too exclusive!**

## **Transportation**

**No data found - your filters may be too exclusive!**

## **Other Contracts**

No data found - your filters may be too exclusive!

## **Other Services**

No data found - your filters may be too exclusive!

---

# How Expenses Are Covered | Department Operations

## **Auto Expenses**

No data found - your filters may be too exclusive!

## **Building Rent/Mortgage/Bond**

No data found - your filters may be too exclusive!

## **Case Management System**

No data found - your filters may be too exclusive!

## **Technology Expenses**

No data found - your filters may be too exclusive!

## **Employee Drug Testing**

No data found - your filters may be too exclusive!

## Laundry & Cleaning Services

No data found - your filters may be too exclusive!

## Maintenance/Cleaning Staff Salaries & Benefits

No data found - your filters may be too exclusive!

## Memberships, Dues, Subscriptions

Funding Source	Sum
Probation Fees Fund	100.00
Probation Operation Fees Fund	0.00

## Office Supplies

No data found - your filters may be too exclusive!

## Safety Equipment

No data found - your filters may be too exclusive!

## Officer Uniforms

No data found - your filters may be too exclusive!

## Operation Service Contracts

No data found - your filters may be too exclusive!

## Applicant & Employee Psychological Testing/Evaluations

No data found - your filters may be too exclusive!

## Work Release/Public/Community Service Supplies

No data found - your filters may be too exclusive!

## Training

Funding Source	Sum
Probation Fees Fund	8,000.00
Probation Operation Fees Fund	0.00

## Travel Expenses

Funding Source	Sum
Probation Fees Fund	2,000.00
Probation Operation Fees Fund	0.00

## Utilities

No data found - your filters may be too exclusive!

## Capital Expenses

No data found - your filters may be too exclusive!

## Reimbursement to Other Department/Funding Source

No data found - your filters may be too exclusive!

## Other Operations

No data found - your filters may be too exclusive

## Other Expenditures

No data found - your filters may be too exclusive

## How Expenses Are Covered | "Other" Expenses

### **"Other" Expenses**

No data found - your filters may be too exclusive!



We thank you for your time spent taking this survey.  
Your response has been recorded.

---

Below is a summary of your responses

[Download PDF](#)

---

This survey requires a password.



## Probation Services Fee Expenditure Proposal

### Department Information

County's Proposed Spending Fiscal Year  
(e.g., 2024, 2025)

2025

First Name

Shannon

Last Name

Siders

Work Email Address

ssiders@champaigncountyil.govb

Organization Type

Problem Solving Court ▾

Circuit

 

Department

 

Are Probation Fees used for this department?

- Yes
- No

## PSC Information

Population Served

- Adult
- Juvenile
- Both

Court Type

- Drug
- Juvenile
- Mental Health
- Veteran

DUI Hybrid & Other Multiple (Only choose this option if you cannot break down finances between court)

Court Name

(Only use "Add Additional Court" button if selecting Multiple Courts in previous question)

Indicate Court Name

Court 1

Champaign County

Is your Problem Solving Court department using Probation Service Fees to fund the operation of this organization?

 Yes No

## Source of Funding

For your source of **FUNDING** for the **Probation Fee Fund** identify the following. **DO NOT ROUND.**

Balance at Start of Fiscal

\$ 

Funding/Income

\$ 

Department Fringe Benefits

\$ 

IGA (Inter-Governmental Agreement) Revenue

\$

## Other Receivables

Investment interest	\$ <input type="text" value="90563"/>
Total	\$ <input type="text" value="2,209,230.93"/>

For your source of **Funding** for the **Probation Operation Fees Fund** identify the following. **DO NOT ROUND.**

Balance at Start of Fiscal Year	\$ <input type="text" value="2778"/>
Funding/Income	\$ <input type="text" value="3856"/>
Department Fringe Benefits	\$ <input type="text" value="0"/>
IGA (Inter-Governmental Agreement) Revenue	\$ <input type="text" value="0"/>

## Other Receivables

<input type="text"/>	\$ <input type="text" value="0"/>
Total	\$ <input type="text" value="316,4"/>

## Department Operations & Personnel

For CFY 2025 you reported a total of \$2525659.34 available for department spending. Please identify how much will be expended across each of the following for **DEPARTMENT FISCAL OPERATIONS** from the reported total dollar amount.

