



Allen County Community Corrections Zero Tolerance Addendum

Participant Name: _____

Offense(s): _____

Cause Number(s): _____

I understand that my placement with Allen County Community Correction is conditioned on “Zero Tolerance” for program violation(s). I understand that I will be required to strictly comply with all General Rules and Special Conditions of supervision with Allen County Community Corrections, as well as:

1) _____ Other (specify): _____

Any violation(s) of the General Rule and Special Conditions and this Zero Tolerance Addendum may result in immediate sanction being imposed, my immediate arrest, and / or the termination of my placement with ACCC.

Participant

Date

ACCC Staff

Date