FICTIONAL PORTFOLIO SAMPLE

Comprehensive Mitigation & Reentry Report

Prepared at the request of defense counsel for sentencing advocacy

CLIENT	REFERRING COUNSEL
Jordan Ellis Reed	**Mara L. Bennett, Esq. (fictional)**
AGE	**JURISDICTION**
31	Androscoggin County Unified Criminal Docket (fictional)
CURRENT MATTER	**CASE NUMBER**
Sentencing following negotiated plea - Class C theft	ANDCD-CR-2026-00418 (fictional)
REPORT DATE	**REPORT STATUS**
August 8, 2026	Draft for defense counsel review

Prepared by

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Demonstration document

Every person, event, record, provider, quotation, date, and case detail in this report is fictional. This sample demonstrates organization, analysis, and presentation only. It must not be filed, reproduced as a real case record, or relied upon in any legal proceeding.

PORTFOLIO NOTE & NAVIGATION

About This Sample

Entirely fictional

No actual client, records, interviews, placements, provider contacts, or legal events are depicted. The sample demonstrates organization and presentation only.

Professional scope

Creating Belief provides non-clinical mitigation investigation and reentry planning. It does not provide legal advice, diagnosis, testing, risk assessment, or treatment.

A real report would be prepared at counsel's direction and treated as confidential defense work product until counsel controls any disclosure. This portfolio copy is not privileged. Diagnoses are attributed to qualified providers; disputed facts and client admissions remain subject to counsel's direction.

Contents

31	22 mo	14 mo	486
Age	Verified recovery	Stable employment	Record pages reviewed

EXECUTIVE SUMMARY

A Complete Sentencing Picture

Jordan Ellis Reed, age 31, is awaiting sentencing following a negotiated plea to Class C theft. The offense occurred during a six-month period in which he lost housing, discontinued behavioral-health treatment, and returned to opioid use after nearly two years of stability. Mr. Reed has acknowledged his conduct through the plea process and has begun paying restitution through counsel's office.

The investigation documents a childhood marked by parental substance use, domestic violence, repeated moves, food insecurity, and periods of informal kinship care. School records show chronic absenteeism and an unaddressed reading disorder. Treatment records attribute longstanding symptoms to post-traumatic stress disorder and recurrent depression. These facts provide context for the coping patterns and instability that preceded the offense; they do not excuse the harm caused.

The most important current evidence is not a promise of change but an emerging record of it. Mr. Reed has maintained 22 months of recovery verified through treatment attendance and 19 toxicology screens, lived in the same recovery residence for 11 months, worked full time for 14 months, and completed a restorative decision-making group. Six collateral sources consistently described improved reliability, openness to feedback, and sustained engagement.

Mr. Reed's account

“I took something from people who trusted me. Recovery means I have to face that, not just stay sober.”

19	6	3	$1,250
Negative screens	Collateral interviews	Client sessions	Restitution paid

Primary Findings

- The offense arose during a documented relapse and destabilization period, not during the current 22-month period of recovery.
- Developmental adversity, educational disruption, and untreated trauma are relevant context supported across records and interviews.
- Mr. Reed now has concrete protective factors: recovery housing, employment, treatment, family accountability, transportation, and a restitution plan.
- Short-term incarceration would interrupt several stabilizing structures; community supervision can impose accountability while preserving them.

Counsel-facing recommendation

Consider a structured community disposition incorporating continued treatment, recovery monitoring, employment, restitution, and graduated reporting. Final legal strategy and requested conditions remain counsel's decision.

SECTION 1

Referral, Scope & Method

Investigation component	Completed	Reliability note
Client interviews	3 sessions / 4.5 hours	Compared with records and collateral accounts
Collateral interviews	6 completed	Family, employer, clinician, recovery staff
Records review	486 pages	Medical, treatment, school, court, probation, employment
Resource verification	5 contacts	Status recorded as confirmed, pending, or contingency
Counsel consultation	2 conferences	Scope, disputed facts, requested disposition

Referral question

Counsel requested a focused life-history investigation, corroboration of treatment and recovery, identification of protective factors, and a viable community plan for sentencing.

Information standard

Statements are presented as verified records, provider information, collateral report, client self-report, or specialist synthesis. Material conflicts are identified rather than silently resolved.

Method

01 **Define**
Clarify counsel's legal objective, case posture, disputed facts, deadlines, and authorized scope.

