

**WHITE COUNTY COMMUNITY CORRECTIONS
RESIDENTIAL/SCHOOL RELEASE CENTER PROGRAM
REVISED 1-5-09**

CAUTION: The following document is legally binding. Read and understand it before signing.

I hereby agree to the Residential Release Center Agreement as shown below and understand that any violation may lead to my removal from the Residential/School Release Center Program.

NAME: _____ CAUSE # _____

1. I understand and agree that I have been granted Residential Release Center/School release privileges pursuant to a Sentencing Order dated _____, a copy of which is attached as Exhibit "A". I also understand violating my Residential/School Center release rules is a violation of my Court ordered sentence and will result in immediate removal from the program.

2. I agree that my residence while on the Residential Center/School Release Program shall be the White County Community Corrections Center located at the White County Sheriff's Department, 915 W. Hanawalt Road, Monticello, Indiana. I also understand I am not allowed to be at any location that has not been pre-approved by Community Corrections Director, Deputy Director or Office Coordinator. **I understand that I am not allowed to visit my home residence while in the Residential/school Release Center.**

3. I understand that I must abide by all rules and regulations of the White County Community Corrections Residential/School Release Center and the White County Jail. This includes any order as given by a WCCC Staff Member, or Jail Officer. Failure to abide by this agreement may result in disciplinary action against me. Any sanction or loss of goodtime by the Jail may result in removal from the program. I further understand I must remain in good standing with the Jail and Community Corrections in order to be a program participant. **I understand that NO vulgar/profane language will be allowed while in the presence of any Community Corrections or Jail Staff Members. I understand that lying or misleading staff in any way will be grounds for immediate removal from the program.**

4. I agree to return to the White Community Corrections Center as instructed by the Community Corrections Staff. I understand and agree that the purpose of my Residential/School Release Center commitment is to allow me to work. I will report promptly and will not leave from my place of employment without the approval of my employer **and** White County Community Correction's Director, Deputy Director or Office Coordinator, **only**. I agree to call in **all** work locations, including locations for parts or any other employment reason, starting with the 1st location of the day and continue throughout the day with **all** changes. **First location is to be called in within 30 minutes after leaving the jail to 574-583-4126.** I agree to bring back verification from **all** work locations; Doctor visits etc., and turn this information in to the Community Corrections Office on a daily basis. I understand this is basic information and not intended to be all inclusive. I understand failure to comply with this rule may result in removal from the Residential/School Release Center program and a charge for escape from the Residential Program will be filed with the Court system.

5. I agree that I will not leave White County without receiving authorization from the Community Corrections Director, Deputy Director, or Office Coordinator. I hereby agree to waive extradition from any other state or jurisdiction and agree to return to White County at the discretion of the Sheriff of White County.