Bonuses	\$ <input type="text" value="0"/>
Contingency	\$ <input type="text" value="0"/>

Department Fringe Benefits - (FICA, Worker's Compensation, Unemployment, IMRF, Medical, Dental, and Life Insurance)	\$ <input type="text" value="0"/>
Longevity	\$ <input type="text" value="0"/>
Merit	\$ <input type="text" value="0"/>
Overtime	\$ <input type="text" value="0"/>
Personnel Payouts	\$ <input type="text" value="0"/>
Reimbursements to Staff	\$ <input type="text" value="0"/>
Salaries	\$ <input type="text" value="0"/>
Medical/Nurse Salaries & Benefits	\$ <input type="text" value="0"/>
Salary Shortfall	\$ <input type="text" value="0"/>
Tuition Reimbursement	\$ <input type="text" value="0"/>
OTHER - Salary <input type="text" value=""/>	\$ <input type="text" value="0"/>
Total	\$ <input type="text" value="0"/>

For CFY 2025 you reported a total of **\$2525659.34** available for department spending. Please identify how much will be expended across each of the following for **DEPARTMENT OPERATIONS** from the reported total dollar amount.

Advertising	\$ <input type="text" value="0"/>
Applicant & Employee Psychological Testing/Evaluations	\$ <input type="text" value="0"/>
Auto Expenses	\$ <input type="text" value="0"/>
Boilers	\$ <input type="text" value="0"/>
Bond Payments	\$ <input type="text" value="0"/>
Building Rent/Mortgage/Bond	\$ <input type="text" value="0"/>
Capital Expenses <input type="text" value=""/>	\$ <input type="text" value="0"/>
Car Communication Systems	\$ <input type="text" value="0"/>
Case Management System Development (e.g., implementing, building compliance with data requirements)	\$ <input type="text" value="0"/>
Case Management License (e.g., new software)	\$ <input type="text" value="0"/>

Case Management Services (e.g., maintaining)	\$ 0
Cell Phone Chargers	\$ 0
Chairs	\$ 0
Computer Hardware (e.g., laptops, printers)	\$ 0
Computer Software (e.g., MS Office, Adobe Suite, Video conferencing)	\$ 0
Computer Video Equipment	\$ 0
Conducted Energy Devices (CEDs)	\$ 0
COVID Expenses - (e.g., cleaning)	\$ 0
COVID Testing	\$ 0
Desks	\$ 0
Destruction of Records Service	\$ 0
Document Shredding	\$ 0
Dues	\$ 0
Electric	\$ 0
Employee Drug Testing	\$ 0
Equipment Maintenance (identify type of "equipment")	\$ 0
Equipment Rentals	\$ 0
Firearm Ammunition	\$ 0
Firearms	\$ 0
Gas - Auto	\$ 0
Gas - Building	\$ 0
Hotspot/Wi-Fi Services	\$ 0
Icemaker	\$ 0
Improvements to Buildings	\$ 0
Ink	\$ 0
IT Support Contract	\$ 0
Job Posting/Hiring Ad	\$ 0
Kitchen Appliances	\$ 0

