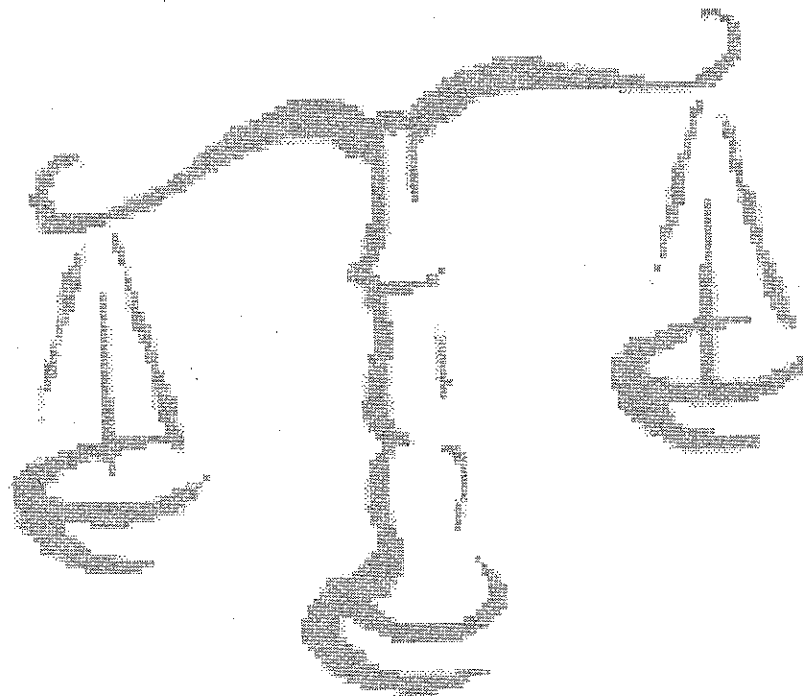


**BOONE COUNTY
COMMUNITY CORRECTIONS**



**WORK RELEASE
HANDBOOK**

BOONE COUNTY COMMUNITY CORRECTIONS
127 W. MAIN ST. SUITE 200 LEBANON, IN 46052 765-482-2484

Name: _____ Phone: _____

Address: _____ City: _____ Zip _____

SSN: _____ DOB: _____ Height: _____ Weight _____

Gender: _____ Race: _____ Hair: _____ Eyes _____

Cause # _____ Offense: _____ Class _____

Cause # _____ Offense: _____ Class _____

In lieu of incarceration As a condition of bond As a term of Probation

Driver's License Status: Valid () Suspended () Lifetime Suspension ()

High School Diploma () G.E.D. () Highest Grade Completed _____

Veteran Yes () No () Employed Yes () No ()

GENERAL CONDITIONS

- 1 You shall not commit a criminal offense. If arrested or charged with another offense, you must advise law enforcement that you are on this program at the time of contact and also notify Community Corrections staff about the new offense within 24 hours.
- 2 You must maintain a valid residence and maintain a working telephone at all times.
You may not change residence or phone number without first obtaining permission from Community Corrections staff.
- 3 You must keep all appointments with the Community Corrections staff as directed. You must allow Community Corrections staff to visit or telephone your residence, place of employment, treatment facility, or other authorized location at any time. You must secure any dogs or animals that might present harm to staff.
- 4 You will not be permitted to travel out of State for any reason. In state travel for work may be permitted on a case by case basis.
- 5 You must provide verification of employment including the employer's full name and address of the business. You must obtain permission before changing employment or notify Community Corrections staff immediately if discharged from your employment.
- 6 You shall not possess a firearm, explosive device, or any dangerous weapon. If any weapon, loaded or unloaded, is found in or near your residence, vehicle, or on or near your body, you may be suspended from the program immediately and a warrant may be issued for your arrest. This condition applies and is your responsibility to inform any person living in or visiting your residence or in contact with you. Anyone in your residence or vehicle at the time of a search may also be subject to search by law enforcement officers for safety purposes.

- 7 You are to pay an initial fee and associated program fees as directed. Failure to pay fees could result in being restricted to your home or completing your commitment in jail. Transportation, living and medical expenses are your responsibility. All fees paid are non-refundable.
- 8 You shall not possess or use alcohol and/or controlled substances unless prescribed by a licensed physician. You shall not use any over-the-counter products that contain alcohol or ingest any mood altering substance as described in IC 35-46-6-1. Further, you must not remain in any environment in which you may be subjected to passive inhalation of marijuana smoke. You are not to enter any establishment, or any area of an establishment, from which a person under the age of 21 is prohibited due to the sale of alcohol.
- 9 You shall sign a 4th Amendment waiver and are required to submit to sample of bodily substance for the purpose of detecting alcohol/drugs or submit to breathe analysis at your own expense as directed. You must advise Community Corrections staff of any known health risks. Any attempt to tamper with testing could result in being charged with a new criminal offense.
- 10 You are to be assessed and successfully complete an individualized case plan. You must provide proof of successfully completing all recommended services as directed.

You may be subject to detention, disciplinary action and/or prosecution for the crime of escape under IC 35-44-3-5. If probable cause is found, a warrant may be issued for your arrest. The Court may order immediate execution of your sentence including any portion of time suspended. Furthermore, a person who knowingly or intentionally violates a home detention order or intentionally removes an electronic monitoring device commits Escape, Class D Felony.

I have read the general conditions for participation in Community Corrections. Any questions concerning these conditions have been explained by Community Corrections staff and I now understand all of these conditions, and do hereby agree to comply with each of them. I acknowledge that I have received a copy of this agreement.

