WELLS COUNTY COMMUNITY CORRECTIONS

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

Attached to this is a letter - please take the letter to your employer. Have them read and sign it. Bring the signed letter to your intake appointment.

JUVENILE
HOME DETENTION / ELECTRONIC MONITORING CONTRACT

WELLS COUNTY COMMUNITY CORRECTIONS

Home Detention/Electronic Monitoring Program Admittance

Guidelines

In order to qualify for admittance into the Juvenile Home Detention/Electronic Monitoring program, **(*hereinafter referred to as Juvenile Home Detention/EM)*** you must meet certain guidelines for admission as follows:

- Must be reviewed by the Program Director for any violent or sex offender conviction before being placed on the program.
- Must have secure full-time employment. If not employed, we can work with offenders to gain employment.
- The employer of any offender on the program may be contacted and the offender may be checked on while at work.
- Must have transportation to and from check-ins.
- Must have installation fee and the first week's monitoring fee paid prior to installation of the monitoring equipment or as per sentencing court guidelines.
- Must have cell phone contact so that you can be reached.
- **All fees must be paid before an offender completes the program. If not paid in full upon completion, your probation may be revoked for failure to pay court cost, fines and/or fees.**

(Office Staff Use Only)Initials _____

TO: Juvenile Home Detention/Electronic Monitoring Applicant

FROM: Wells County Community Corrections Executive Director

The Wells County Juvenile Home Detention/EM Program ***(hereinafter referred to as Juvenile Home Detention/EM)*** was implemented in November 1990. The purpose of the program is to provide appropriate offenders the ability to maintain employment, while executing a sentence at home, which was imposed by the Court.

You should understand in advance that if you are admitted to the program, **you are still an inmate under the custody and control of the Wells County Community Corrections Department**. Failure to follow the rules of the program will result in your termination and referral back to the referring agency for further proceedings. The Court determines your release date. No early release will be approved by Wells County Community Corrections. Only a Court order will cause an early release. Do not ask the staff or the director to change your release date. They are not authorized to do so.

The Community Corrections Director 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 very best effort. If you have any doubts about your intentions to do your best, you should not fill out the application.

Sincerely,

Blake Poindexter,
Executive Director

(Office Staff Use Only)Initials _____

WELLS COUNTY COMMUNITY CORRECTIONS

General Rules and Regulations

Juvenile Home Detention/Electronic Monitoring **(*hereinafter referred to as Juvenile Home Detention/EM*)** is a privilege. Participants are offenders serving a sentence in a special arrangement. Failure to observe the rules strictly may result in termination. If, in the judgment of the Community Corrections Officer, there is reason to believe a violation has occurred, participants will be 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. Electronic Monitoring Equipment:

An electronic GPS monitoring transmitter will be installed on your person so that your activities outside the home can be monitored. **Payments are handled per order of Juvenile Home Detention issued by the sentencing Court.** You will be responsible for the care of your unit. If it is damaged you will reimburse Wells County Community Corrections anywhere from $500.00 to $3,500.00 for the cost of the unit. Tampering with or destroying your monitoring equipment will result in termination from the program and a charge of Criminal Mischief.

CVBR (Cellular Video Breathalyzer Unit): If you fail to verify identification either visually or biometric measures (No obstructions) this will be considered a violation of the Home Detention Court order rule #8 (Pretrial) and #8 (Executed Home Detention Court Order). (You shall maintain all monitoring equipment as specified by the Community Corrections department supervising your Home Detention and comply with all rules and requirements of that agency.)

GPS: **I understand I shall maintain charging of device as per Community Corrections Standards.**

Participant Initials: _____

2. Financial:

Payments for intake and monitoring fees and drug testing are handled per order of Juvenile Home Detention issued by the sentencing Court. Juvenile Home Detention/EM charges shall be paid by money order or cashier's check made payable to the **Wells County Probation Office.**

You will have an intake appointment at the Wells County Community Corrections office. At that time, you must have made payment arrangements depending on the court, which is for installation and the first few weeks of fees or as described per your court order.

(Office Staff Use Only)Initials _____

At the next check in you will be expected to make regularly make payments each week following intake with the Probation Department.

If ordered by court to have a financial assessment done offender may be eligible for financial fee assistance.

Delinquent balances will be turned over to AAA Collections, our contracted Collection agency. If you are on probation or direct commit this will be considered a violation of the court order and you may face further revocation proceedings.

Participant Initials: _____

3. Medical:
You will be financially responsible for any medications, medical care, including dental care, while on the program. Medical appointments shall be arranged in advance with the Community Corrections Officer.

