

**BACtrack – Standard
Conditions & Agreement**

SHELBY COUNTY COMMUNITY CORRECTIONS

10 WEST POLK STREET
SHELBYVILLE, INDIANA 46176
PHONE: 317.392.6492
FAX: 317.392.3722

Name: _____ Cause # _____

Standard Conditions

- 1. I will abide by all sentencing order conditions.**
- 2. I 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.** Specifically, I hereby consent to allow employees of Community Corrections or law enforcement officers to search my person, property, or residence without a warrant, without probable cause, and without reasonable suspicion.
- 3. I will not possess or use alcohol.** I will not use cough or allergy medications, mouthwash or any other products that contain alcohol. Only medications prescribed by my physician will be allowed. 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 to breath analysis, at my own expense. I will advise staff of any known health risks.
- 4. I will be charged a \$25 admin fee to start the program. I will be charged \$10 per day for BACtrack. I will be charged \$12 per day for BACtrack and a Track Group cell phone.** Sanctioned BAC testing at standalone kiosk will be additional \$3 per test.
- 5. I will maintain a valid and approved Shelby County 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.
- 6. I understand that I must take all tests requested by BACtrack.** I will have thirty (30) minutes to complete the required test. Self-tests must be done immediately after any missed test.

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7. **Failure to abide by all sentencing order conditions, including fee compliance, may result in sanctions** such as, additional BAC testing at standalone kiosk or my case being returned to the Prosecutor's Office and the court of jurisdiction, which could result in placement at the Shelby County Criminal Justice Center.

Terms of BACtrack assignment:

1. **I understand that I am responsible for the cost of the equipment**, should it be lost, stolen or damaged while in my possession. There could potentially be a replacement cost of \$130.00 for the BACtrack unit, \$5.00 per mouthpiece, \$100.00 for the Track Group cell phone, and \$5.00 per charger.
2. **I understand I will pay the fee associated with BACtrack**, wherein the ability to pay is present. I will be charged \$10 per day for BACtrack. I will be charged \$12 per day for BACtrack and a Track Group cell phone.
3. **I understand that I must charge BACtrack for 2 hours per week.**
4. **I understand that I must take all tests** requested by BACtrack. I will have thirty (30) minutes to complete the required test. Self-tests must be done immediately after any missed test.
5. **I understand I must always have BACtrack with me.** A random test could be required at any time.
6. **I understand that I cannot get BACtrack wet.**
7. **I understand that any of the aforementioned will result in but not limited to, a violation to probation and/or the court of jurisdiction.**

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Participant's Acknowledgment

I have read, understand, and accept the above terms and acknowledge that I have received a copy of these terms. 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
