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Take home with you, review, fill out, and bring back with you to your appointment.

Community Service Restitution Contract

Procedures for Community Service Restitution Admission

- * Fill out the written application and submit it to the Director
- * Interview with Community Corrections
- * **If the applicant is under 18 year of age, a parent or legal guardian must accompany him/her to the interview**
- * The applicant will pay all required fees when reporting to begin the program.
- * **All fees must be paid before an offender is released from this Department.**

TO: Community Service Restitution Applicant

FROM: Wells County Community Corrections Director

The Wells County Community Service Restitution Program was implemented in November 1990. The purpose of the program is to provide appropriate offenders the ability to maintain employment, while executing a sentence which was imposed by the Court.

The rules and regulations of the program are designed to make involvement in the program as reasonable as possible. Failure to follow the rules of the program will result in your termination and referral back to the referring agency for further proceedings. Before being accepted into the program you must read all of the attached material, fill out the application, and then be scheduled for an interview. The Director of Wells County Community Corrections shall have final authority as to who is admitted.

The Community Corrections staff expects you to cooperate fully with the staff members as well as others and to report to all required check-ins.

If you are accepted into the program, be prepared to give your absolute best effort. If you have any doubts about your intentions to do your best, you should not fill out the application.

Sincerely,

Blake Poindexter,
Wells County Community Corrections

General Rules and Regulations

The Community Service Restitution Program is a privilege. Participants are individuals serving a sentence in a special arrangement with the Court. Failure to observe the rules strictly may result in termination. If, in the judgment of Wells County Community Corrections, there is reason to believe a violation has occurred, the participant will be potentially terminated from the program and returned to the referring agency or returned to Court for a hearing.

PLEASE INITIAL ON THE LINE IN 'RED' AFTER YOU HAVE READ EACH RULE.

1. Financial:

You are required to pay a user fee to Wells County Community Corrections at the rate of \$1.00 per assigned hour. You are also required to pay the sum of \$4.50 to cover the insurance cost of your participation in this program. All payments are to be made at the time of the initial intake appointment and must be paid by money order or cashier's check.

If you are terminated from the program for failure to comply with the rules, there will be a \$50.00 re-admittance fee if you are re-referred back to us by the sentencing court.

Participant Initials _____

2. Agency Assignment:

You are required to report to the agency as assigned by Wells County Community Corrections at the designated time and date.

You are required to perform the hours of work as Court ordered in a satisfactory and timely manner (without disciplinary or attitude problems) or you will be required to repeat those hours.

If you must reschedule or miss a scheduled work date, you must notify the assigned agency in advance and request permission. Permission will be granted based on your work performance and the reason for the request.

Failure to appear on any date scheduled on your weekly work schedule will result in your number of hours/days being extended three (3) for one (i.e. 24 hours for each 8 hours missed or 3 days for each day missed). Since rescheduling in advance is possible, almost no excuse will be accepted for an absence without prior approval.

You are required to comply with all reasonable requests or directives of your agency supervisor. You are subject to and will obey all work rules in effect at the assigned agency.

You are required to perform the hours of work without any payment or compensation.

The agency to which you are assigned can terminate your work assignment at any time without notice or without reason. If that should occur, you are to report to Wells County Community Corrections immediately.

Your friends or acquaintances are **not allowed** to visit you at your assigned agency at any time during your work hours.

Participant Initials _____

3. Photo Identification:

At the time of your appointment with Wells County Community Corrections, you will need some form of photo identification. **You must take this identification with you when you perform Community Service hours. You must also bring this identification to all Community Service check-ins.**

Participant Initials _____

4. Clothing:

You are required to dress in a manner and style appropriate for the work to which you have been assigned.

Participant Initials _____

5. Employment:

It is your responsibility to advise Wells County Community Corrections of any change of address, employment, or telephone number.

