



General Rules and Special Conditions

Allen County Community Corrections

201 West Superior Street | Fort Wayne, IN 46802

www.allencountycorrections.org

Mission Statement

The mission of Allen County Community Corrections is to operate a comprehensive community-based supervision program that recruits and recognizes a well-trained, professional work force to serve and protect our community, its crime victims and those adult offenders under supervision by effectively deploying the field's best practices and proven programming and rehabilitative strategies to hold offenders accountable and promote their success.

Name _____ Date _____

(Print Name)

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General Rules and Special Conditions

General Rules and Special Conditions for placement with Allen County Community Corrections for any programs offered through Allen County Community Corrections (ACCC).

All General Rules and Special Conditions of supervision apply to all persons who have been ordered or assigned to participate in Allen County Community Corrections programming for any reason including, but not limited to: Home Detention / Electronic Monitoring, Community Control, Reentry Court, Parole, Probation, Community Transition Program, Restoration Court, Veterans Court, Pre-Trial Electronic Monitoring, Condition of a Deferred Sentence, Community Service, Cognitive Skills Classes, Assessment and / or Day Reporting Programs.

I understand and agree that if I violate any of the General Rules and Special Conditions of supervision I may be sanctioned, violated, terminated and / or arrested.

1) I understand that I WILL:

- a) Obey all laws and maintain good behavior while under the supervision of ACCC. I further understand that if I am charged with or convicted of any criminal offense while under supervision, including but not limited to Escape, Unauthorized Absence from Home Detention or Failure to Return to Lawful Detention, I may be sanctioned, violated, terminated and / or arrested.
- b) Be required to be confined **inside** my approved residence at all times while under electronic monitoring supervision with ACCC. I further understand that I cannot be outside of or remain outside of my approved residence or travel to any location not authorized without documented / written permission from ACCC.
- c) Only be allowed to leave from inside my approved residence with documented / written approval from ACCC and / or the Court for the following reasons:
 - i) Verified and approved employment and reasonable travel times to/from verified and approved employment
 - ii) Verified and approved pass issued by ACCC
 - iii) Attending verified and approved activities or outside program
- d) Be required to maintain suitable, safe and approved housing.
- e) Obtain written approval before changing my residence. Obtain approval prior to making any changes to my approved resident roster.
- f) Comply with the ACCC Search and Seizure Policy.
- g) Answer the door at my residence and/or my telephone and cooperate fully with ACCC staff in a reasonable amount of time in the staff's assessment.
- h) Notify ACCC of any animal(s) in my residence and I will secure the animal(s) upon instruction and if the animal(s) is found to be aggressive, I will remove the animal(s) from the property within twenty-four (24) hours of notice.
- i) Follow my physician's instructions and take my prescription medication(s) only as prescribed.
- j) Comply with the ACCC Random Drug and Alcohol Testing Policy and related Drug Screen Participant Fee Policy.
- k) Obtain and maintain approved employment at all times as instructed.
Complete an Employer Agreement / Consent for Release of Confidential Information to other Persons, Agencies, or Entities form and forward it to my case manager for approval prior to starting any employment.
- l) Obtain approval from my case manager prior to starting any employment or changing employers.

General Rules and Special Conditions (continued)

- m) Provide written verification of any / all hours worked upon request.
 - n) Report to my case manager immediately any change, lay off or termination from my employment.
 - o) Understand that while I am under ACCC Supervision certain types of employment may be prohibited, at the discretion of ACCC.
 - p) Abide by the following requirements while I am unemployed or under employed in ACCC's assessment:
 - i) Attend the Resource Lab a minimum of three (3) days per week or as assigned.
 - ii) Attend Community Service a minimum of twelve (12) hours per week or as assigned.
 - q) Provide verification of my Social Security Income (SSI) or Social Security Disability (SSD) benefits and income and if instructed obtain approved part-time employment to supplement my income.
 - r) Notify my case manager and / or a communications division professional immediately if I have contact with any law enforcement official and / or if I am arrested for any offense.
 - s) Also follow all rules of supervision imposed upon me by any parole, probation and/or community corrections agency involved in my case.
 - t) Attend and successfully complete all assigned education, treatment/intervention and / or life skills development programs as instructed and abide by the ACCC Classroom Guidelines.
 - u) Abide by the ACCC Dress Code Policy, which states and / or prohibits the following:
 - i) Shorts, skirts, dresses, shirts or any other items of clothing found by ACCC to be excessively short in length or excessively revealing in nature
 - ii) Pajamas
 - iii) Exposed undergarments
 - iv) Any drug identifying, gang or clique identifying clothing, jewelry, or accessory may be restricted.
 - v) Head coverings or hats inside any ACCC facility, unless worn for religious purposes
 - v) Follow the Work Crew Policy if assigned to perform community service at any time during my supervision with ACCC.
 - w) Follow all rules, policies, special conditions, and directions of ACCC staff.
- 2) I understand that I must call a Communications Division professional at (260) 449-7310 before I leave my residence notifying ACCC of the location I am requesting to travel to and the scheduled end time of the approved event.
- a) As I will be tracked using GPS, I am not required to call upon arrival to any location except when arriving at the Allen County Community Corrections building.
 - b) I understand that if there is an approved change in my schedule I will notify the Communications Division immediately. (i.e. working over, leaving early, going on an approved pass, coming to ACCC for class, an appointment, by way of examples.
 - c) If I am approved in advance to work at individual job sites I understand that I will be required to call the Communications Division prior to traveling to each job site and provide them the address/location and then await approval to travel.