Over-the-counter medicines, as well as prescribed medications, shall be checked in with the Community Corrections Officer at intake and every check in thereafter. You will not be allowed to have in your possession an over-the-counter medication, nor prescribed medication, without the consent of the Staff of Community Correction. Any prescription medication found in your possession, without prior staff approval and that has not been reported, shall result in a referral back to the referring agency.

Any new prescriptions upon receiving from physician, you are to immediately inform Wells County Community Corrections at **(260) 824-6411**. At the direction of the staff it will be arranged for you to bring in the bottle and/or a copy of the prescription.

ALL MEDICATIONS WILL BE BROUGHT TO YOUR WEEKLY CHECK IN FOR VERIFICATION.

IF FOR ANY REASON YOU NEED TO BE HOSPITALIZED, IT IS YOUR RESPONSIBILITY TO LIST WELLS COUNTY COMMUNITY CORRECTIONS AS AN AGENCY OF CONTACT REGARDING YOUR CONDITION.

Participant Initials: _____

4. Check-in:
You shall report each week, to the proper location, at the appointed time, as directed by the Wells County Corrections. You shall then: **(a)** provide a printed and legible schedule for the upcoming week **(b)** make weekly payments as set forth; **(c)** have the ankle transmitter inspected; and **(d)** turn in any documents that verify times away from home for the week that was just completed.
All prescriptions shall be verified at this time. As mentioned in Rule **# 3** above, **you must provide verification of your prescriptions (bottle and/or prescriptions) as directed by the staff of Wells County Community Corrections.**

Participant Initials: _____

5. Employment:

Your employer must have knowledge of the limitations placed upon you and you must expect that a Community Corrections Officer will check with your employer to verify schedules.

Electronic Monitoring/House Arrest requires a set schedule of working hours; open-ended job assignments are acceptable upon review. **The only acceptable activities are limited to employment and Court ordered activities.**

You are required to get prior approval by Wells County Community Corrections before any changes of address, employment or telephone numbers. You are required to carry a working cell phone with you at all times.

You will be required to advise your employer to **submit copies of your time cards or time sheets** to Wells County Community Corrections either by **e-mail** or **fax (260) 824-6406**. It is required that these copies be submitted **every Monday**, unless another time has been allowed by the Director and should be for the prior week of work.

Providing false information, altering, or falsifying employment records or other documentation used for verification of your whereabouts, will result in your termination from the program with the potential of criminal charges being filed.

If, for any reason, your employment is temporarily terminated, you must return to your residence and immediately notify Wells County Community Corrections. For example, if you work outside and weather conditions prevent you from being able to work, you must return home.

Any schedule changes must be given to the on call officer Monday thru Friday between 8:00 AM and 4:30 pm, using the on-call# 260-824-6411. The only calls allowed after 4:30 PM and on weekends are for medical emergencies, work hours change or if you will be late coming home. Any calls for any other purpose will be reviewed for a violation of program rules.

If your employer requires mandatory **overtime**, you are to contact Wells County Community Corrections, as soon as possible.

You will not be allowed to change employment while participating in the program without prior approval from Wells County Community Corrections.

Attached to the back of this contract is a letter that you need to take to your employer and have them read and sign. You need to bring the signed letter with you to your intake appointment.

Participant Initials:_____

6. Verification of Daily Activities:

You will be punctual and accountable to Wells County Community Corrections for your whereabouts at

all times. You are to take the most **direct route** to and from any scheduled leaves from residence and **not to stop anywhere** while going to or from work, **unless permission has been granted in advance** by Wells County Community Corrections or in a genuine emergency, i.e., car trouble or accident. Travel time will be reasonable and based on the assumption that no stop has occurred. **ANY DEVIATION FROM YOUR WEEKLY SCHEDULED ACTIVITIES, EX: LEAVING WORK EARLY OR NOT GOING AT ALL, MUST BE COMMUNICATED TO WELLS COUNTY COMMUNITY CORRECTIONS STAFF BY CALLING (260)824-6411**

Grocery Shopping: If you are the only adult in the home, you may be granted up to an hour per week (plus travel time to shop for groceries at one store that sells groceries. Grocery shopping will be part of your permanent schedule.

Participant Initials:_____

7. Route of Travel:

As per your court order of Juvenile Home Detention/EM, you are to take the most **direct route** to any approved leaves on your schedule by the Wells County Community Corrections Staff.

Participant Initials:_____

8. Phone Requirements:

You must maintain a working contact telephone number at all times, and you **MUST** have your voice mail activated on cell phones.

