

BOONE COUNTY COMMUNITY CORRECTIONS

CHANGE SUCCESS INTERVENTION

ELECTRONIC MONITORING HANDBOOK

Dear Electronic Monitoring Program Participant:

Welcome to Boone County Community Corrections. Regardless of the reason you have been placed on electronic monitoring, I look forward to working with you. I believe we share a common goal. That goal is for you, our client, to successfully complete our program. Our Department operates on the premise that every program participant has the potential to achieve that goal and be a productive member of society. Boone County Community Corrections acknowledges that participants face numerous challenges during their time on electronic monitoring. BCCC staff is committed to helping you learn how to navigate these challenges and barriers in an effort to aid you in your success.

During your placement with BCCC you can expect staff to assist you by creating a specific case plan that will address your specific risks and needs. Compliance with this case plan will be your responsibility. In the beginning you may become overwhelmed. It is imperative that you develop an open line of communication with your case manager so that you don't become frustrated. BCCC offers three levels of supervision all designed to ensure participant accountability. Each level of supervision offers more freedoms and more choices than the last. A client that is committed to their own success will quickly find that they have earned privileges and opportunities they would not have been afforded had they continued to engage in previous high risk behaviors.

The following handbook outlines the program rules, guidelines, and contract you will be required to abide by during your time on electronic monitoring. Please read all of the materials in their entirety. It is your responsibility to understand the rules you are agreeing to follow. If you ever have any questions or need assistance please do not hesitate to ask any BCCC staff.

Finally, I would like to take this opportunity to state that BCCC is much more interested in how you finish our program than why you started it. Clients start our program for numerous reasons. Clients finish our program for one reason, because they have decided to make pro-social changes in their own lives. Our staff is looking forward to aiding you in this process. However, we know, if you succeed it's because you were determined to do so, not because we were determined for you to do so.

Respectfully,

Michael D. Nance
Executive Director
Boone County Community Corrections

WELCOME TO ELECTRONIC MONITORING

MISSION STATEMENT

The Boone County Community Corrections mission is to increase public safety by providing a cost effective community-based alternative to incarceration by providing intensive supervision in combination with effective evaluation and providing evidence-based programs in order to motivate adult and juvenile offenders towards positive citizenship.

TERMINOLOGY FOR TYPES OF MONITORING

All clients on any form of Electronic Monitoring must remain in Boone County or a contiguous county unless permission is given from the Court or BCCC Staff.

1. Home Detention – This is the most common type of Electronic Monitoring. Generally used in place of incarceration and can earn jail time credit. Client must have permission to leave the home for any reason.
2. Monitoring with Curfew – Client may not leave the home for any reason (except emergency) during times set forth by the Court.
3. Monitoring (using GPS technology) – Client still turns in a schedule however only restrictions are placed on by the Court. Jail time credit is not earned on this program.
4. Portable Breathalyzer – This is a real time alcohol monitoring program. The client is provided with a PBT and instructed on times when to test. The client reports to the office on a weekly basis for equipment check and drug testing if necessary. This program does not earn jail time credit.
5. Ignition Interlock – This device installed in a vehicle as a requirement of a Specialized Driving Order. This program does not earn jail time credit.
6. Phone Reporting – This is used on low risk offenders on Diversion or Pre-trial release. Does not earn jail time credit.

**BOONE COUNTY COMMUNITY CORRECTIONS
ELECTRONIC MONITORING
HANDBOOK RULES**

1. Program participants must follow the Department's visitation dress code when reporting to the facility.
2. Program participants must truthfully answer all reasonable inquiries made by BCCC staff.
3. Program participants will be permitted to work in Boone County or any county contiguous to Boone County. The sentencing Court or BCCC staff must approve any exceptions in advance.
4. All program participants must sustain full-time (a minimum of 30 hours per week) employment within ten working days of hook-up. The sentencing Court or BCCC Staff must approve any exceptions in advance.
5. A search of the program participant's person may be conducted each time he/she enters the facility.
6. Program participants are not to touch any staff member or other program participant for any reason.
7. If a program participant destroys County or Department property, they will be held responsible for its replacement or repair. Criminal charges may be filed.
8. Program participants will inform the field coordinator of any animals at the program participant's residence and secure them during field checks.
9. Schedule changes require a minimum of 48-hour notice. Lack of planning does not constitute an emergency.
10. Program participants may contact their field coordinator by calling the facility. There is no need for repeated calls or messages. The program participant's call will be returned as soon as possible.
11. Program participants understand that Boone County Community Corrections has the right to establish zones in which the participant may not travel. Participants understand that if they violate an established zone they will be in violation of Boone County Community Corrections Electronic Monitoring Program and a warrant could be issued.
12. Weapons are not allowed on the premises. Participants may be searched and any items found will be confiscated. This includes pocket knives and box cutters.
13. Clients must be respectful to all Boone County Community Corrections staff. This includes outside facility personnel you are referred to by Boone County Community Corrections.

PRE-SCREENING PROCESS

A pre-screening will be completed prior to being placed on an Electronic Monitoring Program to determine the applicant's eligibility. The client's attorney will submit a referral form with requested paperwork to Boone County Community Corrections requesting a pre-screen. Once received by our office a packet of paperwork including the date and time for the appointment along with a copy of this handbook will be provided to the client prior to their interview date. Once the interview has been completed a pre-walk visit will be scheduled or if living in another county a transfer request may be sent out. BCCC retains the options of supervising any client that lives in a contiguous county to Boone. Once eligibility has been determined a letter will be sent to the Court, prosecutor and the attorney or client if they are not represented. **This process can take 30 – 60 days. If a transfer to another county is needed it can take an additional 30 – 60 days.** A transfer of supervision will be done on anyone living in a county other than Boone County Indiana.

Co-Residents – Anyone over the age of eighteen (18) who will be living in the home must sign a co-residents agreement. There are rules the program participant must follow that will affect others living in the home. Co-residents must be given the opportunity to have those rules explained to them. If they do not wish to sign the co-residents agreement then the client or the residents will be asked to find another place to live or the application could be denied. All parties eighteen (18) and older as well as the client will be asked to be at the pre-screen walk thru. Anyone not on the co-residents agreement is considered a visitor and is not allowed in the home outside of visitation hours nor allowed to be in the residence overnight. Changes in those living in the home must be approved and documented by Boone County Community Corrections prior to them moving in (3 business day notice is required). These changes may not take effect until approved. The addition of co-residents will not be considered until the participant has successfully completed 180 actual days on the program.

Computers and Electronic Equipment – Clients must allow Community Corrections, Probation, or anyone acting on their behalf the ability to search any computer equipment or other device that is capable of connecting to the internet. This includes providing user names and passwords not only for the device being searched but also any subsequent name/password needed in order to ensure program compliance.

Clients being supervised due to a sex offense will have additional terms they must follow. Those terms will include strict computer/internet restrictions.

Drivers License – A copy of your driver's license and or state issued identification along with your vehicle registration must be submitted at the time you begin a BCCC program. It is the client's responsibility to arrange legal transportation to required meetings and appointments.

Dogs – At any time during your sentence to Community Corrections a field officer or representative acting on their behalf may come to your residence to conduct a home visit. If you have dogs they must be either on a leash outside or in a kennel. Locking the dog or other animal in a room is not acceptable. BCCC staff will need to have access to all areas of the residence for the purposes of searching to ensure compliance. Refusing to allow an officer into the home is a violation of the terms of the Electronic Monitoring Program.

Working Telephone – Indiana Code 35-38-2.5-6 requires participants to have a working telephone. We must be able to contact you 24 hours a day 7 days a week. If using a prepay phone it is the clients responsibility to ensure the phone has an adequate amount of minutes available at all times..

Visitors – You are not allowed any more than two visitors in the home. Visitors cannot be on probation, parole, or community corrections. Visitors are allowed in the home between the hours of 9:00 AM and 9:00 PM. The only people allowed in the home outside of these times are the client and those listed on the co-residents agreement.

During a home visit the field officer may ask visitors to leave or they may pat them down and request they remain in an area during the visit. It is the client's responsibility to make sure visitors know they are on the program and the rules that must be followed. If you allow a visitor in your home who has contraband a violation can be filed with the Court.

Overnight guests are not allowed. Additions of anyone eighteen (18) or over to the residence must be approved by Boone County Community Corrections and sign a co-residents agreement.

Medications – Boone County Community Corrections must be kept up-to-date on all prescriptions. If you are prescribed a Benzodiazepine or Opiate we must have a note in the file from the prescribing doctor stating he/she is aware of your involvement with Boone County Community Corrections. If medically feasible you should make every effort to abstain from narcotic medication. You must take over the counter medications as directed on the package. A current valid prescription is required for all prescription medication. Prescriptions over 30 days old may not be accepted as current and or valid without additional documentation from the prescribing physician. Unused, unneeded, or outdated medication should properly be disposed at a medication drop box.

You may not introduce into or onto your body by smoking, inhaling, huffing, eating, drinking, injecting or otherwise ingesting or applying any consumer product, medication or other substance where the act of doing so is contrary to the manufacturer's specifications and/or warnings and/or where the purpose in your doing it is to obtain a high, euphoria, hallucination, or any kind of intoxication.

