**DAVIESS COUNTY**

COMMUNITY CORRECTIONS

PROGRAM HANDBOOK



**VISION**

We will become leaders in the field of offender rehabilitation and re-entry through the application and use of evidence based practices.

**MISSION**

We facilitate behavioral change in the lives of at-risk populations that results in a safer community.

415 W. Walnut Street

Washington, Indiana 47501

Office (812) 254-8665

Fax (812) 254-8688

Dear Program Participant:

As a result of a court order, you have been placed in our program. We both share the same goal . . . for you to satisfactorily complete your sentence and return to the community as a responsible and productive citizen. Our agency operates on the premise that every program participant has the potential to achieve that goal. It will not be easy and your time in the home detention program will be filled with challenges, but we believe that you can accomplish this or the court would not have placed you in this program.

During your placement in our program, you can expect staff to assist you in this effort by prioritizing your participation in services that address treatment and education needs identified during the development of your case plan. These services will support you and increase the likelihood of you successfully completing your sentence. The program has a great many rules and guidelines, all of which are designed to guarantee accountability and encourage a change in negative behavior. Our expectation is that you attend all required treatment and education programs, that you abide by the rules and guidelines, and that you demonstrate the desire and put forth the effort required to change your behavior.

The following material outlines the rules, guidelines, and behavior that are expected of our program participants. Our staff will explain the following information to you during the intake process, and you are encouraged to ask questions. It is recommended that you keep this material and review it carefully.

If you have any questions, do not hesitate to contact a member of our staff.

Respectfully,

Diana L. Snyder

Executive Director

# **COMMUNITY CORRECTIONS STAFF and PHONE EXTENSION**

Executive Director: Diana L. Snyder

Administrative Assistant: Sheila Petty (4331)

Administrative Assistant: Audrey Conlon (4366)

Program Manager/CQI: Laura L. Petty (4356)

Community Service/Case Manager: Joe Hamdan (4245)

Case Manager: Evett Arney (4332)

Case Manager: Whitney Keller (4363)

Case Manager: Julie Berry (4328)

Case Manager: Lexi Lemon (4351)

Screening Coordinator: Francine Brashear (4341)

Director of Peer Recovery Services: Brian Peek (4364)

Treatment Facilitator: Brandee Stafford

# **PROGRAM FORMS**

In order to assist the participant, Daviess County Community Corrections has several forms to be used to facilitate requests. It is important that the participant use the forms correctly and in the proper manner so that the appropriate person may review the requests. **All forms can be located in the lobby of the Community Corrections Office.**

**Employment Work/Verification Form:**

This form is used to indicate the participant’s place of employment. It must be completed and submitted to Community Corrections before the participant will be permitted to leave for a job. This form needs to be completed for any changes in the participant’s employment. Daviess County Community Corrections has the discretion to approve or deny a place of employment.

**Job Search Form:**

This form is used to verify employment searches. This form must have the company name, location, phone number, arrival and departure times, and the printed name and signature of the person spoken to. This form must be submitted upon return to the facility. Failure to complete the form entirely or to submit the form in a timely manner may result in the delay of future employment searches.

**Information Form:**

This form is used to update personal information. After receiving the form, it must be fully completed and turned in within 24 hours.

**Arrival/Departure Form**:

This form is used to verify where a participant has been (excluding work) while outside of the facility. This form should be used at any appointment or place that the participant requested to visit to verify time spent outside the facility.

**Weekly Schedule**

This form is used to schedule any times the participant needs to leave their residence (excluding work). This form needs to be completed for participant to receive permission to leave their residence.

**Consent for Release of Confidential Information**:

This form allows Community Corrections to obtain information regarding the participant’s legal records, any information regarding past/present treatment, and/or education history. Other records may be requested that do not fall under the above categories.

**Work Record Form:**

This form is used to verify work hours at a participant’s place of employment. This form should be filled out completely and accurately by the participant’s supervisor. This form should only be used for those participants that work at a place without electronic timesheets or punch cards. These forms must be turned in weekly.

**Medical Appointment/Release of Information Form:**

This form allows Community Corrections to obtain information regarding the participant’s health.

This form must be taken to any medical appointment, psychiatric appointment, hospital visit (if participant is the patient), or any other appointment concerning participant’s health. It must be filled out completely and accurately. Failure to have this form filled out could result in a non-compliance violation.

## **Weekly Schedule Information**

**ALL** Clients are required to turn in a weekly schedule. This will include any appointments, shopping time, family time, yard time, meetings, treatment, classes, laundry, child care arrangements, church or other items that need to be schedule for you to leave your residence; you must be specific. A form will be provided to all clients to fill out or an email can be sent to your case manager containing your schedule. You must turn in your schedule each week either **in person, faxed, or by email**. Schedules will not be accepted on voicemail or text messages.