General Rules and Special Conditions (continued)

- 3) I understand that while under electronic monitoring supervision with ACCC I will be required to submit a preapproved and written weekly schedule. I also understand that:
 - a) I must turn in this weekly schedule to ACCC not later than 7pm on Fridays for the upcoming week.
 - b) I must include all beginning and ending times for each approved and scheduled event and document the exact location of each event.
 - c) That the schedule policy is strictly enforced and that I may not be allowed to leave my residence unless a weekly schedule is approved and / or provided to ACCC.
- 4) I understand that I must follow the following steps to complete and submit a weekly schedule:
 - a) Obtain a weekly schedule form. Weekly schedule forms are located at Security, the cash window, or available on-line at www.allencountycorrections.org.
 - b) Fill out the weekly schedule form legibly and accurately including:
 - i) Completing the employer name, address, and phone number
 - ii) The exact beginning and ending times for all scheduled events
 - iii) The exact name and address of each approved scheduled event.
The address must include the street number, street name, city, and zip code.
 - iv) Sign and date the weekly schedule form.
 - c) Return the completed weekly schedule form to the Allen County Community Corrections designated drop box which is located near the front entrance of 201 West Superior Street. You may also fax the weekly schedule form to the attention of ACCC Communications Division at (260) 449-7308. Note: The completed weekly schedule form must be submitted no later than 7:00 p.m. each Friday.
- 5) I understand that I will abide by the ACCC Pass Policy by:
 - a) Submitting the pass request form at least seven (7) days prior to the requested event.
 - b) Being in substantial compliance with all General Rules and Special Conditions of Allen County Community Corrections supervision for a minimum of thirty (30) days.
 - c) Having all fees paid under \$200.00, unless:
 - i) Verified and approved disability exception
 - ii) Verified and approved EBT exception
- 6) I understand that I will only be approved for one (1) pass in any weekly / seven (7) day period, except in the following circumstances:
 - a) I may request an approved pass with less than twenty-four (24) hours' notice for:
 - i) Verified medical emergencies
 - ii) Verified job interviews
 - iii) To obtain government identification
 - b) I may request an approved pass with at least seventy-two (72) hours' notice for:
 - i) Open interviews
 - ii) Approved job search sites
 - c) Performance pass(es) may be granted by ACCC in addition to my one (1) weekly approved pass.
 - d) I understand that an ACCC staff member will make contact with me via telephone with the approval or denial of my requested pass at least twenty-four (24) hours in advance of the pass event. Do not contact ACCC inquiring about the status of the pass request.

General Rules and Special Conditions (continued)