Participant Initials _____

6. Check-in:

You shall report to each designated check-in at the proper location, and at the appointed time, as directed by the Wells County Community Corrections Office. You shall then submit your timecard for verification and make any payments necessary. **You must also bring picture identification to check-in.**

Participant Initials _____

7. Illness or injury:

If you are unable to work due to illness, you must call the agency prior to missing and you must provide a doctor’s statement to Wells County Community Corrections. **If you are injured at a Community Service site you must immediately report it to your supervisor and after receiving medical attention report to the Community Corrections Office in the Court House and fill out all necessary paperwork. If you fail to report any injuries within 4 hours of the accident to Wells County Community Corrections we will not be responsible for any medical expense that is the result of your accident.**

Participant Initials _____

8. Transportation:

Transportation to and from the agency assigned is solely your responsibility.

Participant Initials _____

9. Conduct:

You are to obey all laws of the United States and the State of Indiana and behave well in society. Providing false information, altering, or falsifying employment records or other documentation will result in your termination from the Community Service Restitution program.

Participant Initials _____

10. Discipline:

Any offender may be written up by a Community Service Supervisor for any violation. Serious violations may result in removal from the program and referral back to the referring agency or Court.

Participant Initials _____

11. Drugs and Alcohol:

Any use of a mind-altering substance (drugs or alcohol), in any form or any amount, is strictly prohibited.

Any use of any product containing poppy seeds, all hemp products, including hemp seed oil and the Vicks Inhaler are also strictly prohibited.

You **shall agree** to submit to a test for the presence of drugs or alcohol at any time and to pay for such testing, if required. If you fail to give a sample within a **two (2) hour period** after being asked to provide one, **your refusal will be considered the same as a positive test**. If a test returns twice as a diluted sample, it will be considered a positive test. Failure or refusal to submit to such testing or tampering with a test sample shall be considered the same as a positive test and you will be referred back to the referring agency or Court for a hearing.

Participant Initials _____

12. Weapons:

You **shall not** possess or use any firearm, destructive device, or other dangerous weapon unless granted written permission from the Wells County Community Corrections Director.

Participant Initials _____

If you have any questions or problems, contact **the Wells County Community Corrections Office** at **260-824-6405**. If no one is in the office, leave your name and phone number on the answering machine so the staff member can reach you.

I, the undersigned, hereby acknowledge that I have read and fully understand these rules and further agree to abide by them. I understand that my failure to comply may result either in termination and referral back to the referring agency or in a Court hearing. I understand and agree that I will not hold Wells County Community Corrections or any employee liable for any injuries or illness I may suffer while I am a participant of the Community Service Restitution Program and I agree to indemnify and hold said agency and individuals harmless from claims for damages or injuries incurred by others resulting from my actions.

Are you prepared to answer to the courts if you are not able to follow these rules?

____ Yes ____ No

Have you read and understood the rules and regulation of the Community Service Restitution Program?

____ Yes ____ No

**Have all of your questions been reviewed and answered adequately by the WCCCD staff and
are clearly understood by you prior to signing this contract? ___ Yes ___ No**

Community Service Participant Signature: _____

Community Service Participant Name **(Please Print)** _____

If under 18, signature of parent or legal guardian:

WCCCD Staff Signature _____ Date _____

Community Service Restitution Application

****Please Print****

Name _____ Home Phone _____
 First Last MI

Nickname _____ Cell Phone _____

Address _____ City _____ State _____ Zip _____

How long at this address? _____

SSN# _____ Sex _____ Married _____ Single _____ Divorced _____ Separated _____

Race: _____ White _____ Black _____ Hispanic _____ Asian _____ Native American _____ Other _____

US Citizen _____ Yes _____ No Are you a Veteran _____ Yes _____ No

Date of Birth _____ Age _____ Number of Dependents _____

Height _____ Weight _____ Eyes _____ Hair _____

Highest Grade Completed _____ GED/Diploma _____ Yes _____ No

Are you interested in attending G.E.D Classes? _____ Yes _____ No

Do you have a valid driver's license? _____ Yes _____ No Suspended? _____ Yes _____ No

Operator's license number _____ Expiration date _____

Employment

Employment _____

Address of Employer _____

Name of Supervisor _____ Work Phone # _____

What crime are you currently charged with? _____

Are you currently on probation or parole? ___Yes ___No

If Yes, who is your probation or parole officer? _____

In case of emergency, notify:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