**If your schedule is not turned in to your case manager by the required time you will not be allowed to do anything for that week (excluding work).** If the office is closed or your case manager is going to be gone, you will need to turn in your schedule as directed. After schedules are turned in there will be **NO schedule changes** unless it is an emergency. There will be no exceptions made.

**\*\* Schedule will be for the upcoming week starting on Monday.**

If you have any questions or concerns please ask your case manager and they will clarify.

**Daviess County Community Corrections**

## **Employer’s Work Agreement**

**Keep this document for your records.**

**Daviess County Community Corrections Program Policies Are As Follows:**

1. All wages earned by the participant in the Community Corrections Program shall be paid to the participant. No loans or advance payments may be given to the participant.
2. Failure of a participant to perform their work task in a satisfactory manner or failure of a participant to attend work shall be reported to the Community Corrections Staff.
3. While employed, the participant shall be covered by the employer’s insurance and/or Worker’s Compensation Insurance as required by law; Community Corrections is not liable for any claim.
4. Work time cannot exceed 12 hours per day (applies to work release participants).
5. Participants whose employment requires more than one job site per shift must have an employer that will provide documentation verifying the participant’s location when requested.

**What Daviess County Community Corrections Staff will request from you, the employer:**

1. Provide pay stubs that include pay period dates, hours worked and pay rate.
2. Provide work performance information upon request.
3. Notify DCCC Staff of all positive alcohol and drug tests.
4. Notify DCCC Staff immediately of any absences, tardiness and/or disciplinary action including terminations.
5. Allow DCCC Staff the ability to verify attendance via phone and on site checks.
6. Notify DCCC Staff if a Work Release/Home Detention Participant leaves the worksite without DCCC Staff approval.

**Contact Information:**

**Phone: 812-254-8665**

**Fax: 812-254-8688**

**Mail: Daviess County Community Corrections**

 **415 W. Walnut Street**

 **Washington, IN 47501**

**Please complete the attached form and return to Daviess County**

**Community Corrections.**

**Daviess County Community Corrections**

**EMPLOYER’S WORK AGREEMENT**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is currently

supervised by the Daviess County Community Corrections Program and that he/she must comply with the rules and regulations of the program. I have received a copy of the Employer’s Work Agreement that outlines policies and expectations of participants and employers.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Position/Title)*

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If working through an employment agency note actual work site company name*

Actual Work Site Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Direct Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Part-Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Full-Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scheduled Work Hours: (*Please be specific)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Hours/Week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Hourly Wage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Frequency & day of pay: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Example: Bi-weekly Friday; Weekly - Monday*

First Pay Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If employment is through an employment agency please note agency name and contact number:**

**Temp Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Community Corrections Staff Use Only:**

Date of Phone Verification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of on-site Check: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##

**Daviess County Community Corrections**

415 W. Walnut Street

Washington, Indiana 47051

(812) 254-8665

FAX (812) 254-8688

# **Community Corrections Program Contract**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cause Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Beginning Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Projected Release Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PROGRAM CONDITIONS**

\_\_\_\_\_ 1. You agree to comply with the special conditions stated in this contract, in addition to the Standard Rules of Probation (if applicable). You are signing this contract with the understanding that failure to comply with any of these conditions may result in a violation being filed with the Court.

\_\_\_\_\_ 2. In addition to the Judicial review, you will also be subject to administrative disciplinary action for failure to follow Disciplinary Code and Sanctions. If any violations occur, you may be subject to loss of privileges, you may receive a Temporary Program Termination (TPT) or your participation in the program may be fully terminated.

\_\_\_\_\_3. You will be under the supervision of Daviess County Community Corrections and subject to all rules and regulations of that program. You must reside in Daviess County for the entire term of placement. Your residence/home base must be approved. If a change in residence/home base is needed/requested, it must be approved by your case manager and the moving fee must be paid prior to you moving. Once your residence/home base has been approved any new resident must be approved.

\_\_\_\_\_4. All fees MUST be paid IN FULL and any failure to do so could result in action against you. Remember, the court order requires you to pay these fees. Any participant not current on their fees, which means paid a week in advance, will not be eligible for their rewards and a Conduct Violation Report may be filed with the Court, as well as a wage garnishment. Payment needs to be paid with money order, credit/debit card, or cash only, and with the exact amount for fees (fees are based on the type of unit and are subject to change). Fees must be paid regardless of employment status. **Payments will not be accepted after 3:30 pm.**

\_\_\_\_\_5. You **MUST** have a cell phone prior to beginning a program. Cell phones **must be active at all times,** if your cell phone runs out of minutes and the Case Manager is unable to contact you it will be a violation. Your voicemail must be setup to receive messages. **You must notify your Case Manager of any phone number changes immediately.**

 \_\_\_\_\_\_6. You will submit to random drug testing. A baseline drug screen will be administered on the day you begin your program. You will also be charged $20.00 for each random urine screen and $30.00 for each random saliva screen. Any additional testing will be assessed as billed. **(Drug screen fees are subject to** **change).**  Once you are contacted for a random screen, you must report to the office immediately. You will have one hour, from the time contacted, to produce a specimen. Failure to submit to a test will be considered an admission of guilt. If your sample appears to be diluted, you may be asked to produce another sample. If result comes back diluted, it may be considered a positive result.