Defendant

Date

Community Corrections Staff

Employer Agreement

I hereby verify that _____ (Offender) will be employed by _____ (Employer).

I understand that while offender is participating in work released, I am obligated to provide verification of employment hours for each day while on work release.

I understand that I am obligated to inform Boone County Community Corrections immediately if the participant fails to appear for work as scheduled or if participants' employment is terminated **for any reason.**

By signing hereunder, I hereby swear or affirm under penalties of perjury that all statements I shall make concerning information about _____'s employment with _____ shall, to the best of my knowledge and information, be true.

Employer

Date

Witness

Employment Data

Employer Name _____

Employer Address _____

Employer Telephone _____

Supervisor Name _____

Supervisor's Direct Telephone _____

What is your work schedule? _____

How long will it take you to get to work from the Boone County Jail? _____

Do you drive yourself to work? _____ Yes _____ No

If yes, list make, model, year, color and license number of vehicle _____

If no, who will you depend on for your transportation? _____

What is your current hourly rate of pay? _____

Your place of employment will be contacted by Community Corrections staff and visited periodically throughout your commitment.

Boone County Community Corrections Policy Handbook for Work Release

Jail Policies: Everyone on work release is considered an inmate of the Boone County Jail and is subject to the rules and regulations of the jail.

1. You must obey **all** jail rules. A list of the Boone County Jail Inmate Rules will be provided to you at the time of admission into the jail.
2. When entering and leaving the jail, you will use the door marked 187B on the South side of the building, unless otherwise directed by jail staff. You will be shown where this door is located and how to operate the call buttons at each door. Be considerate of the dispatchers controlling the doors. They are often handling other matters; you may have to wait. When you initially appear for your commitment, you will use the front main entrance and be booked into the jail from there.
3. If you drive yourself to work, you will need to park your vehicle in the jail lot to the South of the building. Do not block driveways or other access points. Remember to **LOCK** your vehicle. You must have a valid Driver's License to transport yourself to work.

Checking In and Out:

1. All persons on work release must follow their schedule that has been approved by Community Corrections. You must be off of work at least one day each week.
2. You must leave for work and return to the jail at your scheduled time. When you enter the jail, you will be searched thoroughly. Attempting to bring anything into the jail is a violation of work release and may also result in additional criminal charges.

Failure to return to the jail as directed may result in being charged with a new crime and being ineligible for work release in the future.

Commissary is available to work release participants.

Laundry

You will wash your laundry at the jail in the work release area. You must purchase laundry detergent and associated laundry supplies from commissary. The only personal belongings you are permitted to take into the jail work release area are dirty work clothes for the purpose of washing only.

When you return from work each day you will change clothes, in the locker room, into your jumpsuit provided by the jail staff. You will take your dirty clothes with you into the work release block to keep in your laundry basket until you have enough for a full load. Since you will be taking these clothes into the jail you are responsible to make sure you have NOTHING in the pockets. Your laundry will be searched. If anything is found in your laundry you may be charged with Trafficking and you will be removed from work release immediately. Double check your laundry every time you attempt to enter the jail.

The washer and dryer are Boone County Government property. If you damage or sabotage them in any way you will be subject to prosecution. There will be no one permitted to leave for laundry purposes. If the washer and dryer do not operate, you will have to wash your clothes in the sick or go to work in dirty clothes. Be sure to take care of the equipment.

You may wash your laundry at your convenience. As long as there are no problems, we will not need to schedule times to use the facilities.

By my signature below I affirm my understanding that attempting to take any item other than clothing into the jail will be an immediate violation of the work release program. I will be placed in general population and returned to the Court for a change of placement. I also understand that I may be subject to prosecution for Trafficking.

Signature

Work Release Area:

1. Shoes are to be worn at all times except while sleeping.
2. Dayroom must be kept neat and clean of all newspapers, magazines, trash, etc.
3. Place all your personal items in your locker. Your locker must remain locked at all times. You may keep shower sandals under your bed.
4. You are required to wear the jumpsuit provided to you while inside the jail.
5. Your area will be searched periodically by jail or community corrections staff.
6. You will be permitted to have an alarm clock.

Medication/Personal Care:

All medical care for work release participants will be at your own expense. If you have medical insurance, the jail may ask to copy the information from your provider.

1. All medications prescribed to you must remain in your locker or taken with you to work. You can go to the locker room for medications. You may choose to keep medications prescribed to you at work and take as needed. Verification of all prescriptions must be submitted to the coordinator, no exceptions. Failure to provide prescriptions to work release coordinator may result in a violation.
2. You may not take any medication, even over the counter, into the work release cell block. Be sure you are not taking any OTC medications with alcohol in them. Ask the pharmacists to help you if you are unsure. Liquid night time cough syrup usually contains alcohol.
3. All doctor and dentist appointments are your responsibility. You must be able to provide proof of all appointments. You may be asked to sign a release of information so that your medical provide can be contacted to verify any appointments. You will not be released from jail for an appointment. Schedule those visits on your lunch hours or while in transit to/from work. This must still be approved, in advance, by the Community Corrections staff. If you are injured at work and need immediate care, go to your nearest emergency room. Retain all documentation regarding your visit and contact Community Corrections staff as you leave the medical facility and return to the jail immediately.

Participation Fees:

You must pay an administrative fee of \$100 for the work release program.

You will pay one hours wage per day to be on work release, minimum daily rate is \$12.00.

