



# Allen County Community Corrections Request to Change Residence

Date \_\_\_\_\_ Case Manager \_\_\_\_\_ Telephone # \_\_\_\_\_

Participant Name \_\_\_\_\_ Current Address \_\_\_\_\_

I am requesting to *TEMPORARILY* / *PERMANENTLY* change my residence to:  
(Circle One)

New address \_\_\_\_\_  
(Street Address) (City) (Zip Code)

New telephone number \_\_\_\_\_ Monthly payment \_\_\_\_\_

Other residents in new household \_\_\_\_\_

Date I would like to move \_\_\_\_\_ Time I would like to move \_\_\_\_\_

Why I am requesting to move \_\_\_\_\_

Investigation Complete

\_\_\_\_\_ Victim(s) checked  
\_\_\_\_\_ Home location mapping completed  
\_\_\_\_\_ Warrant Check / Resident Roster  
\_\_\_\_\_  Eligible  Ineligible

Permission  Approved  Denied Participant Notified on \_\_\_\_\_ by \_\_\_\_\_

Approved to change residence on \_\_\_\_\_ from \_\_\_\_\_ am / pm to \_\_\_\_\_ am / pm.

Comments \_\_\_\_\_

I understand that I may be required to pay a voluntary moving fee of \$25.00 if this request to change residence is approved and I will be required to pay this fee prior to the approved date in order to move.

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved by

\_\_\_\_\_  
Date

## *General Rules and Special Conditions*

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### **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)*

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- 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 Policy.
  - 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 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)*

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- 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](http://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 less than 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)*

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- 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](http://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)*

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- 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 <sup>st</sup> and 3 <sup>rd</sup> Saturday of the month |
| N-Z | 2 <sup>nd</sup> and 4 <sup>th</sup> 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)***

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- 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)***

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- 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:

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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*

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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.

Name (Please print)

Date of Birth

Age

Relationship to Participant

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Owner/Landlord's name / company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Cellular Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## *Consent for Search and Seizure*

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**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)*

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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*

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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