Participant Initials:_____

9. Conduct:

You are to obey all laws of the United States and the State of Indiana and behave well in society. You are expected to fully cooperate with the Community Corrections staff in their efforts to properly monitor your activity. Failure to do so could result in your being terminated from the program.

Participant Initials:_____

10. 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, CDB oil and the Vicks Inhaler are also strictly prohibited. You **will not** have any alcoholic beverage on your

premises (opened, unopened, or any empty container unless otherwise stated in the Order of the Court or as authorized by the Executive Director of Wells County Community Corrections.

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 **four (4)** hour period after being asked to provide one, you will be charged **$45.00** and an oral sample will be given. If a test returns twice as a

diluted sample, it will be considered a positive test. You will be charged **$25.00** for each drug 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. You may be given random alcohol screenings in order to determine the absence/presence of alcohol.

You shall **not** possess or be in possession of (possession includes your person, residence, property, vehicle, any vehicle you may occupy any designer or synthetic mood-altering drugs. Examples included but not limited to K2, Bath Salts, Spice, Ivory Wave, Ivory Coast, Rave On, Salvia Divinorum, etc.

As per Drug Testing Procedure Form offenders may be required to make a daily phone call to verify if they have a drug screen that day. Failure to abide by this requirement could range from sanctions to a violation of your court order of Juvenile Home Detention/EM being filed.

Participant Initials:_____

11. Visits/Searches:

You shall be subject to a search of your person or belongings at any time while on the Juvenile Home Detention/EM program 24 hours per day and seven days per week. If you are in possession of pets (dogs), they must be confined. You will be held liable for any incident that occurs during a home visit. However, no member of the opposite sex shall be authorized to conduct a strip search of you, and any strip searches will be conducted only according to staff policy. Two staff members will be present unless exigent circumstances warrant. This includes your person, residence, vehicle, any designated locker space or location at a place of employment where your personal belongings are kept, and any dwelling that you reside in. A K-9 unit can be used where it is deemed necessary by the Community Corrections Director or Field Officer.

Participant Initials:_____

12. Office Visits:

I agree to report to the Wells County Community Corrections Office when so ordered for the purpose of responding to matters related to the Juvenile Home Detention/EM Program.

Participant Initials:_____

13. Residents/Co-Resident's Information Compliance:

I shall have prior approval of my residence by the Wells County Community Corrections Department. I will only reside in one residence at a time during my Juvenile Home Detention/EM term. I will not change my residence without prior approval of the Wells County Community Corrections Department. In the event that I can no longer

maintain my residence, and I am unable to immediately secure another residence that is approved by the Wells County Community Corrections Department, I may be removed from the Juvenile Home Detention/EM program.

I understand that all persons residing in my residence must be aware of my placement in the Juvenile Home Detention/EM Program. They must be aware of my program requirements and agree to support my responsibilities during my Juvenile Home Detention/EM period.

While the people with whom I reside are not solely responsible for me, they understand the consequences I must face if any violations occur in my program.

Each person residing in my residence or being a guest in my residence acknowledges and consents to search of any part of my residence pursuant to the rules of Juvenile Home Detention/EM in Wells County,

Indiana, even if said co-resident or guest is using said part of my residence for sleeping or any other personal use. I further state that I will advise **ALL** co-residents and guests of the right of Community Corrections to search all parts of my residence, including parts of any residence used by said co-residents and guests, with or without law enforcement assistance at any time according to the rules of Home Detention in Wells County, Indiana.

Participant Initials: _____

14. Vehicles:

It is understood that any vehicle driven by you shall be subject to search at any time by the Community Corrections staff. A K-9 unit can be used where it is deemed necessary by the Community Corrections Director or Field Officer. You shall be held accountable for any contraband found in the vehicle.

For the purposes of this rule, the following items will be considered contraband:

1. Any alcoholic beverage
2. Any alcoholic beverage container
3. Any type firearm (including a toy firearm)
4. Any type of fireworks
5. Any bow or arrow
6. Any type knives
7. Any controlled substance

Participant Initials: _____

15. Weapons:

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

Participant Initials: _____

(Office Staff Use Only)Initials _____

16. No Contact Orders:

If a no contact order is issued, the offender is **NOT** allowed to have contact by the following means:

A. Phone/Cell phone
B. Texting/Social Media (Internet)
C. In Person
D. Third Party individuals
E. Written

Also, you are NOT allowed to go past the victim's home, work or any other routine location Such as schools, churches etc.