All clients will be required to sign a voluntary wage assignment. The amount of wage assignment will be determined by your case manager. You will not remain on the work release program if you willfully fail to pay fees.

Your weekly fee must be received in the Community Corrections office by Friday. Money Orders should be made out to the Community Corrections. You may mail payments to 127 West Main Street Suite 200, Lebanon, IN 46052, but they must be received by Friday at 4pm.

Drug Screen Agreement

I _____ agree to be tested for drugs or any other type of mood altering substances while participating in the Work Release Program through Boone County Community Corrections. I understand that these tests may be blood, urine, breath, hair, nail, or any other test used to determine the presence of intoxicants in the body. I also understand that all positive tests will be my expense as a part of the Work Release Program.

DRUG TESTING PROCEDURES

1. All drug screens will be observed. There will be no exceptions. This is a requirement for participation in all programs. All drug screens will be observed by certified officers and chain of custody will be followed.
2. You will have one (1) hour to produce urine when requested. The Officer will give you two (2) observed opportunities only.
3. If you cannot produce a urine sample you may be offered hair/fingernail testing. The test is \$80.00 and must be paid in advance before the test will be administered and must be within 24 hours of your failed attempt to produce a urine drug sample.
4. All approved prescriptions must be on file at the time of the drug screen or a violation may be filed. You may be given 24 hours to provide a verified copy of the prescription or medical record. All medications past the labeled prescribed dosage date will not be acceptable.
5. You must verify that all information on the collection form you sign is correct every time you are asked to submit a specimen.
6. If you cannot comply with the above stated procedures, a refusal of drug testing will be filed. This may result in a hearing, removal from the program and/or incarceration.

I have read and understand the drug testing procedures.

Name

Date

MEALS

Often while on work release you will miss the meal provided at the jail. If you are at not in the jail one hour prior to the meal, you may stop and purchase a fast food item for your meal. You may not go to any home for a meal nor may you sit down inside the restaurant to eat. Breakfast is served at 7am, lunch at noon and dinner 5pm. Jail staff will not provide a tray for your meal if you are not in the building at 6am, 11am and 4pm.

You must be at the jail or at your place of employment unless otherwise approved by Community Corrections staff. Jail staff will not permit you to alter your schedule. Your schedule must be approved by the work release coordinator in writing.

If you are terminated from your employment for any reason, you must return to the jail immediately and report the termination to Community Corrections staff. You may not change jobs without prior approval from the Community Corrections staff.

You should not keep any item of great value in your work release locker. The jail staff is not responsible for its safe keeping. Your lock must remain locked at all times.

I have read the previous pages regarding work release procedures and I understand what is expected of me throughout my commitment.

Signature

MEDICAL HISTORY QUESTIONNAIRE

Please complete the entire questionnaire.

Doctor's Name and Address _____

Are you Epileptic? _____

Do you take blood pressure medication? _____

Are you Diabetic? _____

Do you take Insulin? _____

Do you have A.I.D.S. or any related syndrome? _____

Do you have Hepatitis? _____

Are you allergic to any food, medication, stings or bites? _____

Have you fainted or had any recent head injuries? _____

What operations, accidents, broken bones, strains or serious illnesses have you had?

List all current medications:

Have you had any of the following? Put an (x) for Yes and leave blank for No:

<input type="checkbox"/>	Amputation (foot, leg, arm, hand or total loss thereof)	<input type="checkbox"/>	Mental Disorders
<input type="checkbox"/>	Mental Retardation	<input type="checkbox"/>	Ankylosis of joints
<input type="checkbox"/>	Multiple Sclerosis	<input type="checkbox"/>	Arteriosclerosis
<input type="checkbox"/>	Muscular Dystrophy	<input type="checkbox"/>	Arthritis
<input type="checkbox"/>	Nervous Disorders	<input type="checkbox"/>	Asthma
<input type="checkbox"/>	Numbness of Extremities	<input type="checkbox"/>	Back/Neck Problem
<input type="checkbox"/>	Cancer	<input type="checkbox"/>	Brain Damage
<input type="checkbox"/>	Cardiac Disease	<input type="checkbox"/>	Parkinson's Disease
<input type="checkbox"/>	Cerebral Palsy	<input type="checkbox"/>	Psychoneurotic Disability (following treatment in a recognized institution)
<input type="checkbox"/>	Cerebral Vascular accident	<input type="checkbox"/>	Repetitive Motion Injury

<input type="checkbox"/>	Residual Disability from Polio	<input type="checkbox"/>	Chronic Headaches
<input type="checkbox"/>	Communicable Disease	<input type="checkbox"/>	Chronic Osteomyelitis
<input type="checkbox"/>	Compressed Air Sequelae Disc	<input type="checkbox"/>	Rheumatism
<input type="checkbox"/>	Silicosis	<input type="checkbox"/>	Ruptured Intervertebral
<input type="checkbox"/>	Spinal Fusion	<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	Stroke	<input type="checkbox"/>	Epilepsy
<input type="checkbox"/>	Sugar in Urine	<input type="checkbox"/>	Heart Condition
<input type="checkbox"/>	Surgical Removal of Intervertebral Disc	<input type="checkbox"/>	Heavy Metal Poisoning
<input type="checkbox"/>	High/Low Blood Pressure	<input type="checkbox"/>	Hemophilia
<input type="checkbox"/>	"Trick" Knee or Shoulder	<input type="checkbox"/>	Thrombophlebitis
<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	Thyroid Condition
<input type="checkbox"/>	Varicose Veins	<input type="checkbox"/>	Hodgkin's Disease
<input type="checkbox"/>	Ionizing Radiation Injury	<input type="checkbox"/>	Hyperinsulinism
<input type="checkbox"/>	Loss of Hearing (more than seventy-five percent)	<input type="checkbox"/>	Kidney Disorder
<input type="checkbox"/>	Loss of Use of Limbs	<input type="checkbox"/>	Loss of Sight (or one or both eyes or a partial loss of uncorrected vision)

