# DEKALB COUNTY COMMUNITY CORRECTIONS

1000 Potter Drive PO Box 6049 - AUBURN, IN 46706 OFFICE 260-333-0710 - TOLL FREE 1-855-433-5252 - FAX 260-927-4779 WWW.CO.DEKALB.IN.US/DCCC

### **CONSENT TO SEARCH AND RULES**

#### Waiver and Consent

By execution of these Rules, I consent and agree to a search of my person, cell phone, vehicle, residence, and any computer or electronic data storage device at any time while participating in a Community Corrections program by:

- Any Community Corrections Officer and anyone working for Community Corrections assigned to accomplish program compliance visits.
- Any Police Officer accompanying a Community Corrections Officer for any reason.
- Any Police Officer while engaged in the official execution of their duties, and any drug detecting dog or other equipment used by any Community Corrections Officer and Police Officer.

I further understand, acknowledge and agree that said search(s) can be conducted and performed without probable cause, without a warrant and without reasonable suspicion or other cause.

I further agree and consent to the admission, at any and all Revocation of Community Corrections and Home Detention proceeding, any items or things seized during a search conducted while on Community Corrections program.

I shall not possess alcohol in any form.

I shall not possess firearms (working or nonworking), destructive devices, or other dangerous weapons of any kind in my residence or on my property.

A person ordered to any Community Corrections Program cannot reside at any location where the owner(s) do not consent to the search of the residence, or agree to not possess alcohol, firearms, or destructive devices of any kind.

#### This form is for the property owner to keep.

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.

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### **CONSENT TO SEARCH AND RULES**

Location/Residence:	
Property Owner:	
DCCC Participant:	
Cause #:	
Officer:	Department: Community Corrections

By signing below, I fully understand I have been provided a copy of the Consent to Search form and hereby agree to comply with the Consent to Search and Rules.

Signed:	Date:
(Property Owner)	
Signed:	Date:
(DCCC Participant)	
Witness:	Date:

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