Participant Initials:_____

17. Escape:

Being in an unauthorized place or leaving your residence or place of employment without authorization, will result in your being charged with the crime of escape [IC 35-38-2.5-6, IC 35-44-3-5].

If you have any questions or problems, contact the **Wells County Community Corrections Office** at **260-824-6411**. In the case of an **extreme emergency**, contact the **Wells County Sheriff's Department** at **260-824-3426** and they will contact the Wells County Community Corrections Department on-call staff member.

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 Juvenile Home Detention/EM 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.**

I understand each of the rules above and have **indicated my understanding by placing my initials after reading each rule** where indicated. I agree to follow each of the rules above. I acknowledge that any failure to abide by the rules above may result in a Notice of Violation being filed with the Court or the Indiana Department of Correction; whichever is appropriate. If the Court or the Indiana Department of Correction finds that I am in violation of the rules, my placement within Community Corrections may be revoked and I may be ordered to serve my sentence in the Indiana Department of Correction.

Participant Initials _____

(Office Staff Use Only)Initials _____

Additionally, a violation of any rule may result in an Administrative Hearing. If I am found in violation at the Administrative Hearing, I may be deprived of all or part of my "good time" credit. Violations may also be reported to the Wells County Prosecutor or other law enforcement and may result in my arrest and criminal prosecution. If I am on probation, I understand that a violation of the above rules may result in the Court revoking my probation and ordering me to serve all or part of any suspended sentence in the Indiana Department of Correction.

Participant Initials _____

Home Detention Participant Signature_____Date_____

Home Detention Participant Name (Please Print)_____

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

WCCCD Staff Signature: _____ Date _____

(Office Staff Use Only)Initials _____

Juvenile Home Detention/EM Application

Please Print

Name_____Home Phone_____
First Last Nickname MI

Cell Phone _____

Address
_____City_____State_____Zip Code_____

How long at this address?
_____

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

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

U.S. 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 GED?

☐ Yes ☐ No

CRIMINAL HISTORY:

What crime are you currently charged with? _____

Who is your attorney for this case? Phone #

Length of Sentence?_____ _____Class of offense ____ Misdemeanant ____ Felony

Are you currently on probation or parole? ☐ Yes ☐ No

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

Are you going to Court for any other charges? ☐ Yes ☐ No If Yes, what Charges

_____County _____Court _____Judge. Ever been arrested under

the age of 16? ☐ Yes ☐ No Have you ever had your probation revoked? ☐ Yes ☐ No

(Office Staff Use Only)Initials _____

If Yes, why? _____

Have you ever had to serve jail time because of a conviction? ☐ Yes ☐ No

Do you have a record of assault/violence? ☐ Yes ☐ No

Ever punished for institutional misconduct? ☐ Yes ☐ No

Have you ever talked to anyone in the legal aspect regarding any type of sexual offense? ☐ Yes ☐ No

If Yes, what was the offense _____List all prior misdemeanor and felony convictions: In the state of Indiana and/or any other state within your longevity (lifetime).

DATE	CHARGE	COUNTY	STATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT

Employment _____ Date Hired _____

Address of Employer_____

Work Hours How long were you employed here?

(Check all that apply) ☐ Employed ☐ Unemployed ☐ Full-Time ☐ Part-Time ☐ Student ☐ Disabled How many hours a week do you work? ____ Gross earnings per week $_____

Name of Supervisor_____ Work Phone_____Ext. _____

Ever employed for more than 1 year at same job? ☐ Yes ☐ No

Ever fired from a job? ☐ Yes ☐ No

Why? _____

(Office Staff Use Only)Initials _____

Do you work well with your supervisor andcolleagues? ☐ Yes ☐ No

If No, why? _____

Personal:

With 5 being the best and 1 being the worst, how would you rate your financial well-being? _____

Are you receiving any form of financial assistance? **(Check all that Apply)**

☐ Food Stamps ☐ SSI ☐ Disability ☐ Church Ministries

☐ Connecting Center ☐ Foundations ☐ Other (List below)

_____

How much are you receiving in total weekly/monthly? $_____ Are you married? ☐ Yes ☐ No

If you are not married is there a significant other in your life ? ☐ Yes ☐ No

Do they live with you? ☐ Yes ☐ No If Yes, what is their name? _____

Do you have any children living with you? ☐ Yes ☐ No If Yes, how many _____

Please list their names and ages below

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you required to pay support? ☐ Yes ☐ No Weekly/Monthly Amount: $ _____

Is there anyone else living with you? ☐ Yes ☐ No What are their names and ages?