Do you have any medical condition that would keep you from participating in the work release program? Please describe _____

Emergency Contact Information

Significant other:

Relation _____
Name _____ Cell _____
Address _____
Home Phone _____

Parents:

Name _____ Cell _____
Address _____
Home Phone _____

Other:

Name _____ Cell _____
Address _____
Home Phone _____

All of the attached is true. I understand that lying on this form will make me ineligible for the Work Release Program. If any of this information changes, I understand that it is my responsibility to notify Boone County Community Corrections immediately.

I have read and understand all of the above.

Signed _____

Date _____

Full and Final Release of claims and Indemnity Agreement

Know all men by these presents, that _____ individually for his or her heirs, administrators, executors, successors, and assigns hereby fully and forever releases, acquits and discharges, Boone County of the State of Indiana, the State of Indiana, Work Release Program of Boone County, Community Corrections, Department of Correction and the Boone County Sheriff Department., its agents and/or employees, firms and corporations, and their heirs, administrators, executors, successors, and assigned from any and all actions, causes of actions, claims, and demands of whatsoever king or nature on account of any and all know and unknown losses and damages the undersigned may assert.

It is further understood that the undersigned hereby agrees to protect, indemnify and hold harmless, Boone County the Boone County Sheriff's Department , the Indiana Department of Corrections, and the State of Indiana, against any claims for damages or any claim or causes of actions for the purposed of setting aside, modifying or vacating this full and final release and indemnity agreement as herein made and expressed, and to reimburse and to make good the aforementioned individuals and/or entities any losses, damages, or coasts which the aforementioned entities may sustain or be required to pay if any litigation or claim arises or any effort is made to alter, modify vacate or change or set aside this full and final release and indemnity agreement.

It is understood that this full and final release and indemnity agreement is given in consideration for the County cooperating with the Boone County Work Release Program and Boone County Sheriff's Department and in particular giving the undersigned an opportunity to participate in said Boone County Work Release Programs.

The undersigned hereby warrants and declares that no promises or inducement have been offered, except as herein set forth; that this release is executed without reliance upon any statement or representations by the parties released or their representatives; an that this release is a full and final release of any and all claims of any nature whatsoever against Boone County, State of Indiana, the Indiana Department of Corrections, the Boone County Sheriff's Department, and Boone County Community Corrections in which the undersigned wishes to participate.

The undersigned hereby declares that he or she fully understands the terms of this full and final release and indemnity agreement, and that the sole consideration for the execution of said full and final release and indemnity agreement is contained within said agreement, and voluntarily enters into said agreement on the date indicated herein.

In witness hereof I have hereunto set my hand and seal this _____ day

of _____, 20__ by:

Signature _____

Witness _____

LOSS OF FIREARMS PRIVILEGE NOTIFICATION

Name:

Case Number:

United States Criminal Code Title 18, Section 922(g) states:

(g) It shall be unlawful for any person---

- (1) who has been convicted in any court of a crime punishable by imprisonment for a term exceeding one year;
- (2) who is a fugitive from justice;
- (3) who is an unlawful user of or addicted to any controlled substance (as defined in section 102 of the Controlled Substances Act {21 U.S.C. 802});
- (4) who has been adjudicated as a mental defective or who has been committed to a mental institution;
- (5) who, being an alien, is illegally or unlawfully in the United States;
- (6) who has been discharged from the Armed Forces under dishonorable conditions;
- (7) who, having been a citizen of the United States, has renounced his citizenship;
- (8) who is subject to a court order that:
 - (A) was issued after a hearing of which such person received actual notice and at which such person had an opportunity to participate;
 - (B) restrains such person from harassing, stalking, or threatening an intimate partner of such person or child of such intimate partner or person, or engaging in other conduct that would place an intimate partner in reasonable fear of bodily injury to the partner or child; and
- © (i) includes a finding that such person represents a credible threat to the physical safety of such intimate partner or child; or
(ii) by its terms explicitly prohibits the use, attempted use, or threatened use of physical force against such intimate partner or child that would reasonably be expected to cause bodily injury; or;
- (9) who has been convicted in any court of a misdemeanor crime of domestic violence, to ship or transport in interstate or foreign commerce, or possess in or affecting commerce, any firearm or ammunition; or to receive any firearm or ammunition which has been shipped or transported in interstate or foreign commerce."

United States Criminal Code Title 18, Section 924 (a)(2) sets the penalty for violation of Title 18, Section 922 as follows:

"(2) Whoever knowingly violates subsection (d), (g), (l), (j), or (o) of section 922 shall be fined as provided in this title, imprisoned not more than 10 years, or both."