6. I agree to promptly notify Community Corrections if for any reason I do not go to work, I will request jail staff to notify Community Corrections that I have not left as scheduled. I will immediately notify the Community Corrections office if I leave work early or am terminated from my employment.
7. I understand that failure to maintain employment shall be cause for my removal from the Residential/School Release Center program.
8. I agree to account for all my hours worked, and all wages and income earned **by turning in my weekly or bi-weekly pay stub**. I understand that my income will be used in accordance with the law (tax schedule) and pursuant to the Residential/School Release Center Fee Schedule as Exhibit “B”.
9. I understand that I am not allowed to work any more than 55 hours per week, and that I must have 1 (one) day off work each week. I further understand that I am only allowed one full time job and no part time secondary jobs.
10. **I understand that Thanksgiving Day and Christmas Day are Official lock down days at the White County Jail and that no one will be permitted to work those days for any reason. I further understand that it is my responsibility to inform my employer of this rule.**
11. **I DO UNDERSTAND THAT THE DIRECTOR, DEPUTY DIRECTOR OR THE OFFICE COORDINATOR OF WHITE COUNTY COMMUNITY CORRECTIONS WILL BE THE ONLY PEOPLE THAT CAN ALTER MY SCHEDULE OR GIVE ME APPROVAL FOR ANYTHING OUTSIDE OF MY NORMAL WORK SCHEDULE. THIS INCLUDES ANY CHANGE IN JOB LOCATIONS, COUNSELING, AA, NA, ETC.**
12. **I understand that in case of Snow/Weather Emergencies declared in White County that I will not be allowed to go to work during these times. If I am already at work when Snow/Weather Emergency is declared, I further understand that I must return to the White County Jail ASAP. Failure on my part to monitor weather situations and return to the Jail is considered ESCAPE. I further understand that if I am in another county and that county declares Snow/Weather Emergency, I must turn myself into that county Jail where I must remain until White County makes arrangement for my transportation back to White County**
13. All weekend work schedules that are not on my normal schedule, must be called in to the Community Corrections Director, Deputy Director or Office Coordinator **BY AN AUTHORIZED AGENT OF YOUR PLACE OF EMPLOYMENT**, no later than 3:00pm on Friday. Anything called in after this time will not be permitted. I further understand that I, any family member, acquaintance, or employer, are not permitted to contact any of the White County Community Corrections Staff at their residences at anytime, not by phone, cell phone or in person. This no contact rule also includes White County Jail Staff, White County Sheriffs Office, or the White County 911 Dispatch Center for anything other than Medical/Criminal Emergency Reports.
14. **I understand that it is my responsibility to contact Community Corrections for any concerns, questions, or schedule changes. I understand that not I, nor any family member, employer, or acquaintance are allowed to contact any of the Community Corrections Staff at their residences at any time, not by telephone, cell phone, or in person. All contact will be made in writing by inmate request form (signed by me) or weekly schedule form (signed by me). Schedule will be verified with employer signature. If an emergency arises and I need to speak to a Staff member, I will then call 574-583-4126 only, no other number is acceptable.**

15. I understand that I am not allowed visitors **at any time** while I am out of the work release center.
16. **I understand that I am not allowed to enter any business establishment, without prior approval from the White County Community Corrections Director, Deputy Director or Office Coordinator.** You are allowed to stop on your way to work, using a direct route of travel, to get something to eat or drink. **For example: if you work at Jordan Manufacturing on south 6th St, you may stop at Family Express to purchase gas or food items.** You may not stop anywhere else. If your employment is other than Jordan Manufacturing you may stop at a location that is on your **direct** route of travel. There is to be no going out of the way for anything. On your lunch break if you need to get something to eat you must also use the closest location to your work location. **For example: if you work at Jordan's you may get something at Family Express, McDonalds or Wendy's only.** If your employment is other than Jordan's you may stop at the location **closest** to your work site that is on a direct route of travel to or from your employment. You must pick up your lunch and immediately return to your place of employment. You must eat in the break room at your place of employment, if provided, if there is no break room you will be allowed to sit in **your** vehicle. You will not be permitted any **unauthorized** visitors during these meal times. If the meal is your evening meal you must eat your meal in the parking lot where you obtained the food, (max time 15 minutes to eat). You can not bring it back to the jail because you must enter the Jail immediately upon your return and you can not bring the food inside the jail. **I understand that I am not allowed to eat at any restaurant that serves alcohol. I understand that I am not authorized by Community Corrections to eat and drive at the same time.**
17. I understand that I am not allowed to loiter in the jail parking at any time. I am to immediately enter the jail upon return from work or appointments.

18. **WHITE COUNTY COMMUNITY CORRECTIONS RESIDENTIAL/SCHOOL RELEASE CENTER
FEE SCHEDULE**

A start fee of \$215.00 is required to be paid up front. This fee includes the following:

\$50.00 Initial Fee, payable in advance or from the first pay period earnings.

\$70.00 PER WEEK. This fee is due for the first and final week

\$25.00 baseline drug screen fee.

19. I understand that I am responsible for all fees of the program and all Court costs and fines and any Court ordered garnishments.
20. **IF I HAVE 30 DAYS OR LESS TO SERVE I MUST PAY ALL FEES UP FRONT**
21. **FAILURE TO PAY MY RESIDENTIAL/SCHOOL RELEASE CENTER FEES WILL RESULT IN LOSS OF ALL PRIVILEGES AND IF NOT IMMEDIATELY PAID CURRENT I WILL BE REMOVED FROM THE PROGRAM AND AT THAT TIME I WILL BE PLACED INTO GENERAL POPULATION.**
22. **ALL FEES ARE DUE IN THE WHITE COUNTY COMMUNITY CORRECTIONS OFFICE NO LATER THAN WEDNESDAY AT 8:00 A.M. EACH WEEK. THESE FEES SHALL INCLUDE CHARGES FOR DRUG SCREENS. EVERY DRUG SCREEN HAS A FEE CHARGE OF \$24.00. ALL FEES ARE TO BE PAID BY MONEY ORDER or CASHIER CHECK NO CASH - NO PERSONAL CHECKS!**

