

Adult Day Reporting

SHELBY COUNTY COMMUNITY CORRECTIONS

10 WEST POLK STREET
SHELBYVILLE, INDIANA 46176
PHONE: 317.392.6492
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Name: _____ Cause # _____

Level 1: I will have contact with SCCC staff as directed daily. Daily contact times and regulations will vary according to my work or school schedule and SCCC hours. I will sign in at the SCCC front desk daily. I will sign in at the field office door between 4:00pm and 4:30pm on weekends and holidays. I will meet with an assigned case manager twice weekly. I will allow field staff access to my home or work for day reporting past agency hours. I will submit to urinalysis/Portable Breath Tests as determined by SCCC staff. I will have a daily curfew of 6PM to 6AM and must be in my residence during this time. I will leave a voice mail daily at 6PM advising that I am home for the night. I will be required to complete a weekly schedule that must be approved by staff in advance. This schedule will consist of work hours, medical appointments, counseling/treatment sessions, and/or case manager and state-approved activities. I am not allowed to leave my home outside of curfew hours. I will provide staff with written proof of employment, job search, education, or community service hours, counseling/treatment sessions, medical appointments, or any other case manager and state-approved activities. I will be assigned this level at intake and will remain on this level for a minimum of 30 days. If I adhere to my schedule, attend/begin treatment, receive no violations and am current with my fees as determined by Shelby County Community Corrections Fee Guidelines, I may be able to move to Level 2. The cost of Level 1 supervision is \$10.00 per day.

Level 2: I will have contact with SCCC staff as directed daily. Daily contact times and regulations will vary according to my work or school schedule and SCCC hours. I will sign in at the SCCC front desk daily. I will sign in at the field office door between 4:00pm and 4:30pm on weekends and holidays. I will meet with an assigned case manager weekly. I will allow field staff access to my home or work for day reporting past agency hours. I will submit to urinalysis/Portable Breath Tests as determined by SCCC staff. I will have a daily curfew of 7PM to 6AM and must be in my residence during this time. I will leave a voice mail daily at 7PM advising that I am home for the night. I will be required to complete a weekly schedule that must be approved by staff in advance. This schedule will consist of work hours, medical appointments, counseling/treatment sessions, and/or case manager and state-approved activities. I am not allowed to leave my home outside of curfew hours. I will provide staff with written proof of employment, job search, education, or community service hours, counseling/treatment sessions, medical appointments, or any other case manager and state-approved activities. I will remain on this level for a minimum of 60-90 days. If I adhere to my schedule, attend/begin treatment, receive no violations and am current with my fees as determined by Shelby County Community Corrections Fee Guidelines, I may be able to move to Level 3. The cost of Level 2 supervision is \$5.00 per day.

Level 3: I will have contact with SCCC staff as directed daily. Daily contact times and regulations will vary according to my work or school and SCCC hours. I will sign in at the SCCC front desk daily. I will sign in at the field office door between 4:00pm and 4:30pm on weekends and holidays. I will meet with an assigned case manager every two weeks. I will allow field staff access to my home or work for day reporting past agency hours. I will submit to urinalysis/Portable Breath Tests as determined by SCCC staff. I will have a daily curfew of 9PM to 6AM and must be in my residence during this time. I will leave a voice mail daily at 9PM advising that I am home for the night. I may be required to complete a weekly schedule that must be approved by staff in advance. This schedule will consist of work hours, medical appointments, counseling/treatment sessions, and/or case manager and state-approved activities. I am not allowed to leave my home outside of curfew hours. I will provide staff with written proof of employment, job search, education, or community service hours,

counseling/treatment sessions, medical appointments, or any other case manager and state-approved activities. I will remain on this level throughout the length of my supervision. The cost of Level 3 supervision will be \$3.00 per day.

General Conditions

- 1. I will report to Community Corrections as determined by SCCC staff and my level of ADR.** I will maintain a valid and approved residence and phone. I will not change my residence or phone number without prior permission. My phone is to remain on the hook/charged/have minutes at all times and I will answer my phone. If I miss a call from Community Corrections, I will return the call immediately. I will not have privacy manager or a block on my phone that would prevent Community Corrections from contacting me.
- 2. I will turn in a weekly schedule to Community Corrections every Sunday by 8pm.** Once approved, I will abide by the schedule, which specifically sets forth the times I will be away from my residence and the specific places I will be during my time away. Failure to turn in my schedule on time or to have it filled out correctly will result in my activities being restricted. I am not allowed to leave Shelby County unless prior approval is granted by staff (except for work). It is my responsibility to know what I put on my schedule for the week. It is my responsibility to make blank copies of schedules for future use.
- 3. I will supply written verification of all activities that require me to be away from my residence.** This includes copies of timecards, time sheets, check stubs, counseling appointments, doctor's appointments and any treatment. This verification must be turned in weekly, by stapling it to my weekly schedule.
- 4. I will maintain good behavior while on Adult Day Reporting.** I will be respectful and cooperative when having contact with Community Corrections staff. I will advise any family or friends to be respectful toward staff in the performance of their duties.
- 5. I will maintain/obtain legal and verifiable employment or education on a full-time basis.** If not employed, I shall be required to perform weekly Community Service hours (amount may vary from 20-30 hours per week). I hereby release Shelby County Community Corrections, its staff and participating worksites from liabilities or action whatsoever and will not file any type of liability lawsuit against Shelby County Community Corrections or any worksite I am assigned to by Shelby County Community Corrections. I understand that I am not an employee of the State of Indiana, Shelby County, or City of Shelbyville and cannot qualify for Workman's Compensation. I will be allowed to job search two days per week from the hours of 8am-12pm or 1pm-5pm Monday through Friday only. No job searches on Saturday, Sunday or holidays unless an interview is scheduled. I will keep track of my job searches on the Community Corrections Job Search Verification sheet and turn in weekly with my schedule.
- 6. I will pay all program fees associated with my level of Adult Day Reporting.** I will remain in 100% weekly compliance throughout the duration of my sentence. I will pay an initial administration fee, baseline drug screen fee, and the first two weeks of daily fees totaling \$210.00 at Intake. Additional drug screens will be performed throughout the duration of the program. I am responsible for paying for these screens at the time of collection. Any additional panels ran during a routine drug screen will be added to the cost of said drug screen and are also the responsibility of the participant to pay for at the time of collection. Drug screens may range in cost from \$20 to \$67, sometimes higher, depending upon the circumstances.