Date

Probationer's Signature

Probation Officer

STATE OF INDIANA)
)
COUNTY OF BOONE)

**4TH AMENDMENT WAIVER OF RIGHTS
AS A CONDITION OF PROBATION,
ALCOHOL AND DRUG PROGRAM,
AND/OR PARTICIPATION IN COMMUNITY CORRECTIONS**

Defendant specifically waives any and all of his/her rights as to search and seizure under the laws and constitution of both the United State and the State of Indiana during his period of probation, supervision and/or participation. This waiver of rights is limited to search and seizures for any controlled substance or intoxicating liquor as defined by Indiana Law. Defendant agrees to submit to search and seizures, for such substances of his person or property, at any time, by any law enforcement, probation officer, corrections officer, or any such person hired by the supervising department for such job. Defendant further agrees to appear at the offices of any law enforcement officer, jail, designated hospital or probation office at any time to submit to any chemical test authorized by Indiana Code 9-4-4.5-1.

Defendant is informed of these 4th Amendment Rights and hereby knowingly and intelligently waives those rights to the extent provided in this agreement as a condition of probation

DEFENDANT

PARENT (if defendant is 17 or younger)

DATE

SUPERVISING OFFICER

BOONE COUNTY PROBATION/COMMUNITY CORRECTIONS
Criminal Justice Consent for Release of Confidential Information

I, _____, _____, hereby consent to
(Name) (Cause Number)
reciprocal communication between the Boone County Probation/Community Corrections
and the following:

- | | |
|----------------------------|-----------------------------------|
| 1. Boone County Courts | 4. Defendant's Attorney of Record |
| 2. Boone County Jail | 5. IN State Parole |
| 3. Boone County Prosecutor | 6. Boone County Law Enforcement |

The purpose and need for disclosure is to inform the above entities of my attendance, progress, compliance or non-compliance with the order's of the sentencing Court. The extent of necessary information to be disclosed includes:

- | | |
|---------------------------|-----------------------------------|
| 1. Assessment | 5. Attendance |
| 2. Medications | 6. Results of Drug/Alcohol Screen |
| 3. Violations | 7. Service Contract Compliance |
| 4. Discharge / Completion | |

I understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective termination of my involvement with Probation/Community Corrections for the above referenced case, such as the discontinuation of all court supervision upon my successful completion OR upon sentencing for violation of the terms of my probation/community corrections..

(Client Signature)

(Date)

(Staff Witness)

(Parent/Guardian if under 18 or Interpreter if needed)

(Client Date of Birth)

(A photocopy of this completed form shall be as valid as the original)

* All blank lines must be filled in or crossed out at the time of signing.

HANDBOOK RECEIPT

I, _____, hereby acknowledge receipt of the Boone County Community Corrections Work Release Handbook. The handbook has been read and explained to me and it contains the rules governing my conduct while in this program. If a revision takes place, it will be properly posted and distributed and I will need to conduct myself according to the changes made.

Signed _____

Rules Delivered by _____

Time and Date _____

Jail Rules and Sanction Table for Work Release

I _____, hereby acknowledge receipt of the Boone Count Jail Rules and Work Release Sanction Table. I have reviewed and understand the 8 page document provided to me.

Signed _____

Residential Work Release
Sanctions Table

Level 5 Offenses:

Sanction:

Contract Violations	Violation filed with court/probation and immediately placed in General Population
Commission of a crime	Violation filed with court/probation and immediately placed in General Population
Sexual assault or battery	Violation filed with court/probation and immediately placed in General Population
Making sexual proposals or threats	Violation filed with court/probation and immediately placed in General Population
Fighting	Violation filed with court/probation and immediately placed in General Population
Habitual Conduct Rule Violator (3 or more Level 4 offenses)	Violation filed with court/probation and immediately placed in General Population
Threatening other with bodily harm	Violation filed with court/probation and immediately placed in General Population
Stealing, Theft	Violation filed with court/probation and immediately placed in General Population
Extortion, blackmail, protection	Violation filed with court/probation and immediately placed in General Population
Destroying, altering or damaging property	Violation filed with court/probation and immediately placed in General Population
Possession of a dangerous or deadly weapon	Violation filed with court/probation and immediately placed in General Population
Possession of escape paraphernalia, attempting to escape	Violation filed with court/probation and immediately placed in General Population
Tampering with security equipment or locking devices	Violation filed with court/probation and immediately placed in General Population
Participation in a riot or group demonstration	Violation filed with court/probation and immediately placed in General Population
Counterfeiting, forging or reproducing any official document	Violation filed with court/probation and immediately placed in General Population
Resisting of fleeing staff	Violation filed with court/probation and immediately placed in General Population
Violating a restraining order	Violation filed with court/probation and immediately placed in General Population
One or more unaccounted for hours of release time	Violation filed with court/probation and immediately placed in General Population
Refusal to submit to search of person/property	Violation filed with court/probation and immediately placed in General Population
Proposing a bribe to staff	Violation filed with court/probation and immediately placed in General Population
Gambling, possessing gambling paraphernalia	Violation filed with court/probation and immediately placed in General Population
Wearing a disguise or mask	Violation filed with court/probation and immediately placed in General Population

Level 4 Offenses:

Sanctions: Post Administrative Hearing

Unauthorized alteration of food or drink	Written Warning - Thinking Report
Disorderly conduct	Written Warning - Thinking Report

Residential Work Release
Sanctions Table

Failure to follow pay agreement	Written Warning- Programming if available
Unauthorized use of medication	Violation filed with court/probation and immediately placed in General Population
Refusing to obey an order from staff	Written Warning - Thinking Report
Interfering with head count	Written Warning
Side trip violation	Written Warning - Thinking Report
Late return over 30 minutes, but under 1 hour	Administrative Hearing
Failure to attend scheduled meeting, appointment, and/or program	Written Warning
Habitual Conduct Rule Violator (3 or more Level 3 offenses)	Violation filed with court/probation and immediately placed in General Population