To the best of your knowledge is the information on this application accurate and have all questions been answered? ___Yes ___No

Community Service Participant's Signature: _____

Community Service Participant Name **(Please Print)** _____

If under 18, signature of parent or legal guardian: _____

WCCCD Staff Signature _____

Date: _____

AUTHORIZATION TO RELEASE AND EXCHANGE INFORMATION

I authorize Wells County Community Corrections to obtain any information in your files pertaining to my employment, medical, education, credit, military records, and pre-sentence reports and/or any other reports that would disclose information concerning potential conduct for the Community Corrections Program for which I am being referred to, including but not limited to duration of employment, summary of contacts, academic achievement, attendance, disciplinary actions, and current status. I hereby direct you to release such information upon request of bearer. This release is executed with full knowledge and understanding that the information obtained is for the official use of Wells County Community Corrections.

I hereby authorize Wells County Community Corrections to exchange information with any entity, person, or agency that is deemed appropriate, by Wells County Community Corrections, for enabling Wells County Community Corrections to provide more comprehensive services in my program of supervision.

I hereby release you, as the custodian of such records, and any school, college, university, or other education institution, hospital or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt.

This information is for the official use of Wells County Community Corrections and is valid as long as my file is active with Wells County Community Corrections or unless I request, in writing, that the Authorization to Release and Exchange Information be voided.

Community Service Participant's Signature: _____

Community Service Participant's Name **(Please Print)** _____

If under 18, signature of parent or legal guardian: _____

WCCCD Staff Signature _____

Date: _____

MEDICAL BACKGROUND QUESTIONNAIRE

(Where relevant, attach doctor's statements regarding problems and restrictions.)

Date of Birth _____ Are you under a Doctor's care? ____ Yes ____ No

If Yes, why? _____

Name of Doctor: _____ Phone _____

Address _____ City/Town _____ Zip Code _____

Are you taking any medication? ____ Yes ____ No If Yes, what are they for? _____

Any side effects or restrictions? _____

Are you pregnant? ____ Yes ____ No Pregnancy Due Date: _____

If Yes, has your Doctor restricted your activity? ____ Yes ____ No What are your doctor's pregnancy restrictions? _____

Do you have any allergies, medical problems, restrictions, or back problems? ____ Yes ____ No

If Yes, what are they? _____

Community Service Participant's Signature: _____

Community Service Participant's Name (Please Print) _____

If under 18, signature of parent or legal guardian: _____

WCCCD Staff Signature _____

Date: _____

DRUG USE QUESTIONNAIRE

Community Service Participant's Name: _____ Date _____

During the past thirty days, I have used the following drugs and/or medications:

I. PRESCRIPTION: Prescribed by Dr. _____ Phone _____

	<u>PRESCRIPTION DRUG</u>	<u>DOSE</u>	<u>FREQUENCY</u>	<u>DATE LAST USED</u>
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____

II. OVER-THE-COUNTER MEDICATION:

	<u>MEDICATION</u>	<u>DOSE</u>	<u>FREQUENCY</u>	<u>DATE LAST USED</u>
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____

III. ILLEGAL DRUGS:

	<u>ILLEGAL DRUG</u>	<u>DOSE</u>	<u>FREQUENCY</u>	<u>DATE LAST USED</u>
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____

Community Service Participant Signature: _____

Community Service Participant Name **(Please Print)** _____

If under 18, signature of parent or legal guardian: _____

WCCCD Staff Signature _____

Date: _____

DRUG ADMISSION FORM

I hereby admit that I have used the following drug (s):

on the following date (s): _____

without proper medical authorization in the form of a valid prescription or physician's instructions.

This admission of drug use is made voluntarily without threat or promise, and I understand that it can be used against me in a court of law.

Community Service Participant's Signature: _____

Community Service Participant's Name **(Please Print)** _____

If under 18, signature of parent or legal guardian: _____

WCCCD Staff Signature _____

Date: _____