- 7) I understand that my responsibilities while away from my residence on an approved pass are:
- a) To call a Communications Division professional at (260) 449-7310 prior to leaving my residence.
 - b) To go directly to the approved location, complete my approved business (only) at the location and then return promptly and directly to my residence. If I deviate from my approved location or approved business I may be subject to arrest for Unauthorized Absence from Home Detention.
 - c) To contact the Pass Investigator at (260) 449-8493 during normal business hours or a Communication Division professional at (260) 449-7310 after normal business hours, if I experience unforeseen circumstances while away from my residence on an approved pass.
 - d) To provide documentation and / or written verification of my actions while on an approved pass, if requested.
 - e) To contact a Communication Division professional immediately at (260) 449-7310, if an emergency arises while on an approved pass.
 - f) To understand that if I do not follow the pass policy that my pass privileges may be limited, and I may be sanctioned, violated, and / or terminated.
- 8) I understand that I must follow these steps to complete and submit a Pass Request form to ACCC:
- a) Obtain a Pass Request form from Security, the Cash Window, the Resource Lab or available on-line at www.allencountycorrections.org.
 - b) Fill out the Pass Request form legibly and accurately including the following:
 - i) The date, day of the week and times of the requested pass.
 - ii) The exact name and location including the address with street number, street name, city, state and zip code.
 - iii) Stated reason for the requested pass.
 - iv) Type of transportation to be used including vehicle make, model, year, color and license plate number, at a minimum.
 - v) Sign and date the Pass Request form.
 - c) Return the completed Pass Request form to the Allen County Community Corrections designated drop box which is located near the front entrance of 201 West Superior Street. You may also fax the Pass Request form to the attention of ACCC Pass Investigator at (260) 449-3368.
- Note: To be considered for an emergency pass with less than 24 hours' notice, I understand that I must speak directly to the Pass Investigator during the normal business hours of Monday – Friday 8:00 a.m. – 4:30 p.m., except for legal holidays. After normal business hours I understand that I may speak with a Communications Division professional at (260) 449-7310.
- 9) I understand that Allen County Community Corrections will follow these guidelines when considering pass requests:
- a) Passes for personal business will be considered for business such as grocery shopping, personal shopping, haircuts, yard work etc.
 - b) Passes for personal business will only be considered for two (2) hour increments. This two (2) hour time frame includes travel time.
 - c) Passes for personal business will only be considered on Saturdays and pursuant to the below schedules, unless otherwise approved in advance by the assigned case manager.

General Rules and Special Conditions (continued)

- d) Passes for personal business will only be considered / approved twice a month and only on Saturdays pursuant to the schedule established using the first letter of my last name:
- | | |
|-----|---|
| A-M | 1 st and 3 rd Saturday of the month |
| N-Z | 2 nd and 4 th Saturday of the month |
- e) The approved times for Saturday personal business passes are based on the first letter of my last name:
- | | |
|-----------|------------------------|
| A-D & N-Q | 9:00 a.m. – 11:00 a.m. |
| E-H & R-U | 11:00 a.m. – 1:00 p.m. |
| I-M & V-Z | 1:00 p.m. – 3:00 p.m. |
- 10) I understand that I must abide by the following specific rules related to my electronic monitoring supervision:
- a) I must keep my electronic monitoring device fully charged at all times. I will return home or make other arrangements to charge my device immediately if my battery is low. If electrical services are disconnected or unavailable for any reason I will contact ACCC Communications Division immediately at (260) 449-7310 for instructions and I must follow these instructions.
 - b) If I am assigned a Beacon Unit I will keep it in the exact location in my residence that was designated by the ACCC Field Officer(s) or Communications Division professional. I understand that I will not move the Beacon Unit for any reason unless instructed by ACCC.
 - c) I understand that ACCC may inspect all of my assigned electronic monitoring equipment as needed, regardless of day, time, hour or my assigned schedule.
 - d) I understand that if there are any problems with my device, charger, and / or Beacon Unit I will contact an ACCC Communications Division professional at (260) 449-7310 immediately.
 - e) I understand that I will be responsible for the care and maintenance of all assigned electronic monitoring equipment as instructed.
 - f) I understand that I will be held financially responsible for any damage, loss, repair, and / or stolen ACCC equipment. I understand and agree to pay the following equipment replacement costs:

RF Equipment

Field Monitoring Device	\$1330.00
Ankle Transmitter	\$ 575.00
Carrying Case	\$ 50.00
Telephone Cord	\$ 17.50
Power Cord	\$ 20.00

GPS Equipment

GPS Tracking Device	\$ 1095.00
Beacon Unit	\$ 250.00
Ankle Straps	\$ 30.00 each (\$60.00 total)
Carrying Case	\$ 30.00
Charging Cord	\$ 109.00

* Prices are subject to change without notice.

- g) I understand that I will be required to immediately acknowledge and respond as instructed to any message sent to my electronic monitoring device.

General Rules and Special Conditions (continued)

11) Because ACCC must be able to reach me at all times while under supervision, I understand that I will be required to maintain a working telephone and / or active cellular telephone service at my residence and I will notify my ACCC case manager immediately of any changes in my telephone service or telephone number(s).