Level 3 Offenses:

Sanctions: Post Administrative Hearing

Unauthorized contact with the public	Administrative Hearing
Possession, removal, transfer or relocation of someone else's property	Written Warning
Selling, loaning, converting property for profit	Administrative Hearing
Violating facility rule, regulation or standing order	Programming if appropriate
Entering cell of another program participant	Written Warning
Unauthorized changing of bunk or locker assignment	Written Warning
Participating in an unauthorized meeting or gathering	Written Warning
Failure to follow schedule as approved	Administrative Hearing
Failure to call in location changes	Administrative Hearing
Failure to pay fees as outlined in the handbook	Written Warning
Smoking where prohibited	Administrative Hearing
Habitual Conduct Rule Violator (3 or more Level 2 offenses)	Violation filed with court/probation and immediately placed in General Population

Level 2 Offenses:

Sanctions: Post Administrative Hearing

Possession of pornography	Written Warning - Thinking Report
Failure to follow safety or sanitation regulations	Written Warning
Tattooing or self mutilation	Programming if appropriate
Failure to provide an acceptable urine sample within 2 hours	Administrative Hearing
Providing false statements to staff	Administrative Hearing
Termination from employment for cause	Violation filed with court/probation and immediately placed in General Population
Abuse of mail or telephone privileges	Written Warning
Violating visiting regulations	Written Warning
Being in an unauthorized area	Written Warning
Using equipment when unauthorized or contrary to posted standards	Written Warning
Being unsanitary or untidy in immediate living area	Written Warning
Late return to the facility up to 30 minutes	Written Warning
Habitual Conduct Rule Violator (3 or more Level 1 offenses)	Violation filed with court/probation and immediately placed in General Population

Level 1 Offenses:

Sanctions: Post Administrative Hearing

Possession of contraband/prohibited prop.	Administrative Hearing
Failure to follow BCCC Handbook Rules	Written Warning
Violating quiet hours	Written Warning

Residential Work Release
Sanctions Table

Horseplay or inappropriate conduct	Written Warning
Failure to follow dress code	Written Warning
Attaching materials to walls, bunks, bars	Written Warning
Use of abusive or obscene language	Written Warning
Failure to provide a locker combination or key	Written Warning
Failure to provide necessary documentation	Written Warning



Boone County Jail Rules

(Revised 11/10)

Pretrial detainees are presumed to be innocent until due process of law has resulted in a contrary determination. Their confinement in the Boone County Jail is for the sole purpose of assuring their appearance at trial.

Violations of Jail Rules can result in loss of privileges and/or good time credits, resulting in a longer period of incarceration. Jail Rules are classified as Major and Minor Offenses as outlined below. The Sheriff or the Jail Commander may create and enforce additional rules consistent with governing statutes as needed for administration of the jail or when deemed necessary to protect the security of the facility or the health and safety of any individual in the jail.

MAJOR OFFENSES

1. Escaping from or attempting to escape from a cell block, holding cell, room or other place of confinement within the facility or from a location outside of the facility while in the custody of law enforcement personnel.
2. Fighting, threatening another with bodily harm, or assaulting any individual in the jail.
3. Committing, attempting to commit or inciting another to commit a violent or disruptive act, to include inciting or participating in a riotous or tumultuous act.
4. Refusal to obey reasonable instructions or a lawful order of a staff member.
5. Threatening, harassing, bribing, or attempting to bribe any individual in the jail.
6. Consumption or possession of medication not prescribed. (Over the counter medications bought on commissary are exceptions.)
7. Hoarding medication or not immediately consuming medication provided by Jail or Medical Staff.
8. Possessing or consuming by any means any alcoholic beverage or illegal or prohibited substance, to include ANY form of tobacco.
9. Possession of contraband or prohibited property. Contraband is anything altered from its original form, or not used for its intended purpose. Prohibited property is defined as items prohibited by state law or jail policy.
10. Destroying or defacing jail property i.e. towels, blankets, mats, oranges, or the personal property of another inmate.
11. Committing a sexual offense as prescribed by Indiana Law against any individual in the jail, participating in a sexual act or making sexual proposals or threats to another.
12. Setting a fire and/or wick burning.
13. Tampering with or blocking any device that is used for security or welfare, i.e., air vents, cameras, locks, windows, doors, sprinklers, intercoms and lights.
14. Theft or stealing.
15. Extortion, blackmail, protection, demanding or receiving money or anything of value in return for protection against others to avoid bodily harm or under threats of informing.
16. Flooding of a cell or cell block or otherwise intentionally blocking water drainage.
17. Tattooing or self-mutilation, and/or possession of devices used to do so.
18. Possession of a weapon including, but not restricted to, shaving razors or part of shaving razors. Any item sharpened or otherwise altered or fabricated to cut or stab is a weapon. Possession of a weapon will result in the filing of criminal charges.
19. Engaging in trafficking as defined in I.C. 35-44-3-9, between inmates or with a jail employee.
20. Any act punishable by state law. Any inmate charged with the violation of a rule that constitutes a violation of state law will face criminal charges as well as disciplinary sanctions.

