

DEKALB COUNTY COMMUNITY CORRECTIONS

1000 Potter Drive PO Box 6049- AUBURN, IN 46706

WWW.CO.DEKALB.IN.US/DCCC

OFFICE 260-333-0710 - TOLL FREE 1-855-433-5252 - FAX 260-927-4779

Community Corrections Placement Minimum Requirements:

1. Approved residence for Home Detention placement only (No alcohol, illegal drugs, or paraphernalia. No firearms, ammunition, destructive devices, or other dangerous weapons of any kind including residence, vehicle, entire property, or out buildings.)
2. Community Corrections participants are required to have an active cell phone and must have this in their possession at all times.
3. Participants may not have ANY extraditable warrants
4. A significant history of violating Community Based programs may prohibit acceptance.
5. Participants must have transportation for DCCC appointments, community service, work, any required programming deemed by DCCC, and/or job searches.
6. Certain employment types may be restricted and must be approved by Community Corrections. Community Corrections will not permit participants to work on any crews traveling to multiple locations throughout the day. Community Corrections does not allow work in private residences. Must not work in a location where minors are not permitted to enter. Must collect a payroll check.
7. Participants must pay fees in accordance with the D.C.C.C. guidelines, on a weekly basis by 12 P.M. every Friday. Payments must be in the form of **Cash, Money Order, Credit/Debit cards, or Cashier's Check to DeKalb County Community Corrections**. All fees must be paid in full before the termination of Home Detention. Credit cards have a convenience fee of 2.39% of the payment amount (minimum of \$1.95).
8. Potential participants are screened and evaluated by our Screening Board and the board will make a recommendation to the court regarding initial program placement to either Residential Work Facility or Home Detention. After initial placement on Community Corrections, the participant may be moved to either program through the completion of program goals or as a sanction for program violations as determined by Community Corrections, unless the Court order states differently.
9. Shall not associate with any person who is pending a criminal offense, on probation, parole, or under supervision due to the conviction of a criminal offense in this or any other state without consent of DCCC staff.

The mission of DeKalb County Community Corrections is to increase public safety by reducing recidivism and encouraging participants to be productive community members through cost savings and enhanced coordination of local adult and juvenile justice systems.

HOME DETENTION

\$75.00 Administrative Fee – Only applies at Intake and on first case if you are serving

More than one case

\$20.00 to \$35.00 Drug Screen Fees

\$12.00 Daily Rate

\$191.00 Intake Fee = \$96.00 (daily rate X 8)

+ \$20.00 (drug screen)

+ \$75.00 (administrative fee) = \$191.00

\$455.00 Covers the first 30 days of Home Detention = \$12.00 X 30 = \$360.00

+ \$20.00 (drug screen)

+ \$75.00 (administrative fee) = \$455.00

****If you are placed on Home Detention and unemployed you are required to pay the first 30 days. If your placement is less than 30 days you are required to pay the amount of your placement days in full. Example: You only have 15 days to serve. \$12.00 X 15 days = \$180.00 + \$20 (drug screen) + 75.00 (administrative fee) = \$275.00 would be your fee due at Intake.**

RESIDENTIAL WORK FACILITY

\$150.00 Administrative Fee for DeKalb case only

Only applies at Intake and on first case if you are serving more than one case.

\$200.00 Administrative Fee for transfer in cases for other counties outside of DeKalb County cases.

Only applies at Intake and on first case if you are serving more than one.

\$20.00 to \$35.00 Drug Screen Fees

\$25.00 Daily Rate and/or 25% of Net Income (rounded to the nearest dollar) or \$175.00 per week whichever is greater.

\$370.00 Intake Fee = \$200.00 (daily rate X 8)

+ \$20.00 (drug screen)

+ \$150.00 (administrative fee) = \$370.00 due at intake

\$420.00 Intake Fee for non-DeKalb County cases

\$370.00 Intake Fee = \$200.00 (daily rate X 8)

+ \$20.00 (drug screen)

+ \$200.00 (administrative fee) = \$420.00 due at intake

****If you are placed in Residential Work Facility and unemployed you are required to pay the first 14 days of your placement in full. Example:**

\$545.00 Intake Fee = \$375.00 (daily rate X 15)

+ \$20.00 (drug screen)

+ \$150.00 (administrative fee) = \$545.00 due at intake

\$595.00 Intake Fee for non-DeKalb Cases

Net Income is defined as: Gross pay minus SS/Medicare taxes, State/Local taxes, Health Insurance, HSA Contributions and Retirement Contributions as well as any additional insurance (AFLAC or disability) that is taken out of each check. You are required to turn in your paycheck weekly or bi-weekly, whichever applies to you. As you turn in your paycheck, it will be calculated and returned to you to make you aware if there are any additional charges beyond the \$175.00 per week fee. If additional charges do apply they will be due the following Friday from your check date. Ending fees beyond Monday of discharge week are assessed at \$25.00 a day. You are required to provide, if employed, 2 current paychecks at intake.