_____

Do you have pets? ☐ Yes ☐ No If Yes, what is the breed and temperament of pet (i.e.

friendly, agressive, anxious, ect. _____

(Office Staff Use Only)Initials _____

Do you get along with your parents? ☐ Yes ☐ No Siblings? ☐ Yes ☐ No Has anyone in your immediate family ever been in trouble with the law? ☐ Yes ☐ No

Do you have many **real** friends? ☐ Yes ☐ No Who are they? _____

_____

Have any of your **real** friends ever been in trouble with the law? ☐ Yes ☐ No If Yes, for how long? _____

Do you have friends who have never been in trouble with the law? ☐ Yes ☐ No If Yes, how long? _____

Have you ever had an alcohol problem? ☐ Yes ☐ No If Yes, how long? _____

Have you ever had a drug problem? ☐ Yes ☐ No If Yes, how long? _____

Have you ever gone through treatment for drugs or alcohol use? ☐ Yes ☐ No

If Yes, where? _____

Are you currently attending an AA/NA program? ☐ Yes ☐ No

If Yes, what days do you attend an AA/NA Program? ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

What time? _____ A. M. _____ P. M. **till** _____ A M. _____ P. M. Where is this AA/NA program located? _____

(Check all that apply)

Have you ever experimented with the following?

☐ K2 (Synthetic Marijuana) ☐ Acid/LSD Inhalants ☐ Marijuana ☐ Methadone

☐ Pain Medications ☐ Opiates ☐ Heroin ☐ Methamphetamine/Stimulants

☐ Cocaine ☐ Barbituarates/Sedatives/Tranquilizers

Have you used any drugs within the last 24 hours? ☐ Yes ☐ No Drugs used _____

(Office Staff Use Only) Initials _____

Have you ever had a law violation because of drugsor alcohol? ☐ Yes ☐ No

Have there been problems in your relationships because of drugs or alcohol? ☐ Yes ☐ No

Has work/school suffered because of alcohol/drugs? ☐ Yes ☐ No

If Yes, how?_____

MEDICAL: (Check all that apply)

Do you have health insurance? ☐ Yes ☐ No What type of health insurance do you have?

☐ Self-pay ☐ Group Insurance ☐ Medicaid ☐ Medicare ☐ Disability ☐ Other

Insurance Carrier_____

Does your insurance include prescription coverage? ☐ Yes ☐ No Do you pay for doctor office appointments? ☐ Yes ☐ No Are you under Doctors care? ☐ Yes ☐ No

If Yes, why? _____

Are you pregnant? ☐ Yes ☐ No If yes, has your doctor restricted your activity? ☐ Yes ☐ No

Restrictions:_____Pregnancy Due date:_____

Doctor_____ Hospital_____ Do you have any allergies, medical problems, restrictions, or back problems? ☐ Yes ☐ No If Yes, what are your allergies, medical problems, or back problems and restrictions? _____

Have the Courts or Probation ordered therapy or counseling? ☐ Yes ☐ No If Yes, where will you be going for treatment? _____.

Not counting the effects from alcohol or other drug use, have you recently experienced any of the following? **(Check all that apply) Attach any relevant physician orders or restrictions to your contract.**

☐ Serious depression

☐ Anxiety or tension

☐ Hallucinations

☐ Trouble understanding, concentrating, or remembering

☐ Trouble controlling violent behavior

☐ Thoughts of suicide or attempted suicide

(Office Staff Use Only)Initials _____

Have you seen a therapist? ☐ Yes ☐ No

Was there a psychological assessment done? ☐ Yes ☐ No

Was a diagnosis given? ☐ Yes ☐ No If yes, what was the diagnosis? _____

_____

Have you been diagnosed with any of the following? *(Check all that apply)*

☐ Chlamydia ☐ Gonorrhea ☐ Hepatitis A, B, C

☐ HIV

Are you currently enrolled in a treatment program? ☐ Yes ☐ No

If Yes, what is the program name?_____.

Program Manager/Contact_____Phone#_____

MEDICAL QUESTIONNAIRE (Attach any confirming documentation)

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

Prescribed by Dr._____

I. PRESCRIPTION:

	PRESCRIPTION DRUG	DOSE	FREQUENCY	DATE LAST USED
A.				
B.				
C.				

II. OVER-THE-COUNTER MEDICATION:

	MEDICATION	DOSE	FREQUENCY	DATE LAST USED
A.				
B.				
C.				

III. ILLEGAL DRUGS:

	DRUG	DOSE	FREQUENCY	DATE LAST USED
B.				
C.				