Medications must be kept up to date; you may be asked to bring in your medications for verification of quantity. If you are given a prescription for a medication and it states take one tablet 4 times a day AS NEEDED and you are given 20 pills, that is recorded as a 5 day prescription. After the fifth day if you think you will need to continue taking the

medication you will need to get a note from your doctor. Medications that you receive on a regular basis will need to be updated continuously with every prescription refill.

Failure to provide an updated prescription before urine collection could result in a violation and will result in you being billed for the drug screen.

DRUG TESTING

All individuals are financially responsible for all positive, dilute, or confirmation drug screens. Included in the handbook is a copy of the drug testing policy which you will sign. Drug testing includes testing for alcohol. It is your responsibility to know what you are ingesting. Products containing hemp or poppy seeds along with products containing alcohol such as mouthwash or nighttime cold medicine should be avoided. If you are unsure if an over the counter product will result in a positive urine screen you should not ingest it or contact your physician or pharmacist prior to ingestion. Positive urine screens may result in disciplinary actions being taken up to and including a violation being filed with the Court.

RANDOM DRUG TESTING PROCEDURES

To be sure BCCC is doing truly random drug testing you may be given instructions to call into the Redwood Hotline daily to see if you must report for a screen. You will be given the number and a unique code. You may call into the number as early as 1:30 AM each day. It is your responsibility to call in and report as directed.

Failure to call in or report as directed may result in a verbal/written warning, Incident Report, Administrative Hearing, and/or Violation being filed. If directed by the hotline to report, you must report to the office on the same business day between 8:00 AM and 3:00 PM.

EMPLOYMENT

All clients on Boone County Community Corrections must maintain approved employment or provide documentation receiving disability. Work hours are to be recorded on your weekly schedule. If you miss work two (2) days in a row due to sickness you may be required to provide a doctor's note. Termination from employment for any reason deemed to be within your control may result in disciplinary action.

Timesheets - Timesheets along with a copy of your paycheck stub are verification of your work hours. Every program participant who is working must submit a timesheet and/or paycheck stub at weekly check-in. Your coordinator will compare the times on your timesheets to that of your daily summaries.

JOB SEARCHING

If an individual is allowed on the program without employment or becomes unemployed for reasons not in violation of the program he/she will be allowed time to job search. A client will be made to job search a minimum of two days per week until employed. On days allowed to job search you must report to the Community Corrections office first with a list of prospective employers. All unemployed clients must be at WorkOne on Thursday for a minimum of (1) hour as part of your job searching for the week. On the next Monday following job searching you must provide verification. Verification can be a business card, copy of the application or letter from the interviewer on company letterhead.

Unemployed clients may be directed to report daily until they obtain gainful employment. Employment must be stable and secure. Employers must be able to provide set hours and location(s) and have the potential for benefits. Employment must be in Boone County or one of the connecting counties. Self-employment and/or working for family will be considered on a case by case basis.

A secondary goal of Electronic Monitoring is to increase stability in an offender's lifestyle. Having a strong employment history is a key to additional positive changes. If you wish to change jobs or leave a current employer for any reason, you must receive prior permission from Community Corrections staff prior to leaving your current job. Lateral employment moves or advances in your career will most likely be approved. Abruptly quitting a job without prior approval from BCCC Staff is not permitted.

HOLIDAYS

During the holidays you may be restricted to your home. You will be allowed to go to work if your employer will provide a letter stating you are required to work on the holiday.

Holidays with restricted movement are:

Easter
Thanksgiving
Christmas Eve
Christmas
New Year's Eve
New Year

FINANCIAL RESPONSIBILITIES

Each participant will be advised of their financial obligations during the pre-screening process. Each participant shall be assessed a daily fee of the equivalent of one hours pay or at least a minimum of \$12.00 per day for Standard Active GPS. Any sentence of 60 actual days or less will require payment of ½ of the total of your fees (hookup; admin; per day) up front. All clients will be required to sign a voluntary wage assignment. Amount of wage assignment to be determined by case manager.

A minimum payment of the daily rate times 7 (at \$12.00 a day is equal to \$84.00 a week) is required every Monday. Additional fees include \$25.00 pre-screen fee, \$140.00 hook up fee, \$50.00 Administrative Fee, \$20.00 fee for change of location or removal of the bracelet outside of Court order (i.e. for CAT scans or MRIs). See Drug Testing section for information on drug testing fees. An offender being transferred could be assessed a \$50.00 transfer fee.

All fees must be paid in full or a pay agreement in place for an offender to be released from Electronic Monitoring successfully.

Failure to pay two weeks in a row may result in an Administrative Hearing and a pay agreement increasing the weekly payments. Failure to comply with the pay agreement may results in disciplinary action.

BCCC staff will periodically review your financial obligations. If it is determined that you are paying less than the equivalent of one (1) hours pay your fees may be increased at any time while on the program.

HANDBOOK/CONTRACT VIOLATIONS

Any client that violates a handbook or contract rule may be subject but not limited to any of the following:

- Verbal Warning
- Written Warning
- Intensive Case Management Session
- Administrative Hearing
- Violation Filed with Court

Refer to Sanctions Table for possible sanctions.

RELEASE

Check with your case manager to verify your Estimated Projected Release Date (EPRD). You will be given a time to come in and have the unit removed. Make sure the week you are to be released you have placed the time on your schedule. (If your EPRD is March 6 then at 12:01AM on March 7 you are able to move around at your will.) If your EPRD falls on a Friday then you will be scheduled to have your unit removed on the following business day. **Do not attempt to remove the unit on your own.**

When you report to the office for release bring all of your equipment with you. If you do not have all of your equipment you will be asked to get it before your unit will be removed. You will be charged for any equipment not returned or damaged and it could result in new charges being filed.

Equipment Fees:

GPS Bracelet	\$1000.00
GPS Strap	\$100.00
GPS Charger	\$50.00
Remote Breath Unit	\$1500.00
Remote Breath Case	\$75.00
Remote Breath Charger	\$50.00
Ignition Interlock	Manufacturer Determination

Boone County Community Corrections

Program Fee Schedule

Adult Programs

Electronic Monitoring	\$50 Administrative Fee \$140 hook up fee. Daily Fee of \$15 per day. Must pay for dilute, positive, or confirmation urine tests.
Real Time Alcohol Monitoring	\$150 hook up - \$8 per day. Pay for all UDS
Work Release	\$100 Administrative Fee, Daily Fee of \$15 per day. Pay all medical
Day Reporting	Administrative Fee-\$50 Misdemeanor \$100 Felony. Pay for all UDS.
Community Transition	\$35.00 first 30 days then \$15.00 per day (DOC pays)
Jail IOP Program	\$400 Charged through Courts Intervention Program
<i>Thinking For A Change</i>	\$100
Ignition Interlock	\$150 administrative. You are responsible for any fees assessed by the manufacturer
Phone Reporting	\$50 Administrative; \$10 per month (must be paid prior to enrollment) Pay for all UDS

Juvenile Programs

Juvenile Detention 24 hour lockdown (in lieu of detention facility)	\$140 hook up, \$15 per day. Pay for all UDS
Electronic Monitoring	\$50 Administrative Fee \$140 hook up \$12.00 per day
Thinking For A change	\$100
PRI	\$120 Assessed through Courts Intervention Program

Pre-Screening required for Electronic Monitoring and Work Release
\$25.00 Non-refundable

Participation requires signing a 4th Amendment Waiver, Loss of Firearms in Residence
No Alcohol or Drug Use, Urine drug screens range from \$15 -\$50, Hair/Nail testing \$80.00
Fees are subject to change without notice.

CHECK-IN PROCEDURES
(SUBJECT TO CHANGE WITH 5 DAYS NOTICE)

1. Each program participant is required to report to Boone County Community Corrections for a weekly check-in. Program participants will be advised of their check-in date and time by their supervising officer and it must be placed on their schedule.
2. Weekly fees will be paid at check-in.
3. Participants may be asked to submit to a urine screen, breathalyzer, or search of their person.
4. Program participants must provide verification for employment, meetings, counseling, school and/or any time scheduled out of their home at this time.
5. Participants are allowed one (1) schedule change per week. Schedule changes should allow 48 hours' notice. Schedule changes will not be accepted after noon on Friday.

***ADDITIONAL CHECK-IN PROCEDURES FOR REAL TIME ALCOHOL
MONITORING***

Client's on the real time alcohol monitoring program report every Thursday between 1:00 PM and 3:00 PM. When reporting to the office you need to have your equipment with you. Real Time Alcohol Monitoring clients must make sure we are supplied with a working phone number that we can reach you on 24 hours a day 7 days a week. You may be contacted at anytime during the day or night by a member of Community Corrections requesting you to take a self test. Missing a test can result in a violation being filed or you could be asked to report to the office for a drug screen. You are responsible for any drug testing fees.

WEATHER EMERGENCIES

If the county is placed under a county issued weather emergency that restricts travel all Boone County Community Corrections Electronic Monitoring clients are placed on lock down. You are not allowed to leave your home other than for a medical emergency.

Information regarding weather emergencies can be found at a multitude of locations. Listed below are just a few of the internet addresses to obtain information. IT IS YOUR RESPONSIBILITY TO KNOW THE EMERGENCY LEVEL DURING BAD WEATHER.

www.in.gov/dhs/traveladvisory

www.boonecountysheriff.com

www.wishtv.com

www.fox59.com

www.wthr.com

www.weather.gov (National Weather Service)

<https://www.smart911.com/smart911/login.action> (Boone County alerts sent to your phone)

You can also follow BCCC on Facebook to check for updates or other needed information.