23. NO REFUNDS WILL BE ISSUED IF I VIOLATE THE TERMS OF MY RESIDENTIAL/SCHOOL RELEASE CENTER AGREEMENT!

24. I agree not to violate any criminal laws while on the Residential/School Release Center Program.
25. I agree not to use or possess alcohol and/or illegal drugs while on the Residential/School Release Center Program.
26. At the discretion of the Community Corrections Director, Deputy Director or Office Coordinator I agree to submit to one or more polygraph examinations concerning my actions, conduct and events that occur while in the Residential/School Release Center Program.
27. I agree to submit to and pay for blood, breath or urine testing for drug and alcohol use at the request of the Community Corrections Director or Deputy Director, and any Law Enforcement Officer or Jail Officer.
28. I authorize and consent to the release of any polygraph, blood, breath, or urine test results to the Community Corrections Director or Deputy Director, Prosecutor, Defense Attorneys and Probation Department. **I will release all parties from any and all claims of any nature or kind relating to the performance of any such tests.**
29. I understand and agree that any evidence of a violation of this Agreement obtained from a polygraph examination, blood, breath or urine test obtained as a result of this agreement will be admissible in a Court of Law can and will be used against me in any Residential/school Release Center violation proceedings.
30. I agree and specifically waive any and all rights as to search and seizure under the laws and constitutions of both the United States and the State of Indiana while in the Residential/School Release Center Program. I agree to submit to searches and seizures of my person, property and vehicle(s) at any time by any Community Corrections Staff, Law Enforcement Officer, or other person designated by the Community Corrections Department and/or sentencing court.
31. **I understand that being in the Residential/school Release Center is a privilege. I am not considered to be any better or worse than any other inmate of this jail.**
32. I understand that I am not allowed to possess tobacco in any form on White County Jail property. Nor am I allowed to have lighters, matches, or any other flammable materials on White County Jail property.
33. I understand that **NO** cell phones will be allowed inside the White County Jail.
34. I understand that taking anything into the Residential/school Release Center dormitory will be considered smuggling, and will result in my being removed from the Residential/school Release Center Program.
35. I understand that I am responsible for all personal items brought into the Jail and Residential/School Release Center facility.
36. I am responsible for keeping the Residential/school Release Center Dorm area clean. This includes the toilets, sinks, showers, and table areas, etc.

37. I understand that any memos sent to me regarding Residential/school Release Center rule changes or additions are to be understood as such and that they are to be maintained by me as a rule addition or change.
- 38. ANY EMERGENCY MEDICAL SITUATION WHILE YOU ARE IN THE RESIDENTIAL RELEASE CENTER AREA WILL REQUIRE THAT AN AMBULANCE BE DISPATCHED TO TAKE YOU TO THE HOSPITAL – AT YOUR EXPENSE**
39. I understand that no over-the-counter drugs are allowed in the Residential/School Release Center dorm area. A physician must prescribe all medications according to all policies and procedures set forth by the White County Jail. **I must inform White County Community Corrections of all prescribed medications I am currently taking.** If for any reason I need medication for a headache or cold, etc. it must be purchased through the Commissary offered at the jail. I understand I am responsible for all costs of all medications, doctor visits, dentists, etc. **I understand that all prescription medications will be non-narcotic – non-controlled substances.** This is both inside and outside the jail. Also, all medications will be reviewed by the White County Jail Medical Dept. prior to being administered. **I further understand that I agree to sign medical information waivers when ever requested to do so by Community Corrections Staff. Failure to sign medical release forms will result in immediate removal from the program.**
40. Anything dealing with any Residential/school Release Center situation will be discussed with the Community Corrections Director, Deputy Director or Office Coordinator only.
41. I understand if I have a request I must fill out a request slip at least 48 hours prior to the time requested. I understand if I have a grievance I must submit a notification of grievance statement for Community Corrections as well as for the jail staff.
42. I understand that all attorney visits must be conducted at the White County Jail facility. I am not allowed to go to an attorney's office. The attorney must visit me at the jail. **IF I MUST GO TO AN ATTORNEY'S OFFICE THE ATTORNEY MUST SUBMIT A REQUEST IN WRITING TO THE SENTENCING JUDGE FOR PERMISSION.**
43. I understand that I am **not** allowed to enter any Courthouse, for Court proceedings, without being escorted by a transport officer or a Community Corrections staff member.
- I understand I **may request** permission to enter a Courthouse for justifiable purposes for **employment** only. I understand I must have **PRIOR APPROVAL**, from White County Community Corrections.
44. **I understand that if someone else is providing my transportation to and from work, they must pick me up and drop me off at the front of the Jail. The South side of the Jail is off limits to unauthorized vehicles. If I am driving myself, then my vehicle will be parked in the very last parking lot on the South side of the Jail. I understand that I am to use the 6th street exit and entrance to access the back lot. I further understand that if I have my own vehicle, I must provide a copy of my valid driver's license, vehicle registration and proof of insurance. I also understand that White County is not responsible for my vehicle and/or contents.**
45. **I understand, and agree, that the White County Community Corrections Department and White County will not be held responsible for any accident(s) or loss while in the Residential/School Release Center Program.**