\_\_\_\_\_\_7. There will be NO CONSUMPTION OF ALCOHOL while on the program. A portable breathalyzer can be used to detect alcohol content in the participants system. You must submit to a breath test upon request. Refusing to do so is a direct violation.

\_\_\_\_\_\_8. Absolutely NO ALCOHOL in or around your residence/home base (in either opened or unopened containers). If alcohol is located, you will be held accountable. It will be considered a violation.

\_\_\_\_\_\_ 9. Use of **Illegal Drugs, CBD Products, Kratom, Kava,** and/or **Tianna** is STRICTLY FORBIDDEN.

\_\_\_\_\_\_10. Absolutely NO DRUGS of any kind (unless prescribed by a licensed physician). All prescription medications and/or OTC medications must be reported to you case manager. If taking prescribed controlled substances, you may be subject to a random pill check/count at any time. Also, the following over the counter medications will not be allowed: Nyquil/Dayquil, Sudafed type products, OTC energy products, or anything containing alcohol (i.e., mouthwash).

\_\_\_\_\_\_ 11. You shall not have contact with anyone on probation/parole, unless granted permission by Daviess County Community Corrections.

\_\_\_\_\_\_ 12. You will remain in the interior living area of their residence at all times unless granted permission by your Case Manager to be outside the house. The participant will be allowed on the front porch, back porch, or garage at the Case Manager’s discretion (Getting your mail and setting the trash out is allowed without permission).

\_\_\_\_\_\_13. **You are not to leave your residence without prior approval from your Case Manager**. You MUST turn in a weekly schedule form for the next week, as directed by your Case Manager. This form can be turned in, faxed, or emailed. Schedules will **NOT** be accepted by voicemail message. There will be no schedule changes once the form is turned in unless it is an **EMERGENCY**. No one other than an employee of the Daviess County Community Corrections can approve such changes in schedule. There is one exception to this rule.

* **In case of an EMERGENCY such as sickness or injury of yourself or of an immediate family member or a death of an immediate family member, you can proceed to the location where needed. Once the emergency situation is under control, you must immediately call Community Corrections during office hours or call your case manager’s emergency cell phone number after hours and explain the problem or situation. The Community Corrections office must be able to confirm your actions when needed.**

\_\_\_\_\_\_14. **There will be no unauthorized stops.** An unauthorized stop is anywhere you do not have permission to be. You shall go directly to and from work and/or approved activities and take the most direct route to and from. If you are picking someone up or getting a ride from someone, you must get this approved in advance. All activities must be scheduled with your Case Manager. You may only go somewhere for lunch if it is approved ahead of time. You may only stop at a drive-thru restaurant and/or a gas station **ONE TIME** per day.

\_\_\_\_\_\_ 15. Your employer must complete an Employer Agreement Form. They will be advised of the limitations placed on you and they can expect that someone from Community Corrections will be checking with them to verify your schedule. An employer will be asked to provide your timesheets (must show clock in/clock out time). Providing false information or altering or falsifying employment records or other documentation to verify whereabouts will result in termination from the program. If work schedules (if not a set schedule) or timesheets are not received the participant will not be allowed to go to work. **Timecards must be turned in weekly or bi-weekly, based on pay schedule.**

**\_\_\_\_** A. If you have a work schedule change for Saturday-Monday, your employer must contact the office and get verbal approval no later than noon on Friday.

**\_\_\_\_** B. Community Corrections staff or law enforcement may visit you at your place of employment at any time.

\_\_\_\_ C. You will not work more than one job.

\_\_\_\_ D. If you leave work, or are sent home, for any reason you will immediately notify your case manager.

\_\_\_\_ E. If you quit, or are terminated, from your employment you must notify your case manager immediately. Failure to do so, will result in a violation.

\_\_\_\_\_16. You must attend and complete any and all programs and/or services ordered by the Court or by your Case Manager. If attendance requirements are not met, it will be considered a violation. You are required to pay all additional programming fees.