In the event of a weather related emergency you should first seek safety for yourself and your family. If you must relocate in order to protect yourself from danger you may do so. Once it is safe, please call the On-Call Emergency number and update the field staff of your whereabouts and plan to return to your home.

COUNTY TRAVEL STATUS

WARNING

This is the highest level of local travel advisory, means that travel may be restricted to emergency management workers only. During a "warning" local travel advisory, individuals are directed to:

- a) Refrain from all travel;
- b) Comply with necessary emergency measures;
- c) Cooperate with public officials and disaster services forces in executing emergency operations plans; and
- d) Obey and comply with the lawful directions of properly identified officers.

DURING A WARNING YOUR ARE NOT TO LEAVE YOUR HOUSE WITHOUT PERMISSION FOR ANY REASON.

WATCH

Means that conditions are threatening to the safety of the public. During a "watch" local travel advisory, only essential travel, such as to and from work or in emergency situations, is recommended, and emergency action plans should be implemented by businesses, schools, government agencies, and other organizations.

DURING A WATCH YOU MAY ONLY GO TO WORK. LEAVING YOUR HOUSE FOR ANYTHING OTHER THAN AN EMERGENCY ROOM VISIT ARE NOT ALLOWED.

ADVISORY

The lowest level of local travel advisory, means that routine travel or activities may be restricted in areas because of a hazardous situation, and individuals should use caution or avoid those areas.

DURING AN ADVISORY YOU MAY ONLY GO TO WORK, SCHOOL, TREATMENT, CHURCH AND SCHEDULED DOCTOR'S APPOINTMENTS. ANY PRIVILEGES AT THIS POINT ARE NOT ALLOWED EVEN IF ON YOUR SCHEDULE. THIS IS FOR YOUR SAFETY AS WELL AS OURS.

It is your responsibility when the weather gets bad to know what level we are on. If you have signed up for a mass text we will send out text if we can get logged in. Failure to follow these rules can result in a violation be filed with the Court. Do not put yourself or others in danger.

FREQUENTLY ASKED QUESTIONS

1. Am I allowed to go to lunch during my work hours?

Yes, when filling out your schedule for the week you need to include the time you go to lunch. It must be taken during work hours. It needs to be within a five mile radius of where working. You must provide a receipt at the following check in.

2. My work hours vary what do I do?

Talk to your employer about set hours. We do schedules on a weekly basis. Getting off early is not a problem (within a ½ an hour); however, leaving late is not allowed as weekly hours are figured based on what is turned in at the start of the week.

3. Am I allowed to have knives in the kitchen?

Yes we allow you to keep kitchen knives however; they must remain in the kitchen. If not in the kitchen it is no longer considered a kitchen knife and can be a violation of the program.

4. Am I allowed to be on call?

CC does not allow you to be on call. You must fill out your work schedule a week at a time and does not allow for on call times.

5. I am the only adult in the house what do I do about getting my mail and putting out the trash?

When you come and go from the home for work or other scheduled appointments grab your mail and take out your trash at that time.

6. Am I allowed to do anything besides yard work during yard work time?

This is the time for you to do outside maintenance. (ie: Mowing the lawn, removing debris, weeding the garden.) This is a privilege and can be taken away if abused.

7. The program requires weekly payments. I am paid bi-weekly.

Advise the field officer of your pay schedule and you will be allowed to make bi-weekly payments. However, when doing so you must pay two weeks at a time.

8. Can I have more than one hour of privilege time?

Privilege time is earned. Please refer to the Appendix for your Level of Supervision. Remember, privilege time is a privilege and is not guaranteed.

9. What happens if I don't have work and I am scheduled to work? Can I make the time up on a day off?

If you don't have work on a day scheduled then you remain home. Make sure you contact the office during business hours to have it documented. You will need case-management permission make up the work later in the week on a scheduled day off.

10. Can I go to the park for my privilege time?

This is not an approved location based on local criteria.

11. Is it ok if my employer's home office is in Boone County but we work in Anderson?

NO. You must work in Boone County or a surrounding, connecting county.

12. What is a reason to call the on call number?

The on call number is for emergencies only. This number should not be utilized to request non-emergency schedule changes or for any other purpose other than an emergency. Calling this number for a non-emergency can result in administrative action.

13. What if I need a schedule change and no one answers at extension 4?

Do NOT call multiple times or call case managers. You may send an email to BCCC@co.boone.in.us. Emails are responded to within 24 hours. Schedule changes are NOT approved until you have talked to a field officer and they have given you permission or received an email response approving requested change. Changes in work schedule are NOT an emergency. We require 48 hours' notice for all schedule changes.

14. What if work calls and wants me to come in today?

You need to remind your employer you are on home detention and require 48 hours for a schedule change. Changes are not approved if you have not spoken to a field officer or received an email response and this is NOT a reason to call the on call number.

15. What is considered privilege time?

Anything that takes you out of your home other than: Work, seeking work, School, Counseling, Treatment, Medical appointments, one religious service a week and Court ordered appointments. Anything else that requires you to leave your home is considered a privilege.

16. Why is my start date not the date I was sentenced?

Your executed time does not start until a bracelet is placed on your ankle.

17. What is projected release date?

This is the approximate date of your release from home detention. About 30 to 60 days prior to that date we will review your order and schedule you for release. Your time is not done until 12:01 AM the day following your EPRD.

18. When can I stop for gas or go to the bank?

Bank stops should be scheduled. Gas stops should occur on the way to or from other scheduled activities. Gas stops should be as infrequent as possible and you must purchase gas during a gas stop and you must turn in the receipt when you check in.

19. Does Celebrate Recovery count as two meetings?

It does not, all support group meetings will be counted as one meeting regardless of duration unless otherwise noted by your case manager.

20. What should I do if I miss a support group meeting?

You are required to make that meeting up the next week. (i.e. If you are required to attend meetings 3 times a week then the next week you would need to schedule 4 meetings.)

ELECTRONIC MONITORING PROGRAM FORMS

(Forms are included for examples only)

In order to assist you, Boone County Community Corrections has several forms to be used to facilitate any request. It is important that you use the forms correctly, in the proper manner so that they will get to the appropriate person to consider your request(s).

Program Participant Schedules: LEVEL 1

Program participants will turn in a weekly schedule to their field coordinator at check-in. This schedule will include **all activities** the program participant will need time out of their home to complete. The field coordinator will review the schedule for compliance to program policy and either approve or disapprove the schedule. Should a schedule be disapproved, the field coordinator will work with the program participant until an approved schedule is completed.

ANY ACTIVITY THAT REQUIRES YOU TO GO OUTSIDE YOUR HOME MUST BE SCHEDULED.

It is important that you place all the information that is known on this form. Actual work hours, time leaving your residence and time returning to your residence, addresses as well as travel arrangements, shall be placed on this form. From April to November clients may request time one day a week, up to (4) four hours (based on the size of yard) to mow the lawn. This is done on a case by case request and is NOT guaranteed approval.

Dental, medical and other personal appointments must be submitted on the weekly schedule. The program participant must indicate the name, address and telephone number of the service provider. The program participant must be able to provide documentation of attendance to the field coordinator.

Program participants who are the sole resident **may** be given time each week to do grocery shopping and laundry at a location approved by their field coordinator. If not the sole resident the grocery duties should be shared.

While on the job, program participants may go to an approved location during their lunch break in order to eat. This must be included on the schedule with your work times.

Receipts are to be provided as verification of things such as stopping for gas, eating out, groceries, etc.

Boone County Community Corrections will help assist program participants in getting special permission for emergency situations.

Every effort should be made between the field coordinator, the program participant, and the program participant's employer to have the program participant's work schedule available on or before the day of check-in. If this is not possible, the program participant

should complete the schedule as much as possible. The program participant should then send an email to BCCC@co.boone.in.us with the work schedule as soon as it is available in order to complete that week's schedule. **No schedule is approved until the field officer and program participant speak to each other or a response is received via email.**

Understanding that there are unexpected events during the week, the program participant may request one schedule change per week. To request a schedule change, the program participant must contact Boone County Community Corrections. The field officer, case manager, or other CC staff must approve any schedule change. If the field coordinator is not immediately available, the program participant should send an email to BCCC@co.boone.in.us with specific information about the request. This includes time to leave the home the time period of the appointment and the time you will return home. **Leaving an email does not mean that the request has been approved.** Boone County Community Corrections staff will respond to the email with 24 hours. The request must be made 48 hours prior to the desired change and must be for an unexpected activity. All requests for time out must be verifiable or they will be denied. Failure to follow the schedule is a violation of the monitoring program. Schedule changes are not accepted after noon on the last business day of that week.

Program Participant Schedules: LEVEL 2 & 3

Your schedules are color coded. Each Monday when you report in to turn in your schedule be sure to get your next week's schedule from the field officer. If you lose your color schedule you will have to submit a schedule at level 1 for that week. (Make sure you keep track of your colored schedule.) We will verify your level and give you the colored schedule for the following week.

It is important that you place all the information that is known on this form. Actual work hours, time leaving your residence and time returning to your residence, addresses as well as travel arrangements, shall be placed on this form. From April to November clients may request time one day a week, up to (4) four hours (based on the size of yard) to mow the lawn. This is done on a case by case request and is NOT guaranteed approval.

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talk to each other or an email response has been received. Schedule changes are not accepted after noon on the last business day of that week.