WORK RELEASE PASS

MUST BE VIOLATION FREE AND CURRENT ON ALL FEES

After 30 days – 2 hour pass per week (location must be approved by Community Corrections)

1. Passes are Monday through Thursday only.
2. Passes may be taken alone or with family members only.
3. Pass request must be into the office by 8 am on Monday for that week. The request is to be made in writing on a Work Release Pass Request form (to be found in front of sign out book).
4. If your pass is for Monday, you must include a contact number in case your requested destination is denied. If you do not include a contact number, you will forfeit your pass for the week.
5. Pass is immediately after work for those working a day shift or third shift job.
6. Pass is immediately before work for those working a second shift job.
7. The pass starts at the time your shift ends: example: work day 6am to 3pm – pass from 3pm – 5pm.
8. You are not allowed at any residence.
9. You are not allowed in any business that serves alcohol.
10. You are not allowed at or around the courthouse, public pool, the Indiana Beach, or any business associated with the Indiana Beach.
11. Passes must include locations, estimated time at locations, route of travel, names of people accompanying you and vehicle with description. If pass information is not complete, your pass will not be approved. You will forfeit your pass for the week. No calls will be made to get the information. It is your responsibility to insure that your pass is properly filled out.

- **If your passes are taken for violations of Work Release Rules:**
- **First violation, passes are taken for one week.**
- **Second violation, passes are taken for two weeks**
- **Third violation, passes are taken indefinitely. Until you prove that you can and will follow your Work Release Rules.**

I have read and/or had read to me the above Residential/school Release Center Agreement and understand the items contained herein. I agree to comply with all items contained in this Agreement. I understand that my failure to comply with this Agreement may lead to disciplinary action against me, including but not limited to, the loss of Residential/school Release Center privileges. I further understand that any violations will be forwarded to the Sentencing Court for review and any action deemed necessary.

I understand that this agreement shall remain in effect until the Court discharges me from my sentence.

CAUTION:

I understand that once I enter the White County Jail I am an inmate of the jail.
I understand that I am responsible to follow all jail rules or I will be subject to sanctions being issued against me, possibly resulting in removal from the work release program.

PRINTED NAME OF PARTICIPANT

Written Signature

Date

Community Corrections Personnel

Date

I have been provided with a complete copy of the Residential/School Release rules and I do agree to abide by them.