(Office Staff Use Only)Initials _____

DRIVER'S LICENSE:

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

If Yes, print your operator's license number_____Expiration date_____

License plate number_____Vehicle Model/Make _____

In case of emergency, notify:

Name_____Relationship_____

Address:_____City_____State/Zip Code_____
Contact Phone: _____

On a scale of 1 to 5, with 5 being the fairest, how would you rate the fairness of your sentencing? _____ Comments: _____

_____

We are allowed to come to your home any time day or night. We are allowed to do random searches of your home and property if we feel it is necessary. You will be scheduling all leaves from your residence. Any time you leave your home you will need to have a validation slip signed to prove where and how long you have been at that location.

Are you prepared to answer to the courts if you are not able to follow these rules? ☐ Yes ☐ No

Have you thoroughly read and understood the rules and regulations of the Juvenile Home Detention/EM program?

☐ Yes ☐ No

Have all of your questions been reviewed and answered adequately by WCCCD staff and are the rules clearly understood by you prior to signing this contract?

☐ Yes ☐ No

Home Detention Participant Signature_____Date _____

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

WCCCD Staff Signature:_____Date: _____

(Office Staff Use Only)Initials _____

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.

"*Do you solemnly swear that each and all of the facts contained in this instrument are the truth, the whole truth and nothing but the truth, so help you God."*

Signed:_____

Date:_____

WITNESS:_____

SIGNATURE:_____

Before me the undersigned, a Notary Public for Wells County, State of Indiana, personally appeared _____, and he is being first duly sworn by me upon his oath, says that the facts alleged in the foregoing instrument are true. Signed and sealed this_____day of_____.

Notary Public_____

My commission expires: _____

(Office Staff Use Only)Initials _____

CO-RESIDENT'S AGREEMENT

RESIDENTS ADDRESS: _____

I understand that all persons residing in my residence must be aware of my placement in the Juvenile Home Detention/EM Program. They must be aware of my program requirements and agree to support my responsibilities during my Juvenile Home Detention/EM period.

While the people with whom I reside are not directly responsible for me, they understand the consequences I must face if any violations occur in my program.

Each person residing in my residence or being a guest in my residence acknowledges and consents to search of any part of my residence pursuant to the rules of Juvenile Home Detention/ EM in Wells County, Indiana, even if said co-resident or guest is using said part of my residence for sleeping or any other personal use. I further state that I will advise ALL co-residents and guests of the right of Community Corrections to search all parts of my residence, including parts of any residence used by said co-residents and guests, with or without law enforcement assistance at any time according to the rules of Juvenile Home Detention/EM in Wells County, Indiana

The following is a list of those persons living with me, and by their signature(s) below, they each acknowledge the right of Wells County Community Corrections, with or without law enforcement assistance to search all parts of my common residence pursuant to the rules of Juvenile Home Detention/EM in Wells County, Indiana, with a court order and without consent of any co-residents or guests in said residence.

1. _____ _____ _____
   (Co-Resident Printed Name) Relationship (Print) (Co-Resident Signature)

2. _____ _____ _____
   (Co-Resident Printed Name) Relationship (Print) (Co-Resident Signature)

3. _____ _____ _____
   (Co-Resident Printed Name) Relationship (Print) (Co-Resident Signature)

4. _____ _____ _____
   (Co-Resident Printed Name) Relationship (Print) (Co-Resident Signature)

5. _____ _____ _____
   (Co-Resident Printed Name) Relationship (Print) (Co-Resident Signature)

6. _____ _____ _____
   (Co-Resident Printed Name) Relationship (Print) (Co-Resident Signature)

7. _____ _____ _____
   (Co-Resident Printed Name) Relationship (Print) (Co-Resident Signature)

Home Detention Participant Signature: _____ Date: _____

(Office Staff Use Only) Initials _____

Memo

To: All Offenders

From: Blake Poindexter, Executive Director

RE: MEDICINE/PRESCRIPTIONS

Offenders **cannot** take prescription drugs and medications without a valid prescription. Offenders **cannot** take prescription drugs and medications except in the dosages stated in their prescription. Prescriptions that allow for offender usage of drugs on medications at the offender's discretion (ex: as needed) **must** state on the prescription the maximum number of pills or dosage the offender may take per day.

If **samples** are given, the Doctor must provide on legal prescription pad or letterhead the prescribed dosage with maximum daily amount and total quantity given.