\$150.00 Transfer Fee – All Transfers out to another county, if you do not live in DeKalb County. **This fee in NON-REFUNDABLE – No exceptions!**

V Check fee for cases with a Vulnerable Victim: \$3.00/day with electronic monitoring

\$7.00/day for V Check with no other programming

Please return this application to DCCC for Court/PSI/Attorney requested screening

*****Failure to return this document as required may result in denial to the program.***

Financial assistance through the Fortify Life Foundation may be available. See the last page of the application for information.

Application for Community Transition / Home Detention /Residential Work Facility

Name _____ Date _____

1. Date of Birth _____
Age: _____

2. Place of Birth/City and State:

3. SS# _____

4. Race: _____

5. Sex: Male Female (circle one)

6. Height: _____

7. Weight: _____

8. Marital Status: Single Married
Separated Divorced (circle one)

9. Are you a U.S. Citizen? Yes / No

10. Driver License/ID Card #

Driver's License Status: (circle one)
Valid Suspended Conditional

11. Department of Corrections # (DOC)

12. Who would we contact in case of an
emergency:
Name:

Phone Number & Relationship:

13. Vehicle Type/Make Model, Year and
color : _____

14. Plate: _____

15. Source of Transportation if you do
not drive: _____

16. Do have any alias/maiden name/
nicknames you use? If yes, list
below.

17. Do you have any scars, marks or
tattoos? Describe below, include
what it is and the location on your
body.

18. Email Address:

1. Number of Children or dependents _____
2. Do you pay or owe child support (How much and to what County?) _____

3. Do you pay or owe restitution (How much and under what cause number?) _____

4. You shall have a working cellular phone at all times.
Cell Phone number: _____
5. Are you a DeKalb County Resident, or live within the city limits of Ashley or Hamilton
Yes / No?

If 'NO', Can you find a place to stay while on home detention/CTP in DeKalb County
Yes / No?

OR

Do you plan to ask for a transfer to another County? YES / NO
Transfer to _____ County.

***If sentenced to the Sheriff's Work Program, transfers are unavailable.*

Current Address: _____

Address while on COMMUNITY TRANSITION PROGRAM or HOME DETENTION:

Requesting placement in the RESIDENTIAL WORK FACILITY: YES / NO

Address you receive mail if different from above: _____

FAMILY INFORMATION

If Married, Spouse's Full Name: _____ DOB: _____

Address: _____

Phone Number: _____ Employer: _____

Does your spouse have a substance abuse problem? Yes / No

Has your spouse ever been involved with the criminal justice system? Yes / No

If yes, please explain.

Father's Full Name: _____ DOB: _____

Address: _____

Phone Number: _____ Employer: _____

Father's Marital Status: Married / Single / Divorced / Widowed / Separated

Does your father have a substance abuse problem? Yes / No

Has your father ever been involved with the criminal justice system? Yes / No

If yes, please explain.

Mother's Full Name: _____ DOB: _____

Address: _____

Phone Number: _____ Employer: _____

Mother's Marital Status: Married / Single / Divorced / Widowed / Separated

Does your mother have a substance abuse problem? Yes / No

Has your mother ever been involved with the criminal justice system? Yes / No

If yes, please explain.

In what way has your relationship with your family changed since your arrest?

SIBLING INFORMATION

Please list all of your brothers and/or sisters names, ages, criminal history and substance abuse and current address.

Name: _____ Sex: _____ Age: _____ Criminal History? Yes / No
Address: _____

Name: _____ Sex: _____ Age: _____ Criminal History? Yes / No
Address: _____

Name: _____ Sex: _____ Age: _____ Criminal History? Yes / No
Address: _____

CHILDREN

Name: _____ DOB: _____
Sex: _____ Race: _____
Address: _____
Who does the child live with? _____

Name: _____ DOB: _____
Sex: _____ Race: _____
Address: _____
Who does the child live with? _____

Name: _____ DOB: _____
Sex: _____ Race: _____
Address: _____
Who does the child live with? _____

Name: _____ DOB: _____
Sex: _____ Race: _____
Address: _____
Who does the child live with? _____

Please list all of the individuals that will live with you or visit overnight while you are under the supervision of Community Corrections:

Name	Relationship to you	Birth date
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

Court Information

1. Sentencing Court _____
2. Offense/Crime Committed: _____
3. Cause Number _____
4. Victim (if any) _____
5. Sentence (time to serve) _____
6. Report/Commitment Date _____
7. Probation Officer: _____
8. Do You Have Any Current Holds, Warrants, or Detainers? If yes, list: _____

9. Are You Pending In Any Other Cases? List Offense / Cause Number or County:
 - a. _____
 - b. _____
 - c. _____

COURT ORDERED PROGRAMS

Are you ordered to attend any programs? Yes / No If Yes, list program(s).