Employment Restriction Waiver:

BCCC clients will be allowed to work up to 12 hours per day but no more than 60 hours per week. Clients will be allowed to work a maximum of 6 days per week. Clients will be allowed to have up to two jobs so long as the client does not work more than 60 hours per week total or 6 days in a week. Clients needing to work more than 12 hours in a day, more than 6 days per week, or more than 60 hours in a week will need to get permission from their case manager in advance.

Support Group Verification Card:

Verification cards are used for documentation of participation in a program such as: AA, NA, church, private counseling, or any other program for which your case manager needs documentation. The program participant must have the leader of the group, minister, counselor, or instructor sign and date the verification card. If possible, the verification card should not be signed by another program participant. Failure to provide support group verification can result in administrative action.

Request for Privilege Time

See levels of supervision for approved privileges.

Privilege Time Guidelines are in the Appendix of your Handbook.

Request for Authorization to Relocate

This request form must be completed and returned to Boone County Community Corrections 2 weeks prior to the date you are requesting to relocate. Boone County Community Corrections reserves the right to either approve or deny your request for relocation in accordance to the program rules and procedure.

The residence in which you are requesting to relocate is subject to a Home Pre-Walk inspection by a Field Officer. All adult residents 18 and over that live in your residence **MUST BE PRESENT** at the time of the walk-thru in order to sign a Co-Resident's Agreement.

Failure to request the form in a timely manner may result in a denial of the request. Moving without receiving prior permission is unacceptable.

ELECTRONIC MONITORING EQUIPMENT INSTRUCTIONS

A GPS monitoring unit has been placed on your ankle. You must wear this unit at all times. Removal of the unit by anyone other than Boone County Community Corrections is a violation of the program rules and can result in you being charged with Escape, Level 6 Felony under IC 35-44.1-3-4. You are responsible for the equipment and outside of normal wear and tear you can be charged for any damage to the equipment.

GPS unit	\$1,000
GPS Strap	\$100
GPS Charger	\$50

Intentional damage can also result in a new charge of Criminal Mischief under IC 35-43-1-2.

You have been given a charger and you are responsible for keeping your unit charged. You must charge your unit twice a day (every 12 hours) for one (1) hour.

If you experience a low battery (unit vibrates) you must place the charger on your unit immediately. You should remain on the charger for a full two (2) hours. It is recommended that you do not sleep with the charger connected. Allowing your battery to die can result in administrative action and could result in escape charges being filed.

You are responsible for keeping your unit charged. Low battery alarms can result in administrative action.

- If you should get a low battery the unit will vibrate.
- If your unit tones, you must call in within 15 minutes. If during business hours call the office number if after hours call the on-call number.
- You can take a shower with the unit on but it should not be submerged. No swimming, bathing, hot tubbing, etc.
- You should never attempt to alter, change or “work on” your unit. If you feel there is a problem contact BCCC immediately.

PAYMENTS

There are multiple ways to make payments towards your financial obligations. In office we take cash, check and money order. Checks and money orders need to be made payable to Boone County Community Corrections or BCCC.

We now are able to take payments using your debit/credit card. You will need to log onto www.Allpaid.com. Once there you will then follow the directions to make a payment. Enter Boone County Community Corrections PLC (Pay Location Code a000hw). You will need to have your ID # (provided below) and the last four of your social security number. Allpaid does charge a fee for their services.

THIS IS FOR COMMUNITY CORRECTIONS ONLY.

- PLC (Pay Location Code for Boone County Community Corrections): **a000hw**
(Make sure after entering the code you see Boone County Community Corrections on the page. If not stop and go back and re-enter the code.)
- Your ID # (You need to contact Community Corrections to get your ID#)

Step 1: Log in to www.Allpaid.com

Step 2: Enter Agency's PLC or choose a payment destination from the drop-down search menu provided.

Step 3: Select the name of the agency and payment type, confirm agency information and click **Continue**.

Step 4: Enter the payment information and click **Continue**. Any fields that have an asterisk are required to be completed before you can proceed.

Step 5: Verify that the payment information entered is correct and click **Continue** (if changes are needed, click the **Back** button and enter the correct information).

Step 6: Enter the payment amount and click **Continue**. The screen will then show the payment amount, the service fee, and the total amount that the card will be charged.

Step 7: The card information must be entered and you must acknowledge having read the terms of service by checking the acknowledgement box. If you want a copy of the transaction details by email you may enter your email address then click **Continue** to proceed.

Step 8: If the transaction is approved, the screen will read "**Payment Processing Successful.**" You may print a copy of this transaction for a personal record by clicking "**Print This Page.**"

Note: If the payment is declined by the bank that issued the card the screen will indicate "**We are not able to process this payment.**"

Payments can also be made by phone by calling 1-888-604-7888.

APPENDIX

BOONE COUNTY COMMUNITY CORRECTIONS DIRECTIONS FOR COMPLETING SCHEDULES

All schedules must be completed correctly or the schedule will be denied. Double check and make sure you have all your times and dates on the schedule correct. Times on the form for leaving and returning should be done in 15 minute time increments due to the software we use.

Schedules must include:

- Top information must be complete and up to date. Phone numbers for you and the employers must be current. You must let Community Corrections know if any information for you or your employer change immediately. If you are a student you need to include the information for the school in the employment space.
- Dates. Each day must be dated.
- Leave and return time. You must include on your schedule, in the appropriate space, the time you need to leave your home to get to work on time and the time you will return home. Good work ethic says if you are to start work at 8:00 AM then you need to arrive at your place of work at 7:50 AM. Be sure to consider this when putting in your drive time.
- Actual appointment time. The actual time of the appointment needs to be on the same space as what the appointment is. Work times need to be as close to the working times as possible. ON CALL is not allowed while on Electronic Monitoring. Failure to follow your schedule will result in a violation being filed. Remember you are only allowed a maximum of two jobs, 60 hours a week, no more than 6 days in a week and no more than 12 hours a day. Anything more than this requires an exception form be completed.
- At the bottom if you are scheduling time out for something other than work or school you need to place the name, address and phone number for that appointment in the space provided at the bottom. If you are requesting privilege time you must complete the privilege form and get approval prior to placing it on your schedule. **DO NOT assume you get the privilege if you put it on the form.** Make sure when requesting the privilege that it is something verifiable.

Schedules should be submitted no later than noon on Mondays unless the office is closed for a holiday. When a Monday is a county holiday then the schedule needs to be submitted by noon on Friday. **Failure to submit the schedule on time can result in you being placed on lockdown, losing privilege time and/or a write placed in your file.**

Schedules must be followed. IF you are scheduled to go to a meeting you must go. If something is NOT on your schedule you are NOT approved to do it. Remember schedule changes for non-emergencies must be made 48 hours in advance. If you have an emergency **after normal business hours** please call 765-894-3498. **This is the on call number, if you call this number for anything other than an emergency then you will be subject to a written warning and will lose all privilege time for 60 days** (an emergency is NOT the following: forgetting to put something on the schedule, wanting extra work time, making schedule changes, etc).

**BOONE COUNTY COMMUNITY CORRECTIONS
SCHEDULE AND REQUEST FORM**

NAME: _____ HOME # _____ CELL # _____
 HOME ADDRESS: _____
 EMPLOYER (A): _____ PHONE: _____
 EMPLOYER'S ADDRESS: _____
 EMPLOYER (B): _____ PHONE: _____
 EMPLOYER'S ADDRESS: _____

HAS ANY OF THIS INFORMATION CHANGED SINCE YOUR LAST CHECK IN? Y or N

Day/Date	Leave time	Actual time/Event	Return time	Remarks
Wed				Lunch:
				# work hours:
Thurs				Lunch:
				# work hours:
Friday				Lunch:
				# work hours:
Sat				Lunch:
				# work hours:
Sun				Lunch:
				# work hours:
Mon				Lunch:
				# work hours:
Tues				Lunch:
				# work hours:

Total work hours for week _____

I request to go to the following locations for the purpose of, and at the date and times indicated above. Indicate location requested below.

1. _____
2. _____
3. _____
4. _____

1AM = 0100	7AM = 0700	1PM = 1300	7PM = 1900
2AM = 0200	8AM = 0800	2PM = 1400	8PM = 2000
3AM = 0300	9AM = 0900	3PM = 1500	9PM = 2100
4AM = 0400	10AM = 1000	4PM = 1600	10PM = 2200
5AM = 0500	11AM = 1100	5PM = 1700	11PM = 2300
6AM = 0600	12PM = 1200	6PM = 1800	12AM = 2400

Field Coordinator _____

Date _____

____ verification received
 ____ fees paid
 ____ urine screen conducted
 ____ positive feedback

**BOONE COUNTY SUPERIOR COURT II PROBATION
SCHEDULE AND REQUEST FORM LEVEL 2**

NAME: _____ HOME # _____ CELL # _____
 HOME ADDRESS: _____
 EMPLOYER (A): _____ PHONE: _____
 EMPLOYER'S ADDRESS: _____
 EMPLOYER (B): _____ PHONE: _____
 EMPLOYER'S ADDRESS: _____

Day/Date	Leave time	Actual time/Event	Return time	Remarks
Wed				Lunch:
				# work hours:
Thurs				Lunch:
				# work hours:
Fri				Lunch:
				# work hours:
Sat				Lunch:
				# work hours:
Sun				Lunch:
				# work hours:
Mon				Lunch:
				# work hours:
Tues				Lunch:
				# work hours:

Below is the names and addresses of locations I am requesting permission to go to other than home or work listed on the front.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

1AM = 0100	7AM = 0700	1PM = 1300	7PM = 1900
2AM = 0200	8AM = 0800	2PM = 1400	8PM = 2000
3AM = 0300	9AM = 0900	3PM = 1500	9PM = 2100
4AM = 0400	10AM = 1000	4PM = 1600	10PM = 2200
5AM = 0500	11AM = 1100	5PM = 1700	11PM = 2300
6AM = 0600	12PM = 1200	6PM = 1800	12AM = 2400

Field Coordinator

Date

- ☐ verification received
- ☐ fees paid
- ☐ urine screen conducted
- ☐ positive feedback

Level 2 Priveleges:

- Bi- Weekly reporting
- 1 Hour Weekly Grocery Time
- 1 Child's (biological, adopted, step child only) event per week (2 hour maximum) Even must be organized (Christmas program, soccer game, etc.)
- 2 hours per Month Personal Time (Shopping, working out, tanning, nail salon. Does not include dining outside of the home.)
- 1 Drive Thru Stop for Food per week (does not include lunch)
- 4 hours per week of free time to be done in the yard. This is in addition to yard work time.