Written Signature

WHITE COUNTY COMMUNITY CORRECTIONS
EMPLOYMENT VERIFICATION
RESIDENTIAL/SCHOOL RELEASE CENTER

PARTICIPANT'S NAME: _____

NOTE TO EMPLOYER: _____

THE ABOVE PARTICIPANT IS AN INMATE OF THE WHITE COUNTY JAIL AND HAS BEEN GIVEN THE PRIVILEGE OF THE RESIDENTIAL/SCHOOL RELEASE CENTER PROGRAM WITH THE WHITE COUNTY COMMUNITY CORRECTIONS DEPT. IT IS REQUIRED THAT HE OR SHE BE PRESENT AT HIS/HER PLACE OF EMPLOYMENT DURING THE DESIGNATED WORKING HOURS. A FIELD OFFICER WILL MONITOR THE PARTICIPANT'S WORK ATTENDANCE. DURING SNOW/WEATHER COUNTY DECLARED EMERGENCIES, PARTICIPANTS WILL NOT BE ALLOWED TO LEAVE FOR WORK AND ALL WHO ARE WORKING WILL BE REQUIRED TO RETURN TO THE COUNTY JAIL.

SHOULD YOU HAVE ANY QUESTIONS OR NEED FURTHER INFORMATION, PLEASE CONTACT THE DIRECTOR, DEPUTY DIRECTOR OR OFFICE COORDINATOR, **FIELD OFFICERS ARE NOT ALLOWED TO GIVE PERMISSION FOR ANY THING**, MONDAY THRU THURSDAY BETWEEN THE HOURS OF 8:00AM AND 4:00PM & FRIDAY BY 3PM AT 574-583-4175. SCHEDULES MAY BE FAXED TO 574-583-6397, CALLED IN TO 574-583-4126 OR EMAILED TO wcccschedules@yahoo.com.

EMPLOYER PLEASE COMPLETE THE FOLLOWING INFORMATION

NAME OF BUSINESS/EMPLOYER: _____

ADDRESS OF BUSINESS/EMPLOYER: _____

SUPERVISOR'S NAME: _____ TELEPHONE: _____

WORK SITE: _____

WORK HOURS: FROM _____ TO _____

WORK DAYS: _____

LUNCH HOURS: FROM _____ TO _____

RATE OF PAY: _____ PAID WEEKLY: _____ BI-WEEKLY _____ OTHER _____

A maximum of 55 hours per week is what the participant is allowed to work. Monday thru Friday at 10 hours per day and Saturdays at 5 hours per day, unless the participant works a different shift the hours are then based on the participant's schedule.

1. WILL EMPLOYMENT REQUIRE PARTICIPANT TO WORK HOLIDAYS? _____

NOTE: THANKSGIVING & CHRISTMAS DAY ARE NO WORK HOLIDAYS.

2. WILL PARTICIPANT'S EMPLOYMENT BE AFFECTED BY ADVERSE WEATHER CONDITIONS: _____

3. WILL PARTICIPANT BE REQUIRED TO WORK OVERTIME? _____

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AGREE TO PROVIDE THE WHITE CO. COMMUNITY CORRECTIONS DEPT. WITH ANY INFORMATION REGARDING THIS PARTICIPANT FOR VERIFYING HIS/HER EMPLOYMENT AND TO NOTIFY SAID DEPARTMENT IF PARTICIPANT LEAVES THE PREMISES UNAUTHORIZED, OR IS RELEASED FROM WORK EARLY OR IS REQUIRED TO WORK OVERTIME (OVERTIME MUST BE APPROVED IN ADVANCE).

DATE

SIGNATURE OF EMPLOYER

DATE

SIGNATURE OF PARTICIPANT

PRINTED NAME OF PARTICIPANT: _____

I UNDERSTAND THAT I MUST FURNISH A DIRECT ROUTE OF TRAVEL TO AND FROM WORK TO THE WHITE COUNTY COMMUNITY CORRECTIONS DEPARTMENT AND THAT I AM NOT ALLOWED TO USE ANY OTHER ROUTE OF TRAVEL WITHOUT PRE-AUTHORIZATION FROM THE WHITE COUNTY COMMUNITY CORRECTIONS DEPARTMENT.