02 **Gather**
Obtain releases; interview the client and collateral sources; collect relevant records.

03 **Corroborate**
Compare timelines and source types; flag inconsistencies; verify current services and supports.

04 **Synthesize**
Identify developmental themes, risk conditions, strengths, and practical barriers without making clinical or legal conclusions.

05 **Plan**
Build a specific reentry structure with responsible parties, timing, status, and contingency options.

SECTION 2

Developmental & Family History

A concise chronology connecting documented life events without treating adversity as destiny.

Corroborated conditions

Parental substance use; domestic conflict; financial hardship; food insecurity; frequent moves; inconsistent caregiving; school absenteeism; caregiving responsibilities beyond his age.

Sources

Client interviews; grandmother and sister interviews; school and pediatric records; two DHHS intake summaries; prior treatment history.

Grandmother's account

“He was a little boy trying to make sure his sister ate before he did. He learned to watch everybody else before he ever learned to take care of himself.”

Period	Developmental stage	Documented context
1995-2001	**Early childhood**	Born in Lewiston. Records and family interviews describe parental substance use, domestic conflict, food insecurity, and repeated moves. Maternal grandmother provided intermittent care.
2002-2006	**School disruption**	Changed elementary schools four times. Attendance records show 43 absences in fifth grade. Reading difficulties were documented, but a complete special-education evaluation was not completed.
2007-2010	**Adolescent responsibility**	Assumed caregiving responsibilities for a younger sibling during mother's periods of instability. Began working informally at age 14. Left high school during tenth grade.
2011-2016	**Early adulthood**	Earned a GED and maintained intermittent warehouse and landscaping work. First justice involvement occurred during escalating alcohol and opioid use.
2017-2022	**Loss and treatment gaps**	Sustained a workplace back injury and was prescribed opioid medication. Later developed illicit opioid use. Experienced periods of homelessness and brief treatment episodes followed by relapse.
2023-2024	**Offense period**	Lost housing after a relationship ended, stopped treatment, and returned to use. The theft offense occurred during this period. Reentered treatment after arrest.
2025-2026	**Current stability**	Maintained 22 months of verified recovery, 11 months in recovery housing, and 14 months of continuous full-time employment. Began restitution and rebuilt contact with family.

Balanced finding

The record reflects both adversity and resilience: disrupted caregiving and education alongside a close grandparent bond, mechanical aptitude, early work, protection of his sibling, and repeated returns to treatment. The chronology provides context; it does not establish clinical causation or excuse the offense.

SECTION 3

Education & Employment

Educational Record

School records show strong performance in applied mathematics and shop-based coursework alongside longstanding reading difficulty, poor attendance, and incomplete assignments. A 2006 screening recommended further evaluation for a reading disorder, but the available file contains no completed evaluation or individualized education plan. Mr. Reed left school in tenth grade and earned a GED at age 20.

Employment Development

Employment was inconsistent during active substance use but became progressively stable during recovery. Mr. Reed completed forklift and OSHA-10 training, then obtained full-time employment with Pine Ridge Distribution, LLC (fictional). Payroll records verify continuous employment since June 2025. His supervisor reports two unexcused absences during the first month and none during the last ten months.

14 mo	40 hrs	2	0
Continuous employment	Typical workweek	Safety credentials	Recent write-ups

Period	Role	Pattern / verification
2012-2016	Seasonal labor and warehouse work	Intermittent; gaps correspond with housing and substance-use instability
2017-2022	Shipping associate	Two employers verified; workplace injury in 2019
2023-2024	Short-term labor	Unstable employment during relapse and offense period
2025-present	Inventory control associate	Full time; promoted after nine months; supervisor support letter obtained

Current strength

Work provides routine, income, prosocial identity, transportation access, and accountability. The employer has confirmed continued employment if Mr. Reed remains available for scheduled shifts.

Current vulnerability

Reading-heavy forms remain difficult. Mr. Reed benefits from plain-language instructions, calendar reminders, and an opportunity to repeat directions back in his own words.

Supervisor's account

“Jordan used to disappear when something went wrong. Now he asks for help before there is a crisis. That change is why I trust him with more responsibility.”

SECTION 4

Behavioral Health

Attribution

All diagnoses below are attributed to the licensed clinicians and records identified in the source index. Creating Belief did not diagnose Mr. Reed or independently assess clinical validity.