**BOONE COUNTY SUPERIOR COURT II PROBATION
SCHEDULE AND REQUEST FORM LEVEL 3**

NAME: _____ HOME # _____ CELL # _____
 HOME ADDRESS: _____
 EMPLOYER (A): _____ PHONE: _____
 EMPLOYER'S ADDRESS: _____
 EMPLOYER (B): _____ PHONE: _____
 EMPLOYER'S ADDRESS: _____

Day/Date	Leave time	Actual time/Event	Return time	Remarks
Wed				Lunch:
				# work hours:
Thurs				Lunch:
				# work hours:
Fri				Lunch:
				# work hours:
Sat				Lunch:
				# work hours:
Sun				Lunch:
				# work hours:
Mon				Lunch:
				# work hours:
Tues				Lunch:
				# work hours:

Below is the names and addresses of locations I am requesting permission to go to other than home or work listed on the front.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

1AM=0100	7AM=0700	1PM=1300	7PM=1900
2AM=0200	8AM=0800	2PM=1400	8PM=2000
3AM=0300	9AM=0900	3PM=1500	9PM=2100
4AM=0400	10AM=1000	4PM=1600	10PM=2200
5AM=0500	11AM=1100	5PM=1700	11PM=2300
6AM=0600	12PM=1200	6PM=1800	12AM=2400

Field Coordinator

Date

- _____ verification received
- _____ fees paid
- _____ urine screen conducted
- _____ positive feedback

Level 3 Priveleges:

- Bi- Weekly reporting
- 1 Hour Weekly Grocery Time
- 1 Child's (biological, adopted, step child only) event per week (2 hour maximum) Even must be organized (Christmas program, soccer game, etc.)
- 1 Drive Thru Stop for Food per week (does not include lunch)
- 2 Hours per Week Personal Time
- 1 Scheduled Meal per week out of the Home (Restaurant must not serve alcohol, Must be approved on schedule)
- 8 Hours per Week Free Time in the Yard.

**BOONE COUNTY COMMUNITY
CORRECTIONS PROGRAM**

127 W. Main St.
Lebanon, IN 46052
Phone: 765-482-2484
Fax: 765-483-4414

Michael Nance
Executive Director

Annette Bowden
Director of Operations

Christina Candia
Program Director

Ashley McClure
Case Manager

Jana Taylor
Intake Coordinator

Tammy Rigdon
Field Officer

Jacob Kammerer
Field Officer

Katie DeVries
Case Manager

Courtney Baldwin
Administrative Assistant

APPOINTMENT VERIFICATION

NAME: _____

1) DATE _____ TIME ARRIVED _____ AM/PM TIME DEPARTED _____ AM/PM
AGENCY NAME _____ PHONE _____
ADDRESS _____
PURPOSE _____
REPRESENTATIVE (Please Print) _____ SIGNATURE _____

2) DATE _____ TIME ARRIVED _____ AM/PM TIME DEPARTED _____ AM/PM
AGENCY NAME _____ PHONE _____
ADDRESS _____
PURPOSE _____
REPRESENTATIVE (Please Print) _____ SIGNATURE _____

3) DATE _____ TIME ARRIVED _____ AM/PM TIME DEPARTED _____ AM/PM
AGENCY NAME _____ PHONE _____
ADDRESS _____
PURPOSE _____
REPRESENTATIVE (Please Print) _____ SIGNATURE _____

4) DATE _____ TIME ARRIVED _____ AM/PM TIME DEPARTED _____ AM/PM
AGENCY NAME _____ PHONE _____
ADDRESS _____
PURPOSE _____
REPRESENTATIVE (Please Print) _____ SIGNATURE _____

5) DATE _____ TIME ARRIVED _____ AM/PM TIME DEPARTED _____ AM/PM
AGENCY NAME _____ PHONE _____
ADDRESS _____
PURPOSE _____
REPRESENTATIVE (Please Print) _____ SIGNATURE _____

BRING THIS SHEET IN WEEKLY

A few things to remember when job searching:

Always be courteous and polite

Dress for the occasion

Be punctual

Turn off your cellphone

Speak Clearly

It's always important to dress the part when searching for a job

Men:

Khakis or dress slacks/pants

Polo or pullover (no tee shirts)

If you do not have dress pants, then jeans will be acceptable as long as they do not sag, have holes, tears or frays.

Dress Shoes or nice tennis shoes/boots

Ladies:

Dress pants or slacks

Blouse, polo or pull over (no tee shirts)

If you do not have dress pants, then jeans will be acceptable as long as they do not sag, have holes, tears or frays.

Dress shoes

Boone County Community Corrections Programs

Request for Authorization to Relocate

Defendant _____ Date _____

Program: (circle one) GPS Monitoring Home Detention Day Reporting

Current Address _____

Relocation Address _____

Phone# _____ Date requesting to move _____

Reason for relocation _____

Signature _____

GENERAL INFORMATION

This request form must be completed and returned to Boone County Community Corrections (2 weeks prior) to the date you are requesting to relocate. Boone County Community Corrections reserves the right to either accept or deny your request for relocation in accordance to the program rules and procedure. Upon moving, you must remain at the location six (6) months before being considered eligible to request a relocation.

FOR GPS MONITORING CLIENTS ONLY

The residence in which you are requesting to relocate is subject to a Home pre-Walk inspection by a Field Officer. All adult residents 18 and over that live in your residence MUST BE PRESENT at the time of the walk-thru in order to sign Resident's Agreement. Relocation to a mobile home, or a multi-dwelling establishment such as a 2-3 level apartment house as a general rule will not be permitted; however, exceptions for such dwellings will be handled on a case by case basis.

FOR OFFICE USE ONLY

Date for Pre-Walk _____ Time _____ AM PM Field Officer _____

APPROVED _____ DENIED _____ DATE _____ BY _____

**BOONE COUNTY COMMUNITY CORRECTIONS/PROBATION
DRUG TESTING PROCEDURES**

1. All drug screens will be observed. There will be no exceptions. This is a requirement for participation in the court services 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. 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.
6. You must verify all information on the collection form you sign is correct every time you are asked to submit a specimen.

I have read and understand the drug testing procedures.

Name

Date

Witness

Boone County Community Corrections
127 W. Main St., Suite 200
Lebanon, IN 46052
(765) 482-2484
FAX (765) 483-6026

ELECTRONIC MONITORING PROGRAM CONTRACT

NAME: _____ CAUSE #: _____
ADDRESS: _____
PHONE: (HOME) _____ (WORK) _____ D.O.B. _____

SPECIFIC CONDITIONS OF ELECTRONIC MONITORING CONTRACT

- ____ 1. I, _____, agree to comply with the special conditions stated in this contract, in addition to the Conditions of Probation/Court Order/Bond Stipulation. I am signing this contract with the understanding that failure to comply with any of these conditions may result in a violation being filed with the Court and/or Probation Department.
- ____ 2. I understand that in addition to Judicial review, I will also be subject to administrative disciplinary action for failure to follow the Electronic Monitoring Program Rules
- ____ 3. I understand that while on the Electronic Monitoring Program, I will be under the supervision of Boone County Community Corrections and subject to all rules and regulations of that program.
- ____ 4. I will cooperate with and truthfully answer all reasonable inquiries of staff.
- ____ 5. I understand that I am to inform the appropriate personnel of work schedule, meetings and appointments. I understand it is my burden to provide written documentation immediately upon request of confirmation of locations.
- ____ 6. I understand that I must check in as directed on a weekly basis to the specified building. Also, I agree to report immediately upon request to the location requested whether it be verbal or written.
- ____ 7. I understand that Boone County Community Corrections or Court Order are the only agencies that may approve any schedule and/or change in schedule, and that I must seek approval at least 48 hours prior to any change, excluding weekends and holidays. Failure to follow the approved schedule could result in a new charge of Unauthorized Leave from Home Detention a class a misdemeanor.
- ____ 8. I understand that I will be charged an initial fee, a weekly fee, and other fees as approved by Boone County Community Corrections Department. Payments will be made as determined by the Boone County Community Corrections Department. The amount I am required to pay daily may change upon review of my income. I understand that failure to make payments as scheduled, or departure from the program with a balance of payments in arrears; may result in any or all of the following:

- ____ A. A violation may be filed against me with Community Corrections and/or Probation Department.
- ____ B. The Court may enter a civil judgment against me in the criminal case for the amount of the arrearage.
- ____ C. I may be sued in Civil Court or subject to collection proceedings for the amount of the arrearage, plus costs of the proceedings and attorney fees.
- ____ 9. I agree to allow the Boone County Community Corrections Department, or anyone acting on their request to enter my residence at any time, without prior notice, and to make reasonable inquiry into my activities and the activities of others in the home. I agree to waive by right against search and seizure, and permit Boone County Community Corrections or any law enforcement officer acting on behalf of the Boone County Community Corrections Department, to search my person, residence, motor vehicle, or any location where my personal property may be found, to insure compliance with my condition of Electronic Monitoring.
- ____ 10. A. I will not consume, or possess on my person or at my place of residence, any alcohol or drugs unless prescribed by a physician. I will submit to drug and alcohol tests immediately upon request. Failure to submit to a test will be considered an admission of guilt. I understand I have one hour from the time notified to produce a urine specimen for drug testing. I will be responsible for the cost of any positive, dilute, or confirmation tests, even if I test positive for a prescription drug which I have a valid prescription.
- ____ B. I will not use or consume any illegal drugs, controlled substances, hemp, hemp products, extracts or mood altering substances. I will not take any drugs unless I possess a current and valid prescription from a legally licensed physician. I will provide the Boone County Community Corrections Department with verification of such prescription. I will not take prescriptions other than as directed.
- ____ C. I will not consume anything containing alcohol, including but not limited to an alcoholic beverage. I will not take medication with alcohol in it (i.e., liquid cold medicine, cough syrup, or mediated mouthwashes). I will not introduce into my body by smoking, inhaling, eating, drinking or otherwise ingesting or applying any consumer product, medication or other substance where the act of doing so is contrary to the manufacturer's specifications and/or warnings and/or where the purpose in your doing so is to obtain a high, euphoria, hallucination, or any kind of intoxication.
- ____ D. I will not be in the company of anyone that is using or possessing alcohol or illegal drugs.
- ____ E. By signing this contract I waive any objection to the admissibility of the results of the test as they are received by the Court into evidence at any Revocation Hearing. If screen results return diluted, it will be deemed a violation of the contract. I will be responsible for the payment of the cost of said test.
- ____ 11. I understand that I am not to possess on my person or at my place of residence or use any firearm, destructive device, or other dangerous weapon unless granted written permission from Boone County Community Corrections Department or by Court Order.
- ____ 12. I understand that I must have a permanent place of residence and must have approval from Boone County Community Correction Department at least two (2) weeks prior to any change of residence. Further, I understand that no more than two non-relatives may visit at one time.
- ____ 13. I understand that I must reside in _____ County for the entire term of my placement on Electronic Monitoring unless given permission to move by BCCC staff.

- ____ 14. I understand that while on Electronic Monitoring, I will have no contact at my home with anyone on probation, parole, or community corrections unless granted permission by Boone County Community Corrections Department.
- ____ 15. I understand that I must wear the ankle monitor at all times.
- ____ 16. I understand that I am responsible for any damage to the Electronic monitoring equipment; I will not tamper with, attempt to fix, or allow anyone else to tamper with or attempt to fix the equipment. All equipment must be returned to Boone County Community Corrections Department upon termination from the Electronic Monitoring Program. If I damage the equipment or fail to return the equipment in good condition, the Boone County Prosecutor's Office may charge me with theft and/or criminal mischief.
- ____ 17. I understand that if there are any problems with the equipment, I will contact the Boone County Community Corrections Department during regular office hours.
- ____ 18. I agree to sign a release of information for Boone County Community Corrections Department.
- ____ 19. I understand that I will not work more than two (2) jobs or not more than sixty (60) hours in any one week, unless approved by the Sentencing Court or BCCC staff. I will also be limited to working no more than six (6) days a week and twelve (12) hours a day unless given permission to work more by the Sentencing Court or BCCC staff. I understand employment must be in Boone County or one of its connecting counties.
- ____ 20. I agree to allow the Electronic Monitoring Staff to monitor my employment hours by examining my time cards, contacting my supervisor, and conducting work site visits. I understand that I am required to provide verification of work hours upon request. Failure to do so may result in termination from the program.
- ____ 21. I shall authorize my employer to release all records and information requested concerning my hours of employment, attendance on the job, duties of employment, reporting and dismissal times, and such other information as may be requested by Boone County Community Corrections Department.
- ____ 22. I understand that if a medical emergency arises I must contact the Boone County Community Corrections Department as soon as possible as to the nature and extent of the problem. Failure to notify this office may result in a violation being filed with Boone County Community Corrections and/or Probation Department.
- ____ 23. I understand that if during the term of Electronic Monitoring, my employment is terminated for reasons beyond my control, I may continue on the Boone County Community Corrections Department as long as I begin an intensive job searching and continue in court and/or community corrections mandated treatment.
- ____ 24. I understand that if I lose my job due to poor attendance (unexcused absences), use of drugs, alcohol, or misconduct, a violation will be filed with the Court and/or Probation Department.
- ____ 25. I understand that I will abide by all the laws of any city, state and federal government and that I am not to commit any law violations resulting in a new arrest or summons to Court while on Electronic Monitoring, I understand that I am not to violate any term of a license suspension and/or any restriction of a license. I understand that I am to identify myself as an Electronic Monitoring Program Participant to law enforcement officers.

26. I understand that violation of the order for Electronic Monitoring may subject me to prosecution for the crime of Escape under IC 35-44-3-5.
27. I understand that Boone County Community Corrections can terminate my participation in this program without notice, if I have any violations of the above conditions.
28. If I leave the State of Indiana, with or without permission of Boone County Community Corrections Department, I understand that I waive (give up) my extradition rights and will voluntarily return to Indiana.
29. I understand that Boone County Community Corrections has the authority to direct me to substance abuse treatment, school (if I don't have a high school diploma or GED), counseling, or any other program that Boone County Community Corrections has determined to be appropriate for me to attend. Failure on my part to follow through on such directives may result in a violation being filed with the Court and/or Probation Department.
30. Special Orders: _____

During my term of Electronic Monitoring, if a determination is made that there is probable cause to believe that I have violated any of these conditions, I may be removed from participation in this program and may be incarcerated pending further Court determination. I further acknowledge that if the Court finds that I have violated any one of these conditions, the Court may, without notice to you, revoke the suspended sentence and impose any sentence it may have originally imposed, issue a warrant for my arrest, modify my conditions, or continue placement.

This contract has been read and explained to me, and my signature below acknowledges that I have fully read and fully understand all the terms and conditions of this contract. I further acknowledge that I have initialed each and every term of this Electronic Monitoring contract as I have read and understood each term. I hereby agree to comply with all of the above rules and regulations of the Electronic Monitoring Program. I further acknowledge that I have read and understood the Boone County Community Corrections Electronic Monitoring Program Handbook and agree to comply with all the rules and procedures set forth in it.

Program Participant _____

Date _____

Staff Member _____

Date _____

For Staff Use Only

Date Issued	Initials of staff issuing	Item	Serial #	Damaged Y or N	Date of return	Name of staff returning
		GPS Unit				
		Charger				
		GPS Unit				

**ADULT SEX OFFENDER
ADDITIONAL TERMS OF COMMUNITY CORRECTIONS**

Boone County Community Corrections hereby imposes the following special community corrections conditions upon

Defendant _____ in Cause No. _____

The special conditions checked below apply to you as a result of your sex offense conviction and should be initialed by you after you have read these conditions or after these conditions have been read to you. Violation of any of the special conditions checked below can result in a violation being filed with the Court and incarceration.

CHECK ALL CONDITIONS THAT APPLY:

Offender BCCC Staff

Initials Initials

_____ 1. *Applies only to sexually violent predators:* A sex offender who is a sexually violent predator (as defined in IC 35-38-1-7.5) shall register with local law enforcement authorities within seventy-two (72) hours of being released to probation in accordance with IC 11-8-8-7(h) and shall comply with all other registration requirements. ***Required as a condition of probation by IC 35-38-2-2.2 for sex offenses listed in IC 11-8-8-4.5. This term has been adopted for purposes of your Community Corrections supervision.**

_____ 2. *Applies only to sex offenders who are NOT sexually violent predators:* You shall register with local law enforcement authorities as a sex offender within seven (7) days of being released to/placed on probation in accordance with IC 11-8-8-7 and shall comply with all other registration requirements. ***Required as a condition of probation by IC 35-38-2-2.2 for sex offenses listed in IC 11-8-8-4.5. This term has been adopted for purposes of your Community Corrections supervision.**

_____ 3. *Applies only to "offenders against children" as defined in IC 35-42-4-11(a) (1) & (2), including sexually violent predators.* You shall not reside within one thousand (1,000) feet of school property, a youth program center or a public park and you shall not establish a residence within one (1) mile of the victim of your sex offense in accordance with IC 35-42-4-11(c).