12) I understand that I will NOT:

- a) Possess or use any weapon or item deemed to be a possible weapon by ACCC staff or law enforcement. I also understand and agree that any resident or visitor to my residence will not possess or use any weapon or item deemed to be a possible weapon by ACCC or law enforcement and that it is my sole responsibility to ensure that all residents or visitors are informed of this policy.
- b) Possess any ballistic vest.
- c) Possess a safe(s) that cannot be unlocked immediately upon demand.
- d) Threaten or intimidate anyone while under supervision.
- e) Illegally possess, ingest, use, sell or distribute any legend drug, narcotic drug, and / or controlled substance as defined in Indiana Code 35-48-4 or any paraphernalia throughout the term of supervision. If inappropriate substances are found in my residence or on my person they may be confiscated.
- f) Possess, ingest and / or use any intoxicating substances that cause a condition of intoxication, euphoria, excitement, exhilaration, stupefaction, or dulling of the senses. If intoxicating substances are found in my residence or on my person they may be confiscated.
- g) Possess, ingest or use any alcoholic beverages and refrain from using any products containing alcohol. I understand that I may not be allowed to visit or be employed in places where alcoholic beverages are used, sold or dispensed. If alcohol is found in my residence, it may be confiscated or disposed of.
- h) Fail to appear for any scheduled appointment, hearing, class, random drug screen, community service assignment/work crew and / or other obligation assigned by ACCC.
- i) Leave the County of Allen or the State of Indiana without consent from the sentencing Court or ACCC in advance.
- j) Tamper with, attempt to fix or remove my electronic monitoring equipment or allow any other person(s) to tamper with, attempt to fix or remove my electronic monitoring equipment.
- k) Possess, use, or install security cameras, monitors or other devices at my residence.
- l) Have more than two (2) non-residents, including family, in my home at any time.

13) I further understand that I will not be allowed to reside with or have contact with the stated victim(s) of my current offense(s) pursuant to the conditions of the ACCC *Victim No Contact Addendum*. I also understand that I may not be allowed to reside with or have contact with the victim(s) of prior criminal involvements or prior criminal cases where I was charged with or convicted of a criminal offense, pursuant to the conditions of the ACCC *Victim No Contact Addendum* and in ACCC's sole discretion.

General Rules and Special Conditions (continued)

14) I understand that I may not be allowed to enter any ACCC facility with any electronic device including but not limited to cell phones, smart watches, smart tablets, laptops computers, blue tooth devices, and / or electronic cigarettes. Any prohibited device may be confiscated and will not be returned to me.

15) I further understand and agree to abide by all special rules and conditions as follows:

I have received, read, and understand the Allen County Community Corrections General Rules and Special Conditions policy manual and I agree to comply with all rules, regulations and requirements set forth in the policy manual.

Participant _____ Date _____

ACCC Staff _____ Date _____

Resident Roster

Participant: _____

Address : _____

Telephone Number(s): _____

Resident Roster Instructions:

- 1) List all individuals who will reside at this residence, including persons under the age of 18.
- 2) All individuals who are 18 years of age or older must review and sign the ACCC Consent for Search and Seizure form and abide by all conditions contained therein.
- 3) All individuals who are 18 years of age or older must review and sign the ACCC General Rules and Special Conditions manual and abide by all conditions contained therein.
- 4) Note: You must obtain approval before changing your residence by completing the ACCC Request to Change Residence form, and, you must obtain approval prior to making any changes to the approved resident roster.
- 5) Note: No more than two (2) non-residents will be allowed to visit this residence at any one time. Visitors will be required to present valid identification upon request.

<u>Name</u> (Please print)	<u>Date of Birth</u>	<u>Age</u>	<u>Relationship to Participant</u>
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Owner/Landlord's name / company: _____

Address: _____

City: _____ State: _____ ZipCode: _____

Contact Number: _____ Cellular Number: _____

Email Address: _____

Consent for Search and Seizure

I acknowledge that as a condition of placement on any Allen County Community Corrections program I will be subject to and authorize random warrantless searches and seizures of my residence, vehicle(s) and person. Said searches may be done without probable cause or reasonable suspicion. I agree to submit to such searches and seizures to verify my compliance with all conditions of supervision and understand that my refusal to do so may make me ineligible for placement with Allen County Community Corrections and / or may subject me to termination from the program.