Program Name _____

Address _____

City _____ State _____ Zip _____

Contacts Name _____ Phone (____) _____

Program Schedule _____

Criminal History

JUVENILE LEGAL HISTORY

Were you ever charged as a juvenile? Yes / No

If yes, please list charge, age, sentence and misdemeanor/felony. _____

ADULT CRIMINAL HISTORY

Have you ever been arrested as an adult? Yes / No

If yes, please list each arrest in detail. _____

Have you ever been sentenced to prison? Yes / No

If yes, list facility name and year. _____

Have you ever been placed on probation or parole? Yes / No

If yes, list county, state and year. _____

Has your probation or parole ever been revoked? Yes / No

If yes, give details? _____

Have you ever served a sentence on Home Detention or at a work release center? Yes / No

If yes, list what county and the dates you served.

Are you currently on Probation or Parole? Yes / No

If yes, please list the name, address, and phone number below of your supervising officer:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Have you ever received any misconduct charges while incarcerated? Yes / No If yes please explain: __

1. Protective Order(s) (Year, Who):

2. Protective Order(s) (Year, Who):

Employment

Full-Time _____ Part-Time _____ Unemployed _____ Military _____
Military Reserves _____ Retired _____ Disabled _____ Other _____

1. Employer _____

2. Start Date: _____ Supervisor: _____

3. Pay Rate: _____ Shift: _____ Hours: _____

4. Employer Notified: Yes / No

5. If unemployed, how will you pay Home Detention Fees?

6. If a family member or significant other will be paying your daily fees, what is their name and telephone number? _____

MILITARY HISTORY

1. Are you a veteran? Yes / No

2. What branch? Army / Navy/ Marines/ Air Force/ Coast Guard (circle one)

Education

Did you graduate high school? Yes / No If yes, what year did you graduate? _____

What school did you graduate from? _____

If No, what was the last grade you completed? _____

Do you have a GED/HSE? Yes / No

Have you attended a college or trade school? Yes / No

If yes, where? _____

Did you graduate? Yes / No

Treatment

1. Current (Substance Abuse or Mental Health / Agency)

Name: _____

Address: _____

Have you ever had contact with a counseling service or mental health center? Yes/ No

If yes, list name and dates of service:

Have you ever been hospitalized for mental health concerns? Yes / No

If yes, list facility name and dates: _____

Have you ever been diagnosed with a mental illness? Yes / No

If yes, list all mental health diagnoses: _____

Are you court ordered to attend any mental health treatment programs? Yes / No

If yes, please list name, address and phone number. _____

Are you court ordered to attend any Domestic Violence/Anger management programs? Yes / No

If yes, please list name, address and phone number. _____

MEDICATIONS

1. Are you currently taking any prescribed medications? YES / NO

If Yes, What medications are you prescribed?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Doctor

1. Are you currently under the care of ANY medical professional (including therapy)? Y / N
Doctor: _____

Medical insurance

1. Do you currently have a medical insurance policy? Y / N
Provider: _____

Religion

1. Do you have a specific religious preference? Y / N or prefer not to answer
Please list: _____

Fortify Life Foundation is offering a loan (that must be repaid) to assist with intake fees for Community Corrections placement. Loan amounts can range from \$263.00-\$520.00. These fees are only to be used for intake fees for Home Detention or Residential Work Facility placement. This money will be issued directly to DCCC, not the participant. An application, budget, and request to participate must be complete and approved prior to funds being released. Please ask the Screening Officer for more information for the loan application.

By signing below, I affirm that the aforementioned information is true to the best of my knowledge.

I also understand that should I be approved for the Community Corrections program:

1. I must submit a baseline drug test at my intake appointment.
2. I understand that failure of my baseline drug test will result in additional requirements/sanctions for placement on a Community Corrections program.
3. I understand that I will be required to assist in the development of my case plan.
4. I understand that, as a condition of my placement on a Community Corrections program, I must cooperate and make a good faith effort to successfully complete the conditions of my case plan.

Signature

Date