MINOR OFFENSES

1. Insolence towards a staff member or jail volunteer.
2. Lying to or providing a false statement to a staff member.
3. Using profane, boisterous or loud language.
4. Participating in any form of horseplay, wrestling, or "play-fighting."
5. Being in unauthorized area including, but not restricted to, the area beyond the red line in front of the cell block or beyond the yellow line when the cell block's main door is open.
6. Making loud noises by banging doors, or kicking, striking or slapping doors, walls, windows or other surfaces.
7. Communicating or attempting to communicate between cell blocks via doors, windows, vents or plumbing.
8. Failure to maintain personal hygiene.

MINOR OFFENSES (cont'd)

9. Failure to keep cell and personal space clean and sanitary.
10. Hoarding cleaning supplies
11. Hanging or draping a blanket, towel, clothing item or other material in such a way as to block the view of any cell or cell block area.
12. Covering a cell window with any material.
13. Gambling or possession of items associated with gambling to include money or pay/owe sheets.
14. Lending or giving anything of value to another inmate for profit or increased return.
15. Using another's telephone system PIN or allowing another inmate to use yours.
16. Moving from an assigned cell without the express permission of a JCO.
17. Unauthorized use of any means of communication to make unauthorized contact with the public.
18. Using the Emergency Call Box in the cell block for non-emergent questions or requests.
19. Entering another inmate's cell without permission or invitation.
20. Interfering with any court process by tampering with another inmate's personal or legal paperwork or mail.
21. Receiving or possessing more than one: meal tray or drink, jail issue uniform pants or top, mat, towel, or blanket without specific approval of Jail Staff.
22. Possession of gang paraphernalia or showing gang signs.
23. Sitting or standing on the dayroom table, standing on the dayroom benches or using the cell doors, TV support or other fixtures as exercise equipment.

Inmate Rules of Conduct

1. Inmates shall be showered and dressed in Boone County Jail oranges before entering the cell block. Inmates are to keep themselves clean and neat and are expected to shower at least once every other day.
2. Each inmate is responsible for maintaining his/her cell in an orderly and sanitary condition and disposing of trash in appropriate containers. Inmates' personal property must be kept in their cell and except for personal hygiene items, property must be stowed in the issued storage basket. Items not fitting in the basket may be removed and placed in the inmate's property tub.
3. Cleaning equipment and supplies will be provided by Jail Staff.
4. Except in the area designated for photographs, inmates may not attach anything to the walls. Nothing is to be attached, affixed or tied to cell fixtures, walls, ceilings or bunks.
5. Inmates shall not use fighting words or abusive language, and shall speak no louder than is necessary to be heard.
6. Inmates shall assist maintenance with the unclogging of their own plumbing.
7. Inmates shall not enter a restricted area unless under direct supervision of jail staff, this includes the restricted zone at the front of the cell blocks. Inmates are not to go beyond the red line, looking out the cell block window is NOT allowed. When a cell block's main door is open inmates must remain behind the yellow line.
8. Shaving razors marked with an inmate's name will be passed during the lunch meal at specified intervals during the week. The razors will be counted, collected and inspected by Jail Staff. Tampering with, altering or removing a razor's blade will result in disciplinary action.
9. Inmates will have the opportunity to exchange issued oranges and laundry towels and personal whites twice a week. Blankets will be exchanged once a month.
10. Inmates must wear orange clothing (either issued or purchased on commissary) at all times while in the day room, and wear them as designed: right side out, up over the shoulders, arms through the sleeves, pants up around the waist, and pant legs down. Orange t-shirts and shorts purchased off of commissary may be worn, however, they may not be torn or otherwise altered.
11. Jail issued oranges (pants and shirt) must be worn whenever an inmate leaves the block.
12. When moving through the halls, inmates must walk single file their hands behind their back, against the right side of the hall and are not to speak unless spoken to by staff. When someone approaches from the opposite direction inmates are to stop, face the right wall and remain silent.
13. Inmates will not sit or lay on the tables in the day room. Inmates are not allowed to remove their mat or blanket from the cell and use them in the day room. Blankets will not be wrapped around an inmate's body outside of their cell.
14. For safety reasons, health standards, and fire prevention the accumulation of any reading material or other matter of any kind in a cell or cell block is prohibited. A book cart has been provided to the jail and will be brought periodically to each block so that books may be chosen and/or exchanged.
15. Inmates may have personal photographs in cell blocks, though Polaroid photos are not allowed. Pictures, along with other hanging material, are only to be hung in the white square painted on the wall in each cell. If found elsewhere, they will be taken and placed into the inmate's property.

Inmate Visitation

- A) Inmates will be given a visitation list upon being housed in population. Inmates are allowed to place up to five (5) people of their choosing on their visitation list. It is not necessary to list attorneys, ministers, or children under the age of 18 on the visit. Children under the age of 18 may visit with a parent or guardian who has a scheduled visit. Changes to the visitation list are allowed every 6 months.
- B) Visiting time starts at the time it is scheduled. Visitors must have proper identification to visit with an inmate.
- C) Attorneys and approved ministers may visit with inmates with the exception of the following times: 6:00 a.m. to 8:00 a.m. , 11:00 a.m. - 1:00- p.m. and 4:00 p.m. - 6:00 p.m.
- D) Commissary money cannot be dropped off during visitation. It can either be dropped off Monday through Friday from 8am to 4pm or mailed to the jail. Deposits may also be made via Jpay @ <http://www.jpays.com> or 1-800-574-Jpay.

Meals

Meals will be served at or about the following times and inmates will be given approximately one hour to eat. At the discretion of Staff, meals may be served in the dayroom area or in individual cells.