Laundry Services	\$ <input type="text" value="0"/>
Laundry & Cleaning Supplies	\$ <input type="text" value="0"/>
Maintenance/Cleaning Staff Salaries & Benefits	\$ <input type="text" value="0"/>
Medical Waste Disposal	\$ <input type="text" value="0"/>
Memberships (e.g., IPCSA)	\$ <input type="text" value="100"/>
Microfilming	\$ <input type="text" value="0"/>
Notary Services	\$ <input type="text" value="0"/>
Office Cleaning/Custodial Services	\$ <input type="text" value="0"/>
Office Copier/Printer/Scanner	\$ <input type="text" value="0"/>
Office Copier/Printer/Scanner Lease	\$ <input type="text" value="0"/>
Office Copier/Printer/Scanner Maintenance	\$ <input type="text" value="0"/>
Officer Safety Equipment	\$ <input type="text" value="0"/>
Office Supplies	\$ <input type="text" value="0"/>
Officer Uniforms	\$ <input type="text" value="0"/>
Oil changes	\$ <input type="text" value="0"/>
Oleoresin Capsicum: Pepper Spray	\$ <input type="text" value="0"/>
Operation Service Contracts	\$ <input type="text" value="0"/>
Out of County Detention Expenditures	\$ <input type="text" value="0"/>
Paper	\$ <input type="text" value="0"/>
Pens	\$ <input type="text" value="0"/>
Phones - Cell	\$ <input type="text" value="0"/>
Phones - Landline	\$ <input type="text" value="0"/>
Police Radios	\$ <input type="text" value="0"/>
Postage	\$ <input type="text" value="0"/>
Printing/Duplication	\$ <input type="text" value="0"/>
Printer Toner	\$ <input type="text" value="0"/>
Property & Employee Liability Insurance	\$ <input type="text" value="0"/>
Public/Community Service Supplies	\$ <input type="text" value="0"/>
Publications, Printing, & Binding	\$ <input type="text" value="0"/>

Record/File Storage	\$ 0
Reimbursement to Other Funding Source (e.g., County General Fund)	\$ 0
Reimbursements to Other Probation Department(s)	\$ 0
Roofs	\$ 0
Security Computer & Video Equipment	\$ 0
Stamps	\$ 0
Subscriptions (e.g., journals, news papers)	\$ 0
Tracker Contract	\$ 0
Training - (accommodation reimbursements)	\$ 3000
Training - (mileage)	\$ 500
Training - (per diem)	\$ 1000
Training - (registration)	\$ 3500
Travel Expenses - (accommodation reimbursements)	\$ 0
Travel Expenses - (home visits mileage)	\$ 0
Travel Expenses - (per diem)	\$ 2000
Travel Expenses - (work meetings mileage)	\$ 0
Utilities	\$ 0
Vehicle Lease	\$ 0
Vehicle Maintenance	\$ 0
Vehicle Purchase	\$ 0
Vests	\$ 0
Waste Disposal & Recycling	\$ 0
Water - Building	\$ 0
Water - Coolers / Bottled	\$ 0
Water Heaters	\$ 0
Web-cams	\$ 0
Work Release	\$ 0

Other Operations	\$ <input type="text" value="0"/>
Other Expenditures	\$ <input type="text" value="0"/>
Total	\$ <input type="text" value="10,100"/>

## Services

For CFY 2025 you reported a total of \$2525659.34 available for department spending. Please identify how much will be expended across each of the following for **CLIENT SERVICES** from the reported total dollar amount.

Alcohol Testing	\$ <input type="text" value="0"/>
Alcohol Treatment	\$ <input type="text" value="0"/>
ASL - Language	\$ <input type="text" value="0"/>
Bedding & Linens	\$ <input type="text" value="0"/>
Bond Payments	\$ <input type="text" value="0"/>
Brushes/Combs	\$ <input type="text" value="0"/>
Bus Fare / Tokens (Incentives)	\$ <input type="text" value="0"/>
Bus Fare / Tokens - Non-Incentive	\$ <input type="text" value="0"/>
Cash (Incentives)	\$ <input type="text" value="0"/>
Client Birth Records	\$ <input type="text" value="0"/>
Client Clothing/Uniforms	\$ <input type="text" value="0"/>
Client Records	\$ <input type="text" value="0"/>
Cognitive Programming & Supplies	\$ <input type="text" value="20000"/>
Cognitive Programming	\$ <input type="text" value="4000"/>
Cognitive Supplies	\$ <input type="text" value="0"/>
Community Service Supervision Contract	\$ <input type="text" value="0"/>