_____ _____

Home Detention Participant Signature Date

_____

Home Detention Participant (Please Print)

_____

Parent or Legal Guardian Signature (if required) Date

_____ _____

WCCCD Staff Signature Date

CC: File

(Office Staff Use Only) Initials _____

OVER THE COUNTER PRODUCTS THAT CONTAIN ALCOHOL

This is a partial list of products that contain alcohol. While the percentage of alcohol may vary, it is necessary that you use only alcohol-free medicines. If you have any doubts if a product contains alcohol or not, you should consult with your local pharmacist or doctor. REMEMBER – it is your responsibility to check.

Antidiarrheals	**Alcohol**
Corrective Mixture	1.5%
Corrective Mixture with Paregoric	2.0%
DIA-quel	10.0%
Donnagel	3.8%
Donnagel PG	5.0%
Pabizol with Paregoric	9.6%
Parelizir	18.0%
Parepectolin	.6%
Percy Medicine	5.0%
Quintess	.99%

Vitamins	**Alcohol**
Ce-Vi-Sol Drops	5.0%
Ganatrex	15.0%
Geralix Liquid	15.0%
Geriplex-FS Liquid	18.0%
Geritol	12.0%
Geritonic	20.0%
Gerizyme	18.0%
Gevrabon	18.0%
SSS Tonic	12.0%
Zymalixir	1.5%
Zymasyrup	2.0%

Mouthwashes	**Alcohol**
Act	7-8.0%
Astring-O-Sol	65.0%
Cepacol	14.0%
Dr. Tichenor's	70.0%
Flourigard	6.0%
Isodine Mouthwash Gargle	35.0%
Listerine	26.0%
Listermint	12.0%
Mouthwash and Gargle	14.0%
Odara	48.0%
Oral Pentacresol	30.0%
Scope	18.0%
Listerine breath strips	**23.0%**

Cough-Cold-Allergy	**Alcohol**
Actol Expectorant	12.5%
Alamine	5.0%
5.0%	
Alamine C	5.0%
Alamine Expectorant	7.5%
Ambenyl-D	9.5%
Ani-Tuss DM Expectorant	1.4%
Benadryl	14.0%
Benadryl Decongestant	5.0%
Benylin	5.0%
Benylin DM	5.0%
Black Draught	5.0%
Breacol	10.0%
Cerose CM	2.5%
Cetro-Cerose	1.5%
Cheracol	3.0%
Cheracol-D	5.0%
Chloritrimeton Expectorant	1.0%
Codimal DM	4.0%
Colrex	4.5%
Colrex Expectorant	4.7%
Contac Severe Cold	25.0%
Contrex	20.0%
Consotus	10.0%
Coryban-D	7.5%
Cotylenol	7.5%
Cosanyl DM	6.0%
Cotussis	20.0%
Creamcote #1, #2, #3, #4	10.0%

Cough-Cold-Allergy	**Alcohol**
Daycare	10.0%
Demazin	8.5%
Dimacol	4.75%
Dimetapp	2.3%
Demetane Decongestant	2.3%
Dr. Drake's	2.25%
Dristan Cough	12.0%
Dristan Ultra	25.0%
Endotussin-NN	4.0%
Formula 44 Cough	10.0%
Formula 44D	20.0%
2/G	3.5%
2/G DM	5.0%
GG-Cen	10.0%
GG-Tussin	3.5%
G-Tussin DM	1.4%
Halls	22.0%
Head & Chest	5.0%
Mercodol with Decapryn	5.0%
Naldecon DX	5.0%
Night Relief	25.0%
NN Cough Syrup	5.0%
Nortussin	3.5%
Novahistine Cough	7.5%
Novahistine Cough & Cold	5.0%
Novahistine DH	5.0%
Novahistine DMX	10.0%
Novahistine Expectorant	7.5%

Cough-Cold-Allergy	**Alcohol**
Novafed	7.5%
Novafed A	
Nyquil	25.0%
Pediquil	5.0%
Pertussin	8.5%
Pinex	3.0%
Quelidrine	2.0%
Quiet Nite	25.0%
Robitussin	3.5%
Robitussin AC	3.5%
Robitussin CF	1.4%
Robitussin DAC	1.4%
Robitussin DM	1.4%
Robitussin DM	1.4%
Robitussin PE	1.4%
Romilar III	20.0%
Romilar CF	20.0%
Sudafed Cough Syrup	2.4%
Terpin Hydrate with DM	40.0%
Tolu-Sed	10.0%
Tolu-Sed DM	10.0%
Tonecol	7.0%
Triaminic Expectorant	5.0%
Trind-DM	5.0%
Vicks Cough	5.0%
Viromed Liquid	16.6%
Wal-Act	5.0%