Documented condition	Source	Functional information in records
Post-traumatic stress disorder	LCSW assessment, 2024	Hypervigilance, avoidance, nightmares, irritability during perceived threat
Major depressive disorder, recurrent	Psychiatric evaluation, 2024	Withdrawal, sleep disruption, reduced motivation, hopelessness during episodes
Opioid use disorder, severe, in sustained remission	Addiction-medicine records, 2025-2026	Medication treatment, counseling, toxicology monitoring
Documented reading impairment	Adult education evaluation, 2016	Slower reading rate, difficulty with dense written instructions

Treatment Course

Records reflect episodic treatment from 2018 through 2024, often ending after housing loss, insurance disruption, or relapse. Since October 2024, Mr. Reed has attended outpatient counseling with increasing consistency. His clinician reports improved ability to identify early warning signs, use grounding techniques, and ask for support before leaving treatment.

Current Care Structure

- Biweekly individual counseling with a licensed clinical social worker.
- Monthly medication management with an addiction-medicine provider.
- Buprenorphine treatment with observed toxicology screening.
- Weekly peer-recovery meeting and twice-monthly recovery coaching.
- Written crisis and relapse-response plan shared with the recovery residence.

Clinical coordination

The treating clinician reports that community-based care remains appropriate. Any treatment condition should defer frequency and modality decisions to licensed providers rather than freezing a specific clinical regimen in a court order.

SECTION 5

Substance Use & Recovery

Mr. Reed reports early alcohol and cannabis use, followed by opioid misuse after a workplace injury. Records document progression to illicit opioid use, repeated short treatment episodes, and relapse during periods of housing loss and untreated depression. The offense occurred during the most recent relapse period. Current recovery is supported by multiple independent sources rather than self-report alone.

Recovery Evidence

Evidence	Period	Status	Source
Toxicology screens	Oct. 2024-Jul. 2026	19 consistent screens	Treatment records
Medication appointments	Oct. 2024-present	No missed visits in last 10 months	Provider attendance log
Recovery housing	Sep. 2025-present	11 months; good standing	Program letter
Peer support	Jan. 2025-present	Weekly participation	Coach interview
Relapse plan	Updated Jun. 2026	Written plan completed	Clinician and client

Known relapse conditions

Housing disruption; disengagement from treatment; isolation; untreated pain; contact with substance-using peers; unstructured time.

Current protections

Recovery residence; medication treatment; employer schedule; peer coach; family contact; transportation plan; written response steps.

Accountability

Mr. Reed does not present recovery as proof that the offense should be disregarded. He identifies relapse as part of the context in which he made harmful choices and recognizes that sustained recovery requires ongoing monitoring, honesty, restitution, and repair.

Plain-language finding

The current recovery record is meaningful because it is specific, recent, and corroborated. It should still be understood as an active process requiring structure, not as a guarantee against future difficulty.

SECTION 6

Justice History & Current Matter

Year	Matter	Disposition / context
2014	Operating after suspension	Fine; no incarceration
2017	Unlawful possession	Deferred disposition; completed treatment condition
2020	Theft - misdemeanor	Probation; offense during active opioid use
2024	Current Class C theft	Negotiated plea entered; sentencing pending

Current Offense

According to the plea record and counsel-approved factual summary, Mr. Reed removed tools and electronic equipment from a former employer and sold several items during a relapse period. The verified loss amount is $6,840. Property worth $2,100 was recovered. Mr. Reed entered a negotiated plea, provided information supporting recovery of additional property, and has paid $1,250 toward restitution.

Mr. Reed's Account

Mr. Reed stated that he understood the property was not his and that financial pressure did not justify taking it. He expressed particular concern about the breach of trust and the impact on former coworkers. He did not ask collateral sources to minimize the offense and agreed that restitution should remain part of any disposition.

Aggravating realities

The conduct was intentional, caused financial harm, violated workplace trust, and occurred after prior justice involvement. The report does not minimize those facts.

Mitigating context

The offense occurred during documented relapse, housing loss, and treatment disengagement. Current functioning differs in measurable ways from the offense period.

Case posture safeguard

This sample uses post-plea language. In a real pending or contested case, the report would avoid admissions, disputed factual conclusions, or characterizations not expressly authorized by counsel.