- 1) Having had the opportunity to consult with legal counsel and after said consultation and being advised of my rights I do hereby waive my rights and consent to the random warrantless search without probable cause or reasonable suspicion of my entire residence and personal property, including out-buildings, curtilage, containers or vehicle(s) and my person by representatives of Allen County Community Corrections, by Allen County Community Corrections K9 and / or by any law enforcement agency / officer requested to render assistance to Allen County Community Corrections in such search and related seizures, at any time during my program placement.
- 2) I hereby consent to the seizure of any and all property considered contraband by Allen County Community Corrections, including, but not limited to, alcohol, illegal drugs and weapons, evidence of a crime or any evidence of a violation of Allen County Community Corrections rules or special conditions of supervision that may be found on such search.
- 3) I agree to allow the Allen County Community Corrections staff, the Allen County Community Corrections K9 and / or any law enforcement agency / officer working with or for Allen County Community Corrections, to enter my residence and personal property including out-buildings, curtilage, containers and / or vehicle(s) at any time, without prior notice, and without probable cause or reasonable suspicion to make inquiry into my well-being and activities and that of others in the home to ensure my compliance with all rules of supervision.
- 4) I understand that it is my sole obligation to ensure that all adults sharing my residence, whether before or after I sign the General Rules and Special Conditions of supervision with Allen County Community Corrections, understand and agree in writing to the General Rules and Special Conditions and this Consent for Search and Seizure.
- 5) I understand that as a parent, guardian or custodian of a minor child under the age of eighteen (18), who resides with me or intermittently stays with me at my residence, I am consenting on their behalf to all the conditions and procedures contained in sections 1, 2, and 3 above.
- 6) As an undersigned adult over the age of eighteen (18) years old and sharing the residence of an offender under the supervision of Allen County Community Corrections, I understand and agree to follow the rules and conditions for Consent for Search and Seizure as described in sections 1, 2, 3, 4, and 5 above.
- 7) I understand and agree that if the members of my residence or I fail to comply with this condition of supervision that I will be in violation of the rules of supervision and may be returned to jail and may be terminated from the program.

Consent for Search and Seizure (continued)

I, _____, am the legal renter or owner of certain property located in
Allen County, IN, known as;

(address)

If I am not the participant, I understand that _____
is under the supervision of Allen County Community Corrections, and I understand and agree that I am
consenting to the random warrantless search without probable cause or reasonable suspicion of this entire
residence and personal property, including out-buildings, curtilage, containers and/or vehicle(s), and my
person at any time, without prior notice, belonging to the participant or other residents as a condition of the
participant's placement and participation in the Allen County Community Corrections program. I further
understand and agree that as a parent, guardian or custodian of a minor child under the age of eighteen (18),
who resides with me or intermittently stays with me at my residence, I am consenting on their behalf to all
the conditions and procedures contained herein.

Participant Printed Name & Signature

Date

Resident Printed Name & Signature

Date

Resident Printed Name & Signature

Date

Resident Printed Name & Signature

Date

Resident Printed Name & Signature

Date

ACCC Staff

Date

ACCC Staff

Date

Owner / Residents Agreement to Comply

By my signature, as a resident, I hereby affirm that I have read and that I understand and agree to abide by the ACCC General Rules and Special Conditions including, but not limited to:

- 1) General Rules and Special Conditions
- 2) Resident Roster Instructions
- 3) Consent for Search and Seizure

All members of the residence over the age of 18 must sign their names below to affirm that they have read, understand and agree to abide by all of the ACCC General Rules and Special Conditions as described in this manual.

Participant Printed Name & Signature	Date
Resident Printed Name & Signature	Date
Resident Printed Name & Signature	Date
Resident Printed Name & Signature	Date
Resident Printed Name & Signature	Date
ACCC Staff	Date

I attest that the above names and signatures are true and binding. I further affirm that I have read, understand and agree to abide by all of the ACCC General Rules and Special Conditions as set forth in this manual.

Owner / Renter of Residence Printed Name and Signature	Date
ACCC Staff	Date
ACCC Staff	Date

ACCC Fee Policy

Misdemeanor Home Detention

- 1) 0-10 day sentences; a one-time fee of \$200.00 is due at the time of intake for electronic monitoring supervision only.
- 2) 11-89 day sentences; \$120.00 is due at the time of intake - this includes a one-time intake fee of \$50.00 plus the first week of supervision of \$70.00 in advance. Then, \$10.00 / day for electronic monitoring supervision only will be assessed for the balance of the court ordered sentence.
- 3) 90+ day sentences; a one-time intake / orientation fee of \$50.00 is due at the time of intake and then \$15.00 / day for electronic monitoring supervision and all programs and intervention services ordered and recommended will be assessed.

Felony Home Detention Supervision and Community Control Supervision

- 1) Regardless of the length of sentence, a one-time intake / orientation fee of \$50.00 is due at the time of intake and then \$15.00 / day for electronic monitoring supervision and all programs and intervention services will be assessed.

NOTE: If released from electronic monitoring supervision but remain engaged in programs and intervention services I will only be assessed the standard fees outlined in the below *Cognitive Behavioral Therapy Marketplace Fee Structure*.