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Signature of participant: _____

Printed Name of participant: _____

Date: _____

WHITE COUNTY COMMUNITY CORRECTIONS
WORK RELEASE WEEKLY SCHEDULE

NAME: _____

MONDAY(date)	RELEASE	RETURN
	RELEASE	RETURN
TUESDAY(date)	RELEASE	RETURN
	RELEASE	RETURN
WEDNESDAY(date)	RELEASE	RETURN
	RELEASE	RETURN
THURSDAY (date)	RELEASE	RETURN
	RELEASE	RETURN
FRIDAY (date)	RELEASE	RETURN
	RELEASE	RETURN
SATURDAY (date)	RELEASE	RETURN
	RELEASE	RETURN
SUNDAY (date)	RELEASE	RETURN
	RELEASE	RETURN
MONDAY (date)	RELEASE	RETURN
	RELEASE	RETURN
TUESDAY (date)	RELEASE	RETURN
	RELEASE	RETURN
WEDNESDAY (date)	RELEASE	RETURN
	RELEASE	RETURN
THURSDAY (date)	RELEASE	RETURN
	RELEASE	RETURN
FRIDAY (date)	RELEASE	RETURN
	RELEASE	RETURN
SATURDAY (date)	RELEASE	RETURN
	RELEASE	RETURN
SUNDAY (date)	RELEASE	RETURN
	RELEASE	RETURN

Signature of participant: _____

PARTICIPANT INFORMATION

NAME: _____ ADDRESS: _____

CITY: _____ STATE & ZIP CODE: _____

PHONE: _____ S.S. #: _____

D.O.B. _____ AGE: _____ HT: _____ WT: _____

EYES: _____ HAIR: _____

MARRIED: _____ SINGLE _____ DIVORCED _____

EDUCATION: _____

SPOUSE AND/OR LIVE IN: _____

NO. OF DEPENDANTS: _____ CHILD SUPPORT: _____ YES _____ NO _____

_____ HOW? _____ GARNISHMENT? _____ COURT? _____

DRIVING DIRECTIONS TO RESIDENCE: _____

VALID DRIVER'S LICENSE: _____ YES _____ NO _____

DRIVER'S LICENSE # _____

IF NO, WHO TAKES YOU TO WORK? _____

LICENSE PLATE NUMBER? _____

YEAR & MAKE OF VEHICLE _____

ARE YOU A VETERAN: _____ YES _____ NO _____

CAUSE NO: _____ VS: _____

OFFENSE: _____ SENTENCE: _____

IF PROBATION VIOLATION IS THE OFFENSE, WHAT WAS ORIGINAL CHARGE? _____

WHAT IS THE PROBATION VIOLATION? _____

PREVIOUS OFFENSES: _____ FELONY'S? _____ MISDEMEANORS? _____

EMPLOYER: _____

EMPLOYER ADDRESS: _____

EMPLOYER TELEPHONE: _____

SUPERVISOR: _____

DOCTOR'S NAME: _____ ADDRESS: _____

PHONE: _____

HOSPITAL NAME: _____

ADDRESS: _____ PHONE: _____

DENTIST NAME: _____ PHONE: _____

ADDRESS: _____

EYE DOCTOR NAME: _____ PHONE: _____

ADDRESS: _____

COURT INFORMATION

COURT: _____ COURT DATE: _____

START IN-HOME: _____ END IN-HOME: _____

TOTAL DAYS ON: _____ PROBATION OFFICER: _____

CAUSE (S): _____ CLASS: _____

NOTES (IOP, COMMUNITY SERVICE/ROAD CREW, COURT SERVICES ETC.) : _____

MEDICAL CONDITIONS:

MEDICATIONS PRESCRIBED BY PHYSICIAN (AND DOSAGES) AND PHYSICIANS NAME:

Signature of Participant: _____

Printed Name of Participant: _____

RESIDENTIAL CENTER FILE

CHECK LIST

Name: _____

Date: _____

1. Employment Verification _____
2. Work Schedule _____
3. Vehicle Information
 - a. Driver's License _____
 - b. Registration _____
 - c. Proof of Insurance _____
4. Medications List – Signed by Client _____
5. Additional Court Documents _____
6. LSI-R _____
7. DNA Test – FELONY _____
8. Baseline Drug Screen _____
9. Initial Program Payment _____
10. Travel Directions Map _____

Vehicle Information
Return to Office

NAME: _____

Vehicle information: all vehicles that you drive or ride in.

Year _____

Make _____

Model _____

Color _____

Plate Number _____

Person driving _____

Year _____

Make _____

Model _____

Color _____

Plate Number _____

Person driving _____

Year _____

Make _____

Model _____

Color _____

Plate Number _____

Person driving _____