Contracted Services	\$ 0
COVID-19 Testing	\$ 0
DCFS Transfer	\$ 0
Dental Miscellaneous	\$ 0
Deoderant	\$ 0
Dietary Utensils	\$ 0
Drug/Alcohol Testing	\$ 26000
Drug/Alcohol Treatment	\$ 0
Drug Testing	\$ 0
Drug Treatment	\$ 0
DVI Assessments	\$ 0
Educational Programs & Supplies	\$ 0
Educational Programs	\$ 0
Educational Supplies	\$ 0
Electronic Monitoring/GPS	\$ 12000
Emergency Housing	\$ 0
Employment Services	\$ 0
Food - Non-Incentive	\$ 0
Food/Snacks/Candy (Incentives)	\$ 0
Food Supplies & Dietary Utentils	\$ 0
Food Supplies	\$ 0
Foreign Language Interpreters	\$ 0
Foster Care Placement	\$ 0
Gloves - Medical	\$ 0
Good-time Credit (Incentives)	\$ 0
GPS Equipment	\$ 0
Graduation Ceremony	\$ 0
Group Counseling Services	\$ 0
Halfway Houses	\$ 0

Hospital Miscellaneous	\$ <input type="text" value="0"/>
Incentives	\$ <input type="text" value="0"/>
In County Detention	\$ <input type="text" value="0"/>
Individual Counseling Services	\$ <input type="text" value="0"/>
Individual & Group Counseling Services	\$ <input type="text" value="7000"/>
Inpatient Alcohol Treatment	\$ <input type="text" value="0"/>
Inpatient Drug Treatment	\$ <input type="text" value="0"/>
IPPC Sex Offender Contract	\$ <input type="text" value="0"/>
JRI - Household Needs	\$ <input type="text" value="0"/>
JSOP - Counseling	\$ <input type="text" value="0"/>
Language Access Services	\$ <input type="text" value="0"/>
Legal Notice(s)	\$ <input type="text" value="0"/>
LexisNexis Contract	\$ <input type="text" value="0"/>
Medical Miscellaneous	\$ <input type="text" value="0"/>
Medications/Prescriptions	\$ <input type="text" value="0"/>
Medical Supplies	\$ <input type="text" value="0"/>
Medical Treatment	\$ <input type="text" value="0"/>
Medical Waste Disposal	\$ <input type="text" value="0"/>
Menstrual Products	\$ <input type="text" value="0"/>
Movie Tickets (Incentives)	\$ <input type="text" value="0"/>
Other Detention Cost	\$ <input type="text" value="0"/>
Out of County Detention	\$ <input type="text" value="0"/>
Outpatient Alcohol Treatment	\$ <input type="text" value="0"/>
Outpatient Drug Treatment	\$ <input type="text" value="0"/>
Oxford Housing	\$ <input type="text" value="0"/>
Personal Clothing	\$ <input type="text" value="0"/>
Personal Hygiene Supplies	\$ <input type="text" value="0"/>
Phone Services	\$ <input type="text" value="0"/>
Phone & Visitation Services	\$ <input type="text" value="0"/>

Polygraph Testing	\$ 0
Prescriptions	\$ 0
Project Stipends	\$ 0
Psychological Evaluations	\$ 0
Psychological Testing/Evaluations	\$ 0
Psychological Testing	\$ 0
Psychological Treatment	\$ 0
Public/Community Service Supervision Contract	\$ 0
Public Service Supervision Contract	\$ 0
RANT Assessments	\$ 0
Razors	\$ 0
Redeploy Programming	\$ 0
Resident Activities	\$ 0
Residential Facilities	\$ 0
Residential Placement	\$ 0
Risk Assessment	\$ 0
Salaries - (Contracted specific to client/resident services)	\$ 0
Shampoo	\$ 0
Shipping - Alc/Drug Tests	\$ 0
SNAP Contracts	\$ 0
Soap	\$ 0
STD Testing	\$ 0
Teacher Salaries & Benefits	\$ 0
Television (Incentives)	\$ 0
Text Message Appointment Reminders	\$ 0
Track Phones (Incentives)	\$ 0
Track Phone Minutes (Incentives)	\$ 0
Transfer Fees	\$ 0
Transportation	\$ 0