Community Transition Program (CTP)

- 1) In light of my transition from IDOC, \$10.00 / day for electronic monitoring supervision and all programs and intervention services will be assessed effective my 31st day of supervision.
- 2) A credit for the first thirty (30) days or \$300.00 of supervision and programs participation will be applied to the current account.

NOTE: If released from electronic monitoring supervision but remain engaged in programs and intervention services I will only be assessed the standard fees outlined in the below *Cognitive Behavioral Therapy Marketplace Fee Structure*.

ReEntry Court

- 1) In light of my transition from IDOC, \$10.00 / day for electronic monitoring supervision and all programs and intervention services will be assessed effective my 31st day of supervision.
- 2) A credit for the first thirty (30) days or \$300.00 of supervision and programs participation will be applied to the current account.
- 3) When successfully released from electronic monitoring supervision, a \$6.00 / day supervision fee will be assessed for the remainder of the Reentry Court program.
- 4) If I violate the terms and conditions of ReEntry Court supervision and the Judge orders my return to electronic monitoring supervision, \$10.00 / day for this electronic monitoring supervision will be assessed.

Restoration Court and Veterans Court

- 1) A one-time intake / orientation fee of \$50.00 is due at the time of intake and then \$15.00 / day for electronic monitoring supervision and all programs and intervention services will be assessed.
- 2) When successfully released from electronic monitoring supervision, a \$6.00 / day supervision fee will be assessed for the remainder of the Restoration Court or Veterans Court program.
- 3) If I violate the terms and conditions of the Restoration Court or Veterans Court program supervision and the Judge orders my return to electronic monitoring supervision, \$15.00 / day for this electronic monitoring supervision will be assessed.

CAST Supervision

- 1) A one-time intake / orientation fee of \$50.00 is due at the time of intake and then \$10.00 / day for this unique supervision and forensic testing process.

ACCC Fee Policy (continued)

Deferred Sentence

- 1) A one-time intake / orientation fee of \$50.00 is due at the time of intake and then \$10.00 / day for electronic monitoring supervision only.
- 2) If the Court orders my participation in all ACCC programs and intervention services, a one-time intake / orientation fee of \$50.00 is due at the time of intake and then \$15.00 / day for electronic monitoring supervision and all programs and intervention services.

NOTE: If released from electronic monitoring supervision but remain engaged in programs and intervention services I will only be assessed the standard fees outlined in the below *Cognitive Behavioral Therapy Marketplace Fee Structure*.

Pre-Trial Electronic Monitoring Supervision

- 1) A one-time intake / orientation fee of \$50.00 is due at the time of intake and then \$10.00 / day for electronic monitoring supervision only.
- 2) If the Court orders my participation in all ACCC programs and intervention services, a one-time intake/orientation fee of \$50.00 is due at the time of intake and then \$15.00 / day for electronic monitoring supervision and all programs and intervention services.

NOTE: If released from electronic monitoring supervision but remain engaged in programs and intervention services I will only be assessed the standard fees outlined in the below *Cognitive Behavioral Therapy Marketplace Fee Structure*.

Daily Reporting Supervision

- 1) A one-time intake / orientation fee of \$50.00 is due at the time of intake and then \$6.00 / day for supervision.

NOTE: If released from Daily Reporting Supervision but remain engaged in programs and intervention services I will only be assessed the standard fees outlined in the below *Cognitive Behavioral Therapy Marketplace Fee Structure*.

Courtesy Supervision Fee

- 1) A one-time processing fee of \$150.00 is due prior to the finalization of my placement with the accepting county for courtesy supervision of my sentence.

Cognitive Behavioral Therapy (CBT) Marketplace Fee Structure

- 1) If assigned to attend **Courage to Change (C2C)** a \$25 / week fee will be assessed for eight (8) weeks ~ total \$200.00 for this class (all class materials included).
- 2) If assigned to attend **Thinking for a Change (T4C)** a \$25 / week fee will be assessed for twelve (12) weeks ~ total of \$300.00 (all class materials included).
- 3) If assigned to attend **Moral Reconciliation Therapy (MRT)** a \$25 / week fee will be assessed for a minimum of sixteen (16) weeks ~ total of \$400 (all class materials included).

NOTE: If I do not successfully complete this class I may be allowed to continue for up to twenty (20) weeks and will be assessed \$25.00 per week in this instance.

NOTE: The \$15.00 per day supervision fees described above in this policy *includes* all programs and intervention fees described in this CBT Marketplace Fee Structure.