Participant Initials: ____

(Office Staff Use Only) Initials _____

Toothache – Cold Sore Cankersore	Alcohol	Internal Pain Relievers	Alcohol	Laxative	Alcohol
Anbesol	70.0%	SK-APAP Elixir	8.0%	Gas-Evac	18.0%
Anbesol Gel	70.0%	Tempra Syrup and Drops	10.0%	Dr. Caldwell's Senna	
Betadine Mouthwash Gargle	8.8%	Tylenol Liquid and Drops	7.0%	Laxative	4.5%
Blistor Klear	37.0%	Tylenol Extra Strength		Fletcher's Castoria	3.5%
Coldsore Lotion (DeWitt)	90.0%	Liquid and Drops	8.5%	Senokot Syrup	7.0%
Coldsore Lotion (Pfiffer)	85.0%	Veladol	9.0%		
Dalidyne	61.0%				
Dent's Toothache Drops	60.0%				
Double Action Kit	60.0%				
Gum-Zor	22.0%				

Antiemetic	Alcohol	Iron Products	Alcohol		
Jiffy	56.5%				
Numzit	10.0%	Dramamine Liquid	5.0%	Fumaral Elixir	5.0%
Rid-A-Pain Dental Drops	20.0%			Mol-Iron Liquid	4.75%
Rid-A-Pain Gel	7.5%			Niferex Elixir	10.0%
Teething Lotion	4.5%				
Toothache Drops	20.0%				

PRODUCTS THAT DO NOT CONTAIN ALCOHOL ARE LISTED BELOW. MOST CAPSULE AND TABLET FORMS ARE SAFE. ALWAYS CHECK WITH YOUR PHARMACIST.

Cough-Cold-Allergy	Antidiarrheals	Oral Products
Actifed	Kaopectate	Chloraspectic
Wal-Act	Kaolin-Pectin	Crest Mouth Wash
Drixoral	Rheaban	Ora-Relief
Delsym	Dia-Eze	Proxigel
Efficol Cough Whips	Pepto Bismol	
Mediquel		
Ryna		
Sudafed		
Sudafed Plus		
Wal-Phed		
Triaminic DM		
Wal-Minic DM		
Triaminic Cold Syrup		
Wal-Minic Cold Relief		
Codimal Expectorant		
Orthoxical		
Coricidin		
Triaminicol		
Naldecon-DX Adult Liquid		

Home Detention Participant Signature_____Date_____

Home Detention Participant Name (Please Print) _____

Parent or Legal Guardian Signature (if required)_____Date_____

WCCCD Staff Signature_____Date: _____

(Office Staff Use Only)Initials _____

AUTHORIZATION TO RELEASE AND EXCHANGE INFORMATION

I authorize Wells County Community Corrections to obtain any information in your files pertaining to m 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 fu 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 relate 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.

_____ _____

Program Participant's Signature (full name) Parent or Legal Guardian (if required)

_____ _____

Program Participant's Full Name (Please Print) WCCCD Staff Signature

_____

Program Participant's Residential Street Address

_____ _____

City State Zip Code Date of Authorization to Release Information

(Office Staff Use Only) Initials _____

COUNSELING/TREATMENT RELEASE INFORMATION

Home Detention Participant Name _____
(Please Print)

NAME OF FACILITY _____
(Please Print)

LOCATION _____
Street Address City/Town Zip Code

Counseling/Treatment _____
(Please Print)

Name of Counselor/Therapist _____
(Please Print)

Counselor/Therapist Signature _____ Date _____

WCCCD Staff Signature _____ Date _____

(Office Staff Use Only) Initials _____

Dear Employer:

As an employer of one of our clients, you should understand in advance the details and/or limitations of our program.

1. An employee is still an inmate under the custody and control of Wells County Community Corrections. Failure to follow rules of the program will result in termination and referral back to the courts for further proceedings.
2. Offenders are required to carry cell phones if they are required to change locations during their work hours.
3. Employees **must** submit weekly timecards showing time in and out, or they will **not** be able to report to work the following week**. Employers may fax timecards to 260-824-6406**.
4. A Community Correction Officer will be checking the employee's schedule and may make visits to your business. We would appreciate your cooperation.

I want to remind you that our program should not be looked at as a deterrent to the employee's job, but as an ability to maintain employment and the family unit.

Thank you,

Wells County Community Corrections

Employee's Name _____

Company Name _____

Company Address _____

Employer's Signature _____

Employer Phone_____Employee Date of Hire _____

(Office Staff Use Only)Initials _____