Treatment Services	\$ <input type="text" value="0"/>
Vaccines	\$ <input type="text" value="0"/>
Visitation Services	\$ <input type="text" value="0"/>
Water Coolers / Water	\$ <input type="text" value="0"/>
Water Dyes - Alc/Drug Testing	\$ <input type="text" value="0"/>
Other Contracts <input type="text" value=""/>	\$ <input type="text" value="0"/>
Other Services <input type="text" value=""/>	\$ <input type="text" value="0"/>
Total	\$ <input type="text" value="69,000"/>

## "Other" Expenses

For CFY 2025 you reported a total of \$2525659.34 available for department spending. Please identify how much will be expended across each of the following for **"Other" Expenses\*** from the reported total dollar amount

\* Items which have not been already identified above and do not necessarily fall under client/resident services or department operations.

Chief Judge	\$ <input type="text" value="0"/>
Juror Fees	\$ <input type="text" value="0"/>
Lawyer	\$ <input type="text" value="0"/>
Legal Notice(s)	\$ <input type="text" value="0"/>
Statute Updates	\$ <input type="text" value="0"/>
Security Services	\$ <input type="text" value="0"/>
Witness Fees	\$ <input type="text" value="0"/>
"Other" Expenses <input type="text" value=""/>	\$ <input type="text" value="0"/>

Total

\$  -

## How Expenses Are Covered | Services

### Cognitive Programming & Supplies: Cognitive Programming, Cognitive Supplies, Redeploy Programming

You indicated **\$24000** of **Cognitive Programming & Supplies** will be spent. Please indicate which account/department will cover this expense, and how much of the **\$24000** per account/department.

Probation Fees Fund

\$ 

Probation Operation Fees Fund

\$ 

Total

\$ 

### Cognitive Programming & Supplies: Cognitive Programming, Cognitive Supplies, Redeploy Programming

Please confirm that these two numbers match:

- \$24000 to be spent on **Cognitive Programming & Supplies**
- \$24000 in **How "Cognitive Programming & Supplies" Will be Covered**

Do the two numbers match? If these two numbers do **NOT** match, review the "Services" and "How This Expense Will be Covered" sections to determine where corrections might need to be made. Otherwise, explain why they do not match.

Yes  
 No

**Drug/Alcohol Testing: Alcohol Testing, Drug Testing, Water Dyes, Shipping**

You indicated \$26000 of Alcohol/Drug Testing will be spent. Please indicate which account/department will cover this expense, and how much of the \$26000 per account/department.

Probation Fees Fund

\$ 

Probation Operation Fees Fund

\$ 

Total

\$ **Drug/Alcohol Testing: Alcohol Testing, Drug Testing, Water Dyes, Shipping**

Please confirm that these two numbers match:

- \$26000 in How "Drug/Alcohol Testing" Will be Covered
- \$26000 in How "Drug/Alcohol Testing" Will be Covered

**Do the two numbers match?** If these two numbers do NOT match, review the "Services" and "How This Expense Will be Covered" sections to determine where corrections might need to be made. Otherwise, explain why they do not match.

Yes  
 No

**Electronic Monitoring/GPS: GPS Equipment**

You indicated \$12000 of Electronic Monitoring & GPS Equipment will be spent. Please indicate which account/department will cover this expense, and how much of the \$12000 per account/department.

Probation Fees Fund

\$ 

Probation Operation Fees Fund

\$

Total

\$ 12,000**Electronic Monitoring/GPS: GPS Equipment**

Please confirm that these two numbers match:

- \$12000 in How "Electronic Monitoring/GPS" Will be Covered
- \$12000 in How "Electronic Monitoring/GPS" Will be Covered

**Do the two numbers match?** If these two numbers do **NOT** match, review the "Services" and "How This Expense Will be Covered" sections to determine where corrections might need to be made. Otherwise, explain why they do not match.