- Any client under electronic monitoring supervision who must be moved from their originally screened and approved residence can be assessed a \$25.00 administrative moving fee.
- All required drug screens will be assessed fees separately pursuant to the Drug Screen Participant Fee Policy
- All fees described in this policy are subject to change without notice.

Participant _____

Date _____

ACCC Staff _____

Date _____

ACCC Fee Policy Agreement

I have read the ACCC Fee Policy and I understand and agree to abide by all of the terms of the policy. I further understand and agree that:

- a) I will abide by this fee policy at all times.
- b) I will pay for all urine drug screens (negative, positive and dilute) separately and pursuant to the Drug Screen Participant Fee Policy.
- c) I will keep my account at a \$0.00 balance and timely pay all assessed fees on a weekly basis.
- d) I will pay for my fees using a money order, certified check, credit card, cash or payroll deduction. I will pay with exact change amounts.
- e) I will be allowed to call the Communications Division at (260) 449-7310 to receive permission to cash my payroll check and make a fee payment during Allen County Community Corrections business hours. For this purpose, I will be required to:
 - i) Call prior to leaving my location and provide the Communications Division professional with my desired banking location.
 - ii) Check in at the telephone located at the front door on my arrival and departure of Allen County Community Corrections.
 - iii) Report to the Allen County Community Corrections facility after cashing my payroll check and then PAY a minimum of \$50.00 on my fees immediately after cashing my check.
- f) I will forfeit all fees paid in the event that I am unsuccessfully discharged from any program(s).
- g) In the event that there is an outstanding balance in my account at the time of discharge, action will be taken to collect the balance and I understand and agree to be responsible for all costs of collection, including reasonable attorney's fees.
- h) All fees paid are NON-REFUNDABLE.
- i) Failure to pay fees pursuant to this policy and agreement may result in sanctions, disciplinary action and / or unsuccessful discharge from the program.

Participant _____ Date _____

ACCC Staff _____ Date _____

ACCC Work Crew Policy

- 1) I understand and agree to complete all assigned community service hours as required, within the time frame provided by the Court or Allen County Community Corrections.
- 2) I understand that I will arrive prior to the start of each shift of community service. If I arrive after my scheduled time, I understand that I will not be permitted to perform community service at that time.
- 3) I understand and I agree to abide by the Allen County Community Corrections Community Service Work Crew Dress Code which includes wearing the following:
 - a) Jeans or work pants
 - b) Tennis shoes or work boots
 - c) No large jewelry items
 - d) Shorts, sweatpants or capris are not permitted
- 4) I understand that I will not be allowed to leave the community service worksite without permission from the supervising Crew Supervisor for the assigned shift.
- 5) I understand that I will not be permitted to smoke or use any tobacco product(s), including electronic cigarettes while on the premises of Allen County Community Correction or while participating on a work crew except during designated breaks. The Community Service Crew Supervisor will provide a ten (10) minute break in an approved, designated area, when appropriate.
- 6) In an effort to promote an atmosphere of professionalism set by Allen County Community Corrections, I understand that I will not use vulgar or profane language at any time while participating on the Community Service Work Crew and will not engage in any sexually, harassing, discriminating or bullying behaviors.
- 7) I understand I will not illegally possess, ingest, use, sell or distribute any legend drug, narcotic drug, controlled substance as defined in Indiana Code 35-48-4, or paraphernalia throughout the term of the Community Service supervision. If inappropriate substances are found on my person they may be confiscated.
- 8) I understand that I will not report to Allen County Community Corrections under the influence of illegal drugs or alcohol.
- 9) I understand and agree to submit to drug and / or alcohol testing at any time upon the request of an Allen County Community Corrections staff member, and I will pay for the test based on the current agency fee structure.
- 10) I understand that I am subject to the search of my person and / or property upon entering Allen County Community Corrections at any time and understand that any contraband may be confiscated.
- 11) I understand I will not enter Allen County Community Corrections with weapons, drugs, paraphernalia, or gang / clique identifying clothing, jewelry, or accessories. These items will be confiscated and I may be formally charged and / or taken into custody and my placement with Allen County Community Corrections may be terminated.
- 12) I understand that I will not be allowed to enter Allen County Community Corrections with any electronic device including but not limited to cell phones, smart watches, smart tablets, laptops computers, blue tooth devices, and / or electronic cigarettes. Any prohibited devices may be confiscated and will not be returned.
- 13) I understand that any physical and / or verbal abuse toward any staff member at Allen County Community Corrections or at any designated work site will not be tolerated and I may be removed from the Community Service Work Crew immediately without community service credit and my case will be referred back to the referring entity for further disposition.
- 14) I understand that it is my responsibility to present my Community Service Card and photo identification whenever I am scheduled to perform Community Service.