Breakfast: 7:00AM - 8:00AM / Lunch: 12:00PM - 1:00PM / Dinner: 5:00PM - 6:00PM

Inmate Recreation

Recreation periods in the designated recreation areas have been established for each cell block. Recreation will be offered to inmates as time and staff activity permits.

- A) Nothing other than water in a clear plastic container may be taken with an inmate to recreation.
- B) Inmates must wear issued oranges to and from recreation. Once in recreation inmates may wear shorts.
- C) Damage caused to the recreation area or any fixture therein may result in loss of visitation for all cell block residents or any individual inmate.

Commissary

Commissary sheets will be distributed to inmates each week. All personal hygiene items, writing materials, games, snack items and any items not provided by the jail must be purchased through inmate commissary. Commissary will be distributed to inmates as soon as practical after being delivered. Commissary is a privilege that may be suspended as a result of disciplinary action.

Medical

Medical staff will assess an inmate's medical needs within 72 hours of his/her arrival. If an inmate requires medical attention he/she may fill out a medical request form and give it to a Jail Corrections Officer. If a medical emergency exists jail staff must be notified immediately using the Emergency Call Box mounted on the wall near the main door of each housing unit.

In accordance with I.C. 11-12-5-5, Inmates will be charged a \$10.00 co-payment for some medical services.

- A) No co-payment will be required for emergency treatment.
- B) Medical services will be provided regardless of an inmate's ability to pay.
- C) Inmates who are prescribed medication will be charged \$10.00 for the initial prescription handling fee and \$2.00 for refills.
- D) Payments will be deducted weekly from inmate commissary accounts. The amount will be collected in full. Inmates released with an outstanding debt will have money deducted if/when they return to custody with funds in their possession or have money deposited into their commissary account.

Jail Property

When an inmate incurs a charge for lost, destroyed or damaged property, payment will be deducted from the inmate's commissary account. The amount will be collected in full. Inmates released with an outstanding debt will have money deducted if/when they return to custody with funds in their possession or have money deposited into their commissary account.

Prices are currently as follows, but are subject to change:

Uniform pants.....	\$10.00	Uniform shirt.....	\$10.00
Wool Blanket.....	\$16.00	Green Mattress.....	\$40.00
Issued sandals.....	\$5.00	Towels.....	\$6.00

Intentional damage to other jail property will result in the filing of criminal charges as well as required reimbursement from the inmate responsible for the cost of the damage caused, the cost of parts and the cost of labor needed to repair the damaged property. (Lights, cameras, fixtures, locks, etc.)

Inmate's Personal Property

When moved from holding to the cell blocks each inmate may have in their possession the following issued and/or authorized items: One set of issued jail oranges, a mattress, a blanket, a roll of toilet paper and a towel, as well as personal hygiene items provided by jail staff or purchased from commissary.

Inmates may not take any personal clothing items other than undergarments (socks, boxers, briefs, panties and bra) to a cell block. ALL clothing, including T-shirts, worn by inmates must be orange in color. Any clothing item other than undergarments that are not orange in color will be taken by jail staff and placed into an inmate's property tub.

Inmates may possess personal property so long as it is maintained in an orderly fashion and fits into an issued basket. Among those items allowed: Personal letters, stationery, legal and reading materials, photographs, prescription eye glasses (no sunglasses), foundation garments, a plastic comb no longer than 6 inches, a plastic toothbrush, and cups, containers and perishable items purchased from commissary. **ANY ITEMS NOT FITTING IN A BASKET WILL BE PLACED IN THE INMATE'S PROPERTY TUB AND SECURED IN THE PROPERTY ROOM.**

Personal property brought with or by an inmate from another facility will be secured in the inmate's property tub in the property room. Legal paperwork will be given to the inmate at the time of their book-in.

An inmate may release personal property to a friend or family member after a Property Release form is completed and signed. The release must include all property. **Specific items of personal property generally may not be released to specific persons. Exceptions may include house or car keys, or a credit or bank card to be used for bond.**

Inmates pending transfer to a Department of Corrections Facility must make arrangement to release all personal property and personal clothing as soon as possible after their transfer. Anything not released will be kept in the property room for 30 days and then disposed of.

Inmate Mail

Mail will generally be passed to inmates on weeknights excluding Holidays.

- A) All mail will be opened and inspected by jail staff. Legal mail will be opened in the inmate's presence and inspected for contraband.
- B) Any prohibited items will be removed by jail staff and placed in the inmate's property. This includes postage stamps and stamped stationery.
- C) Contraband and illegal items will be seized and prosecution sought of the person mailing the item and the inmate receiving it.
- E) Pornographic or obscene material may not be sent into the jail, maintained by an inmate or kept in the facility.
- D) Magazines may be received, but will be limited to two (2) subscriptions from the publisher. Soft covered books are allowed only if mailed from the publisher or a legitimate distributor. (Amazon, Borders, Barnes & Noble, etc.)
- E) Unless otherwise requested by an inmate, after books have been read they will become property of the jail. They can also be exchanged for books on the book cart.

Additional Information

GED classes are available for inmates that have not exhibited behavioral problems.

Drug and Alcohol Counseling is available to inmates that have not exhibited behavioral problems. Inmates must complete an assessment package and a selection process for acceptance into the program.

Inmates may request to speak with Sheriff's Chaplains or other representatives of faith-based groups that are approved to visit inmates.

Inmates are allowed to have his/her hair cut with clippers provided by jail staff at least every six (6) weeks.

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