***Drug screen collection times are as follows:**

Monday, Tuesday – 8:00AM – 11:00AM and 1:00PM – 6:00PM

Wednesday, Thursday, Friday – 8:00AM – 11:00AM – 1:00PM – 3:00PM
Saturday, Sunday – 1:00PM – 3:00PM

****Non-compliance of program supervision fees and/or non-payment of drug screens at the time of collection, wherein the ability to pay was present, will result in sanctions given in detail at the case manager's/compliance officer's discretion.**

7. **I will not possess or use alcohol, any controlled substance and/or any mind-altering substance; i.e. spice, any form of K2, or bath salts.** Only medications prescribed by my physician will be allowed. I will not use cough or allergy medications, mouthwash or any other products that contain alcohol. Consumption of any prescribed medication cannot exceed the dosage amount as prescribed by my physician. I will bring in all prescriptions and inform my case manager if there are any changes to my medications. I will be required to submit samples of bodily substance for the purpose of detecting alcohol/drugs and submit to breath analysis, at my own expense. I will advise staff of any known health risks. I will pay \$20 for each drug screen.

Dilute drug screens are considered positive by the lab and, thus, will be submitted to the court as positive results.
8. **I will not possess any firearms, ammunition, explosives, fireworks, dangerous weapons** (including pocket knives, pepper spray/mace, swords, tasers, BB guns, etc.), or drug paraphernalia on my person, property, or at my residence.
9. **I shall submit to warrantless and/or suspicion less searches** of my person, my residence, my motor vehicle, or my property by probation, law enforcement, or community corrections personnel at such times and places in the sole discretion of such personnel. In consideration of the opportunity to participate in a Community Corrections program rather than serve my sentence through the Department of Correction or other more restrictive environment, I hereby consent, acknowledge and agree that I hereby waive my rights concerning searches and seizures under the Fourth and Fourteenth Amendments of the United States Constitution and under Article 1 and 11 of the Indiana Constitution.
10. **I will obey all laws of the City, County, State, and Federal government while on ADR.**
11. **I will attend any and all programming**, internal or external, as deemed necessary by Community Corrections.
12. **I will abide by my daily curfew** as outlined by my level of supervision and remain in my home during this time.
13. **I will be placed on Adult Day Reporting as determined by Community Corrections based on the risk assessment completed at intake.** I will have specific rules to follow according to my level of supervision.
14. **I will not commit, be arrested for, or charged with a criminal offense.** I must notify program staff within 24 hours of any contact with law enforcement. I will advise any law enforcement officers that I come into contact with that I am on ADR.
15. **I will not have more than two (2) non-relatives at my residence at one time.** If I have a family function at my home, I will place this information on my schedule.

- 16. **Transportation, living, and medical expenses are my responsibility.**
- 17. **I will be respectful and cooperative** with all staff and will advise my family/friends to be respectful and cooperative.
- 18. **I will not receive good time credit for my participation in this program.**
- 19. **I will abide by all conditions of Probation/Bond and any order of the Court.** I will report for all appointments as directed by Community Corrections. A Petition to Revoke Probation can be filed by my probation officer and/or if probable cause is found a warrant may be issued for my arrest. The Court may order immediate execution of my sentence including any portion of my suspended sentence.
 - a. **I am aware that violation of any term or condition of this program could result in suspension, disciplinary action, to include, but not limited to: written violation, increased supervision, restricted activities, and/or prosecution for the crime of escape under IC 35-44.1-3-4. A petition to revoke probation and/or a change of placement can be filed by my probation officer and/or Community Corrections. If probable cause is found, a warrant may be issued for my arrest. The Court may order immediate execution of my sentence including any portion of my suspended sentence. Furthermore, a person who knowingly or intentionally violates a house arrest order or intentionally removes an electronic**

TO BE COMPLETED AT INTAKE

My projected dates on ADR are:

_____ to _____ = _____ days. My estimated ADR fees are:

monitoring device commits Escape, Level 6 Felony.

Participant's Acknowledgment

I have read, understand, and accept the above terms and acknowledge that I have received a copy of these terms. I agree and consent to release of information from my employer, treatment provider, educator, telephone service provider, or other agency/person that might pertain to my participation and supervision on this program or in efforts to locate me if I should abscond. I hereby knowingly, intentionally, and specifically waive my rights against self-incrimination and search and seizure as provided for in the Constitution of the United States and State of Indiana as it may be initiated by Community Correction or Probation Staff. I have been advised verbally and have had the opportunity to discuss all the conditions of the program. I now understand that this is an order of the court and agree to abide by all the stated terms and conditions.

Print Name _____ Date _____

Participant Signature _____ Date _____

Community Corrections Staff _____ Date _____