Work Crew Policy (continued)

- 15) I understand that I may be assigned to gender specific crews to perform my community service at the direction of the Community Service Crew Supervisor.
- 16) I understand that if a documented and verifiable situation that prevents me from completing my community service in the required time frame, I may request an extension of Community Service if my sentence allows:
- a) If I am sentenced on a Class A Misdemeanor offense I may request up to three (3) extensions if I have completed at least half of my ordered hours.
 - b) If I am sentenced on a Class B Misdemeanor offense I may request up to two (2) extensions if I have completed at least half of my ordered hours.
 - c) If I am sentenced on a Class C Misdemeanor offense I am ineligible for an extension.
 - d) I understand and agree that I will be charged a \$50.00 administrative fee to be paid at the time of my extension.

By my signature I understand and agree to abide by all Allen County Community Corrections Community Service Work Crew Policies. I understand that failure to follow any of the rules may result in my being released from the Work Crew without receiving any credit for any / all hours worked, a sanction being imposed or my case being referred back to the referring entity for further disposition.

Participant

Date

ACCC Staff

Date

Work Crew Schedule

Tuesday through Friday

8:00 am Morning Community Service participants must be checked in
8:30 am Load vans
9:00 am Arrive at job site
11:00 am Leave job site
11:15 am Arrive back at Allen County Community Corrections
11:30 am Work Crew released

3 hours credit

12:00 pm Afternoon Community Service participants must be checked in
12:30 pm Load vans
1:00 pm Arrive at job site
3:00 pm Leave job site
3:15 pm Arrive back at Allen County Community Corrections
3:30 pm Work Crew released

3 hours credit

6 hours credit for participants remaining on the crew from 8:00 am to 3:30 pm.

Saturday

8:00 am All Community Service participants must be checked in
8:30 am Load vans
9:00 am Arrive at job site
11:00 am Leave job site
11:30 am Arrive back at Allen County Community Corrections for lunch
12:30 pm Load vans
1:00 pm Arrive at job site
2:30 pm Leave job site
3:00 pm Arrive back at Allen County Community Corrections
3:30 pm Work Crew released

6 hours credit

No arrivals will be allowed after 8:00 am or 12:00 pm (noon). If I arrive late, I understand that I will not be permitted to perform Community Service at that time.

Dress appropriately for the weather as the Work Crew will take place rain or shine.

Work Crew Memorandum of Understanding

As an Allen County Community Corrections work crew volunteer, I understand that my services are non-paid volunteer services and are not employment, and that accordingly, I am not covered under the Indiana Worker's Compensation law for any injuries which I may have during the course of my volunteer duties. I also understand that as a volunteer, I am not provided any medical benefits or other insurance coverage through my services to Allen County Community Corrections. Additionally, I understand and acknowledge that as a volunteer, OSHA guidelines and regulations do not apply to or cover me.

"The Occupational Safety and Health Act of 1970 extends only to employees of an organization. "Job-shadowing" involves no payment of wage or salary to the student. OSHA coverage includes all employers and their employees either directly by federal OSHA or through an OSHA-approved state program." OSHA Standard 1910.3 March 3, 1999.

Notwithstanding, I agree to follow all instructions given to me by Allen County Community Corrections staff and to wear and appropriately use any safety equipment or personal protective equipment which is provided to me during my supervision through Allen County Community Corrections and any of its programs.

Allen County Community Corrections will provide liability insurance pursuant to the limits of liability. It is specifically affirmed that Community Service Work Crew participants are not employees or contractors of Allen County Community Corrections or the Board of Commissioners of the County of Allen, are not paid for their work, are not provided workmen's compensations insurance. Neither the Board of Commissioners of the County of Allen nor Allen County Community Corrections provides any guarantees, assurances, indemnity, or other protection against the participants' or any third party for any claims or actions of any kind.

I understand that this is all the insurance coverage afforded to me, and I understand that it is my sole responsibility, if I so choose, to maintain adequate health insurance coverage.

Participant

Date

ACCC Staff

Date

Important Telephone Numbers

ACCC Main Office

Telephone Number (260) 449-7252
Fax Number (260) 449-7308

Random Drug/Alcohol Testing

Telephone Number 1-800-494-1250

Pass Investigators / Resource Lab

Telephone Number (260) 449-8493
Fax Number (260) 449-3368

ACCC Communications Division

Telephone Number (260) 449-7310
Fax Number (260) 449-4558

Questions / Comments / Notes