Yes  
 No

**Group & Individual Counseling Services: Group Counseling Services, Individual Counseling Services, JSOP - Counseling**

You indicated \$7000 of **Group & Individual Counseling Services** will be spent. Please indicate which account/department will cover this expense, and how much of the \$7000 per account/department.

Probation Fees Fund

\$ 7000

Probation Operation Fees Fund

\$ 0

Total

\$ 7,000

**Group & Individual Counseling Services:** Group Counseling Services, Individual Counseling Services, JSOP - Counseling

Please confirm that these two numbers match:

- \$7000 in How "Group & Individual Counseling Services" Will be Covered
- \$7000 in How "Group & Individual Counseling Services" Will be Covered

**Do the two numbers match?** If these two numbers do **NOT** match, review the "Services" and "How This Expense Will be Covered" sections to determine where corrections might need to be made. Otherwise, explain why they do not match.

Yes  
 No

## How Expenses Are Covered | Department Operations

**Memberships, Dues, Subscriptions:** Dues, Memberships, Subscriptions

You indicated **\$100** of **Memberships, Dues, & Subscriptions** will be spent. Please indicate which account/department will cover this expense, and how much of the **\$100** per account/department.

Probation Fees Fund

\$ 

Probation Operation Fees Fund

\$ 

Total

\$

**Memberships, Dues, Subscriptions: Dues, Memberships, Subscriptions**

Please confirm that these two numbers match:

- \$100 will be spent on **Memberships, Dues, Subscriptions**
- \$100 in **How "Memberships, Dues, Subscriptions" Expense Will be Covered**

**Do the two numbers match?** If they do **NOT** match, review the "Department Operations" and "How This Expense Will be Covered" sections to determine where corrections might need to be made. Otherwise, explain why they do not match.

Yes  
 No

**Training: Accommodation Reimbursements, Mileage, Per diem, Registration**

You indicated **\$8000** of **Training** will be spent. Please indicate which account/department will cover this expense, and how much of the **\$8000** per account/department.

Probation Fees Fund

\$ 

Probation Operation Fees Fund

\$ 

Total

\$ **Training: Accommodation Reimbursements, Mileage, Per diem, Registration**

Please confirm that these two numbers match:

- \$8000 in **How "Training" Expense Will be Covered**
- \$8000 in **How "Training" Expense Will be Covered**

**Do the two numbers match?** If they do **NOT** match, review the "Department Operations" and "How This Expense Will be Covered" sections to determine where corrections might need to be made. Otherwise, explain why they do not match.

Yes

No

--

**Travel Expenses:** Accommodation Reimbursements, Home Visits Mileage, Per Diem, Work Meetings Mileage

You indicated \$2000 of **Travel Expenses** will be spent. Please indicate which account/department will cover this expense, and how much of the \$2000 per account/department.

Probation Fees Fund

\$ 

2000
------

Probation Operation Fees Fund

\$ 

0
---

Total

\$ 

2,000
-------

**Travel Expenses:** Accommodation Reimbursements, Home Visits Mileage, Per Diem, Work Meetings Mileage

Please confirm that these two numbers match:

- \$2000 in **How "Travel Expenses" Expense Will be Covered**
- \$2000 in **How "Travel Expenses" Expense Will be Covered**

**Do the two numbers match?** If they do **NOT** match, review the **"Department Operations"** and **"How This Expense Will be Covered"** sections to determine where corrections might need to be made. Otherwise, explain why they do not match.

 Yes  
 No

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**Thank you, Director Siders, for submitting your CFY 2025 Probation and Court Services Financial Proposal data!**

Upon completion of this data submission, the Qualtrics System will send you and the Annual Probation Plan an email providing notification of completion that will include a link where you can generate a PDF to print your responses. Upon receipt of this email, Missy Dean and your Field Coordinator will verify completion of all submission requirements and email you with any questions or concerns.

Thank You  
Field Services Unit

Administrative Office of the Illinois Courts | Probation Services Division

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