SECTION 7

Protective Factors & Supports

Protective factor	Evidence	Who reinforces it
Stable employment	14 months; promotion; payroll and supervisor verification	Employer and shift lead
Recovery housing	11 months in good standing	House manager and peers
Treatment engagement	Consistent counseling, medication care, screening	LCSW and prescriber
Family accountability	Weekly grandmother contact; repaired sister relationship	Grandmother and sister
Transportation	Bus pass and employer ride backup	Employer and peer coach
Restitution behavior	$1,250 paid; written payroll allocation	Counsel and employer payroll

Support Roles

Grandmother
Weekly emotional support; early-warning contact with Mr. Reed's permission.

Sister
Transportation backup and twice-monthly family meals.

Employer
Structured schedule, written attendance feedback, continued employment.

Clinician
Trauma-focused treatment, relapse monitoring, care coordination.

Recovery coach
Twice-monthly meetings, meeting attendance, problem-solving.

House manager
Curfew, medication storage policy, peer accountability, rapid response.

Balanced assessment
The support network is substantial but not unlimited. Housing remains program-dependent, transportation is partly informal, and family members cannot substitute for clinical care or supervision.

SECTION 8

Mitigation Analysis

Theme	Evidence supporting relevance	Limit / caution
Developmental adversity	Multiple independent sources document instability, conflict, caregiving burden, and school disruption.	Adversity does not predetermine behavior or erase responsibility.
Learning needs	School and adult-education records document reading impairment and missed intervention.	Mr. Reed can understand and comply when information is accessible.
Behavioral health	Licensed providers documented PTSD, depression, and treatment response.	Creating Belief offers no independent diagnosis or clinical causation opinion.
Substance use	Offense timing overlaps documented relapse; current recovery is corroborated.	Substance use provides context, not an excuse for intentional conduct.
Rehabilitation	22 months recovery, 14 months employment, 11 months housing, restitution payments.	Progress is recent and requires continued accountability.

Integrated Finding

The record supports a sentencing narrative that is both humane and exacting. Mr. Reed experienced meaningful developmental and systemic disadvantages, developed avoidant coping and substance dependence, and committed an intentional property offense during relapse. He has since built a measurable structure of recovery and accountability. A disposition can recognize each part of that record without collapsing context into excuse or punishment into abandonment of rehabilitation.

Why Community Structure Matters

Mr. Reed's strongest protections are active relationships and routines: medication treatment, counseling, sober housing, employment, peer accountability, and restitution. The proposed plan translates those protections into observable conditions. If the Court imposes incarceration, counsel may wish to ask that release planning preserve medication continuity, housing reentry, and rapid return to treatment and employment.

Mitigation position

The available evidence supports a structured community sentence as a reasonable way to combine accountability, restitution, treatment continuity, and public safety. The appropriate legal request belongs to defense counsel.

SECTION 9

Reentry Strategy

Domain	Primary plan	Verification / status	Contingency
Housing	Remain at Harbor Path Recovery Residence (fictional)	Bed held through sentencing; manager letter dated Aug. 4	Application prepared for Second Step House (fictional)
Treatment	Continue Riverside Recovery Clinic (fictional)	Medication visit Aug. 12; counseling Aug. 15	Telehealth bridge appointment available
Employment	Return to Pine Ridge Distribution (fictional)	Employer confirms schedule and retention	Reduced-hours transition for first two weeks
Transportation	Monthly city bus pass	Pass funded for 90 days	Employer ride pool; sister backup
Restitution	Payroll allocation of $75 weekly	Written budget completed	Temporary reduction after documented work loss
Supervision	Plain-language written schedule and reminders	Client demonstrated calendar use	Recovery coach assists with planning, not reporting

Conditions That Match Identified Needs

- Continue treatment as directed by licensed providers, including medication treatment if clinically indicated.
- Maintain recovery-support participation and comply with lawful toxicology monitoring.
- Maintain approved housing and employment, follow an affordable restitution schedule, and promptly report material changes.
- Use plain-language reporting instructions and avoid duplicative mandates that interfere with treatment or work.

Real Maine Contingency Resources - Not Client-Specific

Resource	Potential use	Status in this fictional sample
Work Source Maine / CareerCenter	No-cost employment and training support	Public services verified online; no client appointment
Community Concepts	Housing and economic-support navigation in Androscoggin County	Program identified; eligibility and availability unconfirmed
211 Maine	24/7 confidential referral and updated local-resource search	Contingency navigation option; not a placement

Status language

Confirmed arrangements in this sample are fictional. Real Maine resources above are identified options only; availability, eligibility, and fit must be checked for an actual client before counsel relies on them.