_____ 4. You shall not reside within one thousand (1,000) feet of school property (as defined in IC 35-41-1-24.7), as measured from the property line of the sex offender's residence to the property line of the school property, for the period of community corrections, unless written approval is obtained from the court. *Written approval may not be given to an offender who is a sexually violent predator or an offender against children.* ***Required as a condition of probation by IC 35-38-2-2.2(2). This term has been adopted for purposes of your Community Corrections supervision.**

____ 5. You shall not reside within one (1) mile of the residence of the victim of your sex offense (as defined by IC 35-38-2-2.5(b)) unless granted a waiver from the court. *The court may not grant a waiver for a sexually violent predator or an offender against children.* ***Required as a condition of probation by IC 35-38-2-2.5(c). This term has been adopted for purposes of your Community Corrections supervision.**

____ 6. You shall not establish a new residence within one (1) mile of the residence of the victim of your sex offense (as defined in IC 35-38-2-2.5(b)) unless granted a waiver from the court. *The court may not grant a waiver for a sexually violent predator or an offender against children.* ***Required as a condition of probation by IC 35-38-2-2.5(e) and (f). This term has been adopted for purposes of your Community Corrections supervision.**

____ 7. You shall attend, actively participate in and successfully complete a court-approved sex offender treatment program as directed by the court or BCCC staff during the creation of your Case Plan. Prompt payment of any fees is your responsibility and you must maintain steady progress towards all treatment goals as determined by your treatment provider. Unsuccessful termination from treatment or non-compliance with other required behavioral management requirements will be considered a violation of your Community Corrections placement. You will not be permitted to change treatment providers unless the court gives you prior written approval.

____ 8. You shall not miss any appointments for treatment, psychotherapy, counseling, or self-help groups (any 12 Step Group, Community Support Group, etc.) without the prior approval of BCCC staff and the treatment provider involved, or a doctor's excuse. You shall comply with the attendance policy for attending appointments as outlined by the court. You shall continue to take any medication prescribed by your physician.

____ 9. You shall not possess obscene matter as defined by IC 35-49-2-1 or child pornography as defined in 18 U.S.C. § 2256(8), including but not limited to: videos, magazines, books, DVD's, and material downloaded from the Internet. You shall not visit strip clubs, adult bookstores, motels specifically operated for sexual encounters, peep shows, bars where partially nude or exotic dancers perform, or businesses that sell sexual devices or aids.

____ 10. You shall be required to inform all persons living at your place of residence about all of your sex-related convictions. You shall notify BCCC staff of any changes in home situations or marital status. You shall have only one residence and one mailing address at a time.

____ 11. You shall not travel alone after 10 p.m. (including but not limited to: driving, walking, bicycling, etc.) unless given permission by BCCC staff.

____ 12. You shall not engage in a sexual relationship with any person who has children under the age of 16 years unless given permission by the court and your treatment provider.

_____ 13. BCCC staff must first approve any employment and may contact your employer at any time. You will not work in certain occupations that involve being in the private residences of others, such as, but not limited to, door-to-door sales, soliciting, home service visits or delivery.

_____ 14. You shall have no contact with your victim or victim's family unless approved in advance by BCCC staff and treatment provider for the benefit of the victim. Contact includes face-to-face, telephonic, written, electronic, or any indirect contact via third parties.

_____ 15. You shall have no contact with any person under the age of 16 unless you receive court approval or successfully complete a court-approved sex offender treatment program, pursuant to IC 35-38-2-2.4. Contact includes face-to-face, telephonic, written, electronic, or any indirect contact via third parties.

_____ 16. You shall not be present at schools, playgrounds, or day care centers unless given permission by the court.

_____ 17. You shall not participate in any activity which involves children under 18 years of age, such as, but not limited to, youth groups, Boy Scouts, Girl Scouts, Cub Scouts, Brownies, 4-H, YMCA, YWCA, or youth sports teams, unless given permission by the Court.

_____ 18. You shall sign a waiver of confidentiality, releases of information, or any other document required that permits BCCC staff and other behavioral management or treatment providers to examine any and all records relating to you to collaboratively share and discuss your behavioral management conditions, treatment progress, and community corrections needs as a team. This permission may extend to: (1) sharing your relapse prevention plan and treatment progress with your significant others and/or your victim and victim's therapist as directed by BCCC staff or treatment provider(s); and (2) sharing of your modus operandi behaviors with law enforcement personnel.

_____ 19. You shall participate in and complete periodic polygraph testing at your own expense at the direction of BCCC staff or any other behavioral management professionals who are providing treatment or otherwise assisting BCCC staff in monitoring your compliance with your community corrections conditions.

_____ 20. You shall be under intensive supervision and report to BCCC as directed. You shall complete a travel log and/or journal of daily activities as directed by BCCC staff.

_____ 21. You shall not access the Internet or any other on-line service or social network through the use of a computer, cell phone, iPod, Xbox, Blackberry, personal digital assistant (PDA), pagers, Palm Pilots, televisions, or any other electronic device at any location (including your place of employment) without prior approval of BCCC staff. This includes any Internet service provider, bulletin board system, e-mail system or any other public or private computer network. You shall not possess or use any data encryption technique or program.

_____ 22. You shall consent to the search of your personal computer at any time and to the installation on your personal computer or device with Internet capability, at your expense, of one (1) or more hardware or software systems to monitor Internet usage. ***Required as a condition of probation by IC 35-38-2-2.2(3). This term has been adopted for purposes of your Community Corrections supervision.**

_____ 23. You are prohibited from accessing or using certain web sites, chat rooms, or instant messaging programs frequented by children. You are prohibited from deleting, erasing, or tampering with information on your personal computer with intent to conceal an activity prohibited by this condition. ***Required as a condition of probation by IC 35-38-2-2.2(4). This term has been adopted for purposes of your Community Corrections supervision.**

_____ 24. _____

Date

Defendant

BCCC Staff

BOONE COUNTY COMMUNITY CORRECTIONS ELIGIBILITY FOR ELECTRONIC MONITORING

Commitments to electronic monitoring services can be made through the courts via executed (suspendable) sentences, direct commitment (non-suspendable), sentence modifications, Community Transition Program, Bond Stipulations, Probation Violation sanctions or as a condition of probation. Consistent with Indiana Code governing the rules of electronic monitoring, a defendant must agree to follow conditions of Electronic Monitoring.

Three types of monitoring available:

1. GPS Monitoring without home detention: A weekly schedule of movement must be completed however only restrictions in place on locations will be set by the Court or a Protective Order. This program can not be used in place of jail time.
2. GPS Monitoring with home detention: Offender is restricted to the home except for approved locations on the weekly schedule.
3. Curfew monitoring: Offender has times set by the Court they must remain in the home.

ELECTRONIC MONITORING PRE-SCREENING

An attorney must complete a referral form unless the defendant has chose to represent him/herself at least 90 days prior to plea hearing. Included with the referral form must be all required paperwork (Referral form, police report, plea agreement, criminal history and PSI (if available)). Referrals received will be reviewed by the program administrator for completeness and accuracy. Once received, the Defendant will receive information, packets, and a letter with the pre-screen interview appointment date in the mail. **Failure to show for the appointment will result in a denial.** \$25.00 fee for pre-screening must be paid prior to or the day of the pre-screen taking place. If a client is incarcerated someone acting on his/her behalf needs to pay the \$25 screening fee prior to BCCC going out for an interview. **An interview will not be conducted until the fee is paid.** The client, if working, needs to **bring a copy of a recent paycheck stub.** Once the interview is completed the Defendant will then be scheduled for a pre-screen walk thru at the address the Defendant wishes to reside. Once the walk thru is completed the information will then be reviewed and a letter filed with the Court accepting or denying the Defendant for the program. If the address or employment listed on the letter change Community Corrections must be notified immediately (at least 30 days prior to sentencing) for approval. Once a letter has been filed with the Court any additional requests/changes in screening could result in additional fees. This includes but is not limited to changes in address, failing to show for the interview appointment, payment of past due fees more than 30 days after the interview.

SHORT TERM PLACEMENT

If your sentence is less than 60 actual days you will be required to pay the hookup fee, administrative fee, and $\frac{1}{2}$ of the total of the per day rate up front to be hooked up. (example: if on for 30 actual days $\$140 + \$50 + (720/2) = \$550$ would be the total expected at hookup) Upon completion of half the sentence the remaining balance is due in full.

If your sentence is less than 30 actual days then your total must be paid in full at hookup (Example: $\$140 + \$50 + \$360 = \550 due at hookup)

IC 35-38-2.5-7 Offenders not subject to home detention.

- (a) A Court may not order home detention for an offender unless the offender agrees to abide by all of the requirements set forth in the Court's order issued.
- (b) A Court may not order home detention for an offender who is being held under a detainer, warrant, or process issued by a Court of another jurisdiction.

EMPLOYMENT

The Defendant should have full time employment and be gainfully employed full time for the previous three months. Those being released to Community Corrections through Community Transitions Program or directly from jail will have ten (10) days from beginning of the program to obtain verifiable employment. Employment must be within Boone County, at one location and verifiable. Verification is provided via a paycheck stub and time card. Self-employment will be looked at on a case by case basis. All employment must be within daily commuting distance of the home detention location and within Boone County or one of the connecting counties. All employment must be approved by the Program Administrator. Employment at locations serving alcoholic beverages (i.e. liquor stores, taverns/bars, restaurants with liquor license) will not be approved for persons with any pending alcohol related offenses or history of alcohol abuse or alcohol offenses within the past five years. The same rules apply to those with drug offenses working in the pharmaceutical field. Employers refusing to allow unannounced job site visits will not be approved as a jobsite. Employers must agree to sign an agreement that they will provide truthful information in regards to the Defendant's employment.

