

**Recovery Support  
Supervision**

**SHELBY COUNTY COMMUNITY CORRECTIONS**

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

**Name:** \_\_\_\_\_ **Cause #** \_\_\_\_\_

**General Conditions**

1. I will abide by all conditions of the court order, Community Corrections, all conditions of Probation, and the recovery home.
2. I will attend all programming, internal or external, as deemed necessary by Community Corrections and my recovery home provider.
3. I will provide a weekly schedule to my case manager and I will supply written verification of all activities that require me to be away from the recovery home residence. This includes copies of timecards, timesheets, check stubs, multi-location sheets, counseling appointments, doctor's appointments, and any treatment.
4. I will abide by a daily curfew as outlined by the rules of my specific recovery home program.
5. I will pay all program fees associated with this program. I will pay for all drug screens and the admin fee of \$25. Drug screens cost \$20 for each test. 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. My program costs are \$4 daily.
6. I will call into the drug screen hotline daily between 5am-7:59am. If required to test, drug screen collection times are as follows:

**Monday-Friday 2pm-4pm**

**Saturday, Sunday – 1:00PM – 3:00PM**

7. I will report for all appointments as directed by Community Corrections, Probation, and my specific recovery home program.
8. 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.

**Terms of GPS 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 \$1050.00 for the GPS unit and \$20.00 per charger.
2. I understand that I must charge the GPS for 2 hours per day.
3. I understand that I am **NOT** to charge my GPS while I am sleeping.

4. I understand that I must wear the GPS unit on my person at all times.
5. I understand that I must answer all calls to my GPS.
6. I understand that I cannot submerge my GPS.
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.

**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 \_\_\_\_\_