SECTION 10

30-60-90 Day Action Plan

First 30 days - Stabilize

- Attend medication and counseling appointments already scheduled.
- Resume full-time work under two-week transition schedule.
- Provide supervision with written housing, work, and treatment verification.
- Begin $75 weekly restitution allocation after first full paycheck.
- Meet recovery coach within 72 hours and update relapse-response contacts.

Days 31-60 - Consolidate

- Maintain treatment and screening schedule with no unexcused absences.
- Review restitution and essential-expense budget with case planner.
- Complete four-session restorative decision-making booster.
- Confirm transportation plan for winter schedule changes.
- Hold family accountability meeting with consent and clear boundaries.

Days 61-90 - Advance

- Evaluate eligibility for reduced reporting based on documented compliance.
- Apply for independent sober housing if clinically and financially appropriate.
- Begin advanced inventory certification offered by employer.
- Review treatment goals with providers; adjust only on clinical recommendation.
- Submit 90-day progress summary through counsel if requested.

Measurable 90-Day Indicators

0	$900	90	1
Unexcused treatment absences	Target restitution	Days housing stability	Progress review

SECTION 11

Findings & Recommendation

Findings

- Mr. Reed's developmental history includes substantial, corroborated adversity and educational disruption relevant to understanding later coping and instability.
- Licensed treatment records document behavioral-health and substance-use conditions; Creating Belief makes no independent diagnosis.
- The offense caused meaningful financial and relational harm. Mr. Reed acknowledged the conduct through a negotiated plea and has begun restitution.
- The offense occurred during a documented period of relapse, housing loss, and treatment disengagement.
- Current rehabilitation is supported by objective evidence: treatment participation, toxicology results, recovery housing, employment, restitution, and consistent collateral accounts.
- The proposed community plan is specific, time-limited, measurable, and supported by identified responsible parties and contingencies.

Recommendation for Counsel's Consideration

Based on the records and interviews summarized in this fictional sample, the mitigation evidence supports counsel's consideration of a community-based sentencing request that preserves treatment, recovery housing, employment, and restitution while imposing structured supervision and measurable accountability. If a custodial component is imposed, continuity planning should protect medication access, housing reentry, and rapid reconnection to care.

This recommendation is a mitigation and reentry opinion within the specialist's non-clinical scope. It is not a legal conclusion, sentencing prediction, clinical risk assessment, or assurance of future conduct. Counsel retains exclusive responsibility for legal strategy and submission.

Respectfully prepared for defense counsel,

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APPENDIX

Sources & Evidence Index

Source category	Fictional material reviewed	Volume / date range
Client	Three recorded interview summaries; client chronology; release forms	Apr.-Jul. 2026
Collateral	Grandmother, sister, former teacher, employer, clinician, recovery coach	6 interviews
Education	Attendance, transcripts, screening, withdrawal, GED, adult learning evaluation	112 pages / 2000-2016
Medical & clinical	Primary care, behavioral health, addiction medicine, toxicology	214 pages / 2017-2026
Justice	Court dockets, police reports, plea record, probation history	96 pages / 2014-2026
Employment & housing	Payroll, certifications, employer letter, residence verification	64 pages / 2024-2026

Research References

- Centers for Disease Control and Prevention. About Adverse Childhood Experiences. https://www.cdc.gov/aces/
- Substance Abuse and Mental Health Services Administration. TIP 57: Trauma-Informed Care in Behavioral Health Services. HHS Publication No. SMA 14-4816.
- National Institute on Drug Abuse. Drugs, Brains, and Behavior: The Science of Addiction. https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction
- National Legal Aid & Defender Association. Performance Guidelines for Criminal Defense Representation. Used as general professional guidance; not represented as certification or formal compliance.
- Work Source Maine / Maine CareerCenters. Employment and training services. https://www.mainecareercenter.gov/
- Community Concepts. Housing and economic-support services. https://ccimaine.org/
- 211 Maine. Free, confidential, 24/7 information and referral. https://211maine.org/

Material Limitations

- This sample uses invented records and therefore cannot demonstrate the uncertainty, delay, redaction, and inconsistency present in real record collection.
- The source list demonstrates documentation practices but does not reproduce confidential records or interview memoranda.
- Provider availability and legal posture must be reverified immediately before any real submission.

End of fictional portfolio sample

For information about Creating Belief's mitigation and reentry services, contact Laura E. Catevenis at Laura.Catevenis@creatingbelief.com or 207-740-5204.