RESIDENCE

Defendants must have stability (positive support group and employment) and live in Boone County in order to be properly monitored and supervised. An approved residence will have no more than two apartments in a stand-alone dwelling. The residence is subject to approval during the pre-screening process. All adults over the age of eighteen living in the home must sign the co-residents agreement and agree to the rules that apply to them for the term of the Defendant's sentence. Defendant's living in a trailer or mobile home may require an additional fee for Electronic Monitoring. If at any time the conditions of the residence show signs of putting the client at risk of being able to complete the program successfully the client will be required to seek different living arrangements. Boone County Community Corrections is concerned with helping the client make choices that will enable them to live crime free upon completion of the program.

CRIMINAL HISTORY

Defendants and offenses must be considered low-medium risk. Defendants must have demonstrated the ability to comply with rules and restrictions. Defendants considered a potential safety risk to themselves, members of society or the staff as a result of their criminal/mental history or pending charges will not be approved for the program.

DIRECT PLACEMENT

The Court may sentence an offender directly to Community Corrections. This would include some offenders that would have received non-suspendable sentences. Direct placement for non-suspendable sentences does not apply to persons convicted of any of the following:

- (1) Sex crimes under IC 35-42-4 or IC 35-46-1-3
- (2) Except as provided in subsection (a)(3), any of the felonies listed in IC 35-50-2-2(b)(4).
- (3) An offense under IC 9-30-5-4
- (4) An offense under IC 9-30-5-5

VIOLENT/SECURITY RISK OFFENDERS

Offenders considered a "security risk" as defined in IC 35-38-2.5-4.5 **"(1) flight risk or (2) threat to the physical safety of the public"**, are not eligible for the electronic monitoring program.

ELECTRONIC SURVEILLANCE EQUIPMENT

An electronic Global Positional Satellite surveillance system will be used for each offender referred for Electronic Monitoring.

APPROVED ABSENCES

Consistent with state law, there will be no absences from home except for those situations/circumstances approved for absence by the Electronic Monitoring staff. Such situations/circumstances will be related to employment, counseling, treatment, medical care, education, the search for employment, church or scheduled/approved privilege time. All approved absence locations should be within Boone County. With prior approval, offenders with no other adult in the residence may have up to one hour per week (plus travel time) to purchase necessities at one location. The Program Administrator may approve deviations from this policy.

Defendants may attend viewing and funeral services for deceased member of the **immediate family** (parents, spouse, children, brothers, sisters, grandchildren, grandparents). Viewing and funeral services must be in Boone County. The Program Administrator may approve deviations from this policy.

VIOLATIONS

There are two types of violations; technical and substantive. A technical violation is defined as violations which are discovered via a printout or other computer generated means. A substantive violation is one that is directly observed. A technical violation becomes substantive when verified/confirmed. A positive urine screen or alcohol test is considered a substantive violation. All substantive violations may be filed with the sentencing Court. A Report of Violation of Community Corrections may be filed requesting Court action. Technical violations may be filed, if they continue to occur. In order for an offender to successfully complete Electronic Monitoring, they must be in compliance with program rules in such a manner as to avoid a filing of a violation with the Court and subsequent termination from the program. Discretionary powers are delegated to the Program Administrator to evaluate violations of program rules and how to best resolve them in a consistent and appropriate manner. Major violations such as positive drug screens, use/possession of alcohol or committing another criminal offense may result in immediate filing with the Court, a warrant could be issued and termination from the program pending a hearing in the matter.

Other violations may be resolved with an office visit and appropriate sanctions or reprimand administered. Sentence modifications are only applied after a Court order has been received granting such a modification.

SANCTIONS FOR VIOLATIONS

Violations of program rules may result in a variety of sanctions. Sanctions may include but are not limited to the following: loss of any out-of-home privilege, mandatory alcohol/substance abuse education, mandatory cognitive/behavioral programs, placement in the Boone County Jail or Department of Corrections or any combination thereof. Furthermore, the violation of any program may also result in a probation violation.

EMERGENCY CHANGE OF PLACEMENT

The program administrator or representative may request from a Judge an immediate change of placement to the Boone County Jail, if an offender fails to meet basic Electronic Monitoring criteria in accordance with Indiana Code 35-38-2.5.

EDUCATION

Offenders without a GED or high school diploma executing sentences as a result of Court action will be encouraged to complete their GED. Offenders wishing to pursue technical or other educational opportunities will be evaluated on an individual basis. At no time will work, treatment, or education total a combined total of more than 70 hours per week away from the residence.

FEES

Each offender shall be assessed a daily fee of the equivalent of one hours pay or at least a minimum of \$12.00 per day for GPS (an additional fee could be assessed if add on equipment is needed to properly monitor the offender). A minimum payment of the daily rate times 7 (at \$12.00 a day is equal to \$84.00 a week) is required every Monday. Additional fees include \$25.00 pre-screen fee, \$140.00 hook up fee, \$50.00 Administrative Fee, \$20.00 fee for change of location or removal of the bracelet outside of Court order (i.e. for CAT scans or MRIs), and any drug screen administered. An offender being transferred could be assessed a \$50.00 transfer fee. All fees must be paid in full or a pay agreement in place for an offender to be released from Electronic Monitoring successfully.

Failure to pay two weeks in a row will result in an Administrative Hearing and a pay agreement increasing the weekly payments. Failure to comply with the pay agreement will result in removal from the program and a violation could be filed with the Court.

All past due fees must be paid in full. This includes: Probation fees, Community Correction fees and Fines and Court costs.

TRANSFERS

Offenders residing in Boone County who wish to have their Out-of-County supervision transferred to Boone County must be approved through the screening process including the \$25.00 pre-screening fee. Denial of an application means denial of the transfer request. Transfers will be given the lowest priority, and will only be accepted, if program space is available and eligibility criteria are met.

Offenders who live in a county other than Boone County will require a request for courtesy supervision by Community Corrections in the county in which they reside. I.C. code 35-38-2.5-5.5 states supervision must be by Community Corrections or the Probation Department if no Community Corrections exists. Third party vendors are not considered Community Corrections. Transfer to another county could take an additional 30 – 60 days.

WAITING LIST

Offenders who have been approved and sentenced, but are waiting to begin Electronic Monitoring will report weekly to Community Corrections as directed by the Court, Program Director or representative of Community Corrections.

RELEASE

When placed on electronic monitoring we are given an order from the Court stating the amount of time you are to be on the program. Once a unit is placed on you the time begins. The time ordered by the Court is placed in the system and we are then able to give you the Estimated Projected Release Date (EPRD). You must remain under the rules of Community Corrections for the duration of that time. (Example: If your EPRD is March 5, you must follow your schedule all day. At 12:01 AM on March 6, your time is officially done and you may move around without restriction.) **DO NOT** attempt to remove your unit from your leg yourself. Doing so could result in damage to the unit and new charges could be filed for Criminal Mischief, Class A Misdemeanor (IC 35-43-1-2(A)).

When you come in be sure to bring with you any of the monitoring equipment. Failure to turn in the equipment can result in you being charged for replacement of the equipment as well as possible theft charges being filed. To be released successfully you need to also make sure your **financial obligations are paid in full.**

I have read and understand the Eligibility for Electronic Monitoring and have been given a copy of this information.

Client

Date

BOONE COUNTY COMMUNITY CORRECTIONS

Privilege and Sanctions

Privilege time is a privilege and can be taken away at any time for any reason. Privilege time is anything that requires you to be outside the home other than work, school, treatment, counseling, doctor's appointments and any Court ordered activities. To earn privilege time you must be current on your payments, have no written warnings in the past 60 days and must be following all treatment recommendations.

Clients are to provide proof (i.e. receipts) for all time outside of the home.

You will be advised of sanctions in four forms:

- Verbal Warning/Written Warning – A one on one meeting with field officer, case manager, or Director regarding appropriate behavior.
- Intensive Case Management – Completed by the Boone County Community Corrections staff. Rules are reviewed by case manager or Director and a copy given to the client. The client is given an opportunity to ask questions and respond to the warning.
- Administrative Hearing – Meeting will be held with at least two of the three Directors and two other staff members (this can be a probation officer or a field officer). The rules are reviewed and the client will be advised of consequences if further violation happen. Client given opportunity to respond. Sanctions are then determined.
- Violation Filed with the Court

Examples of activities resulting in a sanction include but not limited to:

- Failure to provide documentation
- Failure to attend scheduled meeting/appointments
- Late leave or early return
- Tampering with equipment

Possible sanctions for a violation of the rules include:

- Report filed with the prosecutor
- Programming
- Additional appointments
- Community Service Work
- Removal from the program

Important Telephone Numbers

Community Corrections Office	765-482-2484 *
Probation Department	765-482-6505
Emergency On Call Number	765-894-3498 *
Total Court Services (Interlock)	888-889-6989

*Note: These are important numbers for you to call if you need assistance. They are not the only numbers that we may return your call from. While on the program be sure to answer all calls regardless if you recognize the number or not.

If your bracelet tones or a field officer has to leave a message for you, you must call the on-call number (or number left on the message) within 15 minutes.

HANDBOOK RECEIPT

I, _____; hereby acknowledge receipt of the Boone County Community Corrections GPS Monitoring 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 change made.

Signed: _____

Rules delivered by: _____

Time and Date: _____