\_\_\_\_\_17. You are not to commit any law violations resulting in a new arrest or summons to Court. Failure to obey all Municipal, County, State, and/or Federal laws may result in termination from the program and the immediate filing of a violation. You are not to violate any term of license suspension and/or any restriction of a license. You are to identify yourself as a Community Corrections Program participant to law enforcement officers.

\_\_\_\_\_18. If you have any contact with Law Enforcement, you must notify your Case Manager.

\_\_\_\_\_19. You will allow Daviess County Community Corrections staff or law enforcement officers to enter your residence at any time without prior notice.

\_\_\_\_\_20. You WILL WAIVE your right guaranteed under the Fourth and Fourteenth Amendments of the U.S. Constitution and Article 1, Sec. 11 of the Indiana Constitution (pertaining to searches and seizures). While participating in the program, your home, (or place of detention/home base), including the curtilage (area surrounding your house/home base) around said home, your motor vehicle, your person or any other location where your property may be found, may be subject to search by Community Corrections staff, K-9 Units, or any Law Enforcement Agency. Searches need not be based upon any cause, suspicion, probable cause or reasonable suspicion and may be conducted with or without notice or search warrants. Evidence of other crimes, drugs, or other contraband found as a result of such a search may result in new charges being filed against you. The results of any search shall be admissible in Court against you.

\_\_\_\_\_21. You will cooperate with and truthfully answer all reasonable inquiries of Community Corrections Staff.

\_\_\_\_\_22. While participating in a program, you will not possess or have any weapons (or anything that can be considered a weapon) including firearms, or dangerous ordinances on the premises, belonging to you or any other individual residing in the residence. All firearms MUST be removed prior to participation.

\_\_\_\_\_23. A monitoring unit will be issued to you. While in your possession, you will be financially responsible for said unit. Should the unit become damaged by abuse or neglect you will be held responsible. Tampering with or destroying monitoring equipment will result in termination from the program.

\_\_\_\_\_24. You MUST report to the Daviess County Community Corrections Office for check-in and any other appointments as directed.

\_\_\_\_\_25. Violation of the Court Order may subject you to prosecution for the crime of Escape, Failure to Return to Lawful Detention, and/or termination from the program; **(i.e., leaving your residence without permission/being in an unauthorized location, removing your monitoring device).**

**Additional Conditions for Work Release Participants**

\_\_\_\_\_1. You must find verifiable employment within 30 days of entering the Work Release Program. If you are not successful, you will be removed from the program. You will be let out of the facility on Tuesdays and Thursdays from 8:00am-1:00pm to go on an intensive job search.

\_\_\_\_\_2. You will not be permitted to work more than 6 days per week or more than 12 hours a day unless prior approval from your case manager.

\_\_\_\_\_3. You will not be permitted to work on certain holidays unless granted permission by Community Corrections.

\_\_\_\_\_4.You will be given 1 hour at your home base after work. This hour will be used for eating, showering, laundry, and visiting with family. You must wear clean clothes back to the facility that you will wear out to work the following day.

\_\_\_\_\_5. You will be responsible for and required to pay for any medical services and/or care needed during your Work Release sentence.

\_\_\_\_\_6. A Medical Appointment/Release of Information form must be taken to any medical appointment, hospital visit, or any other appointment concerning your health.

\_\_\_\_\_7. You must comply with the Jail Conduct Rules listed in the Daviess County Security Center Inmate Rules and Regulations Handbook.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Program Participant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Community Corrections Staff Date

***Daviess County***

**COMMUNITY CORRECTIONS**

**415 W. Walnut Street, Washington, Indiana 47501 Phone: 812-254-8665 FAX: 812-254-8688**

**WORK RELEASE – HOME DETENTION – COMMUNITY SERVICE**

Diana Snyder, Director

Sheila Petty, Administrative Assistant Audrey Conlon, Administrative Assistant

Laura Petty, Program Manager/CQI Supervisor Francine Brashear, Screening Coordinator

Evett Arney, Work Release Case Manager Whitney Keller, Work Release Case Manager

Joe Hamdan, Home Detention Case Manager/CS Coordinator Julie Berry, Home Detention Case Manager

Lexi Lemon, Home Detention Case Manager Brandee Stafford, Jail Treatment Facilitator

**COMMUNITY CORRECTIONS CLIENT FINANCIAL AGREEMENT**

I agree to pay all fees that are assessed for the Community Corrections program to which I am assigned.

I understand that I may lose rewards and privileges, or I may be terminated from the program if my fees are delinquent.

I understand a wage assignment may be ordered if my fees are not paid when due.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CC Staff Member

Effective: 7/2020

## **Daviess County Community Corrections Handbook Receipt**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby acknowledge that I have received the Daviess County Community Corrections Handbook. If a revision takes place it will be properly posted and distributed, and I agree to abide by the change(s) made.

Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Case Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_