

DEKALB COUNTY COMMUNITY CORRECTIONS

215 E NINTH ST, SUITE 101 - AUBURN, IN 46706

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

WWW.CO.DEKALB.IN.US/DCCC

Home Detention Placement Minimum Requirements:

1. Approved residence (No alcohol, illegal drugs, or paraphernalia. No firearms, destructive devices, or other dangerous weapons of any kind including residence, vehicle, property, or out buildings.)
2. Community Corrections participants are required to have a cell phone and must have this in their possession at all times.
3. No warrants.
4. No pending cases in any other County or State.
5. Offenders shall not live with or associate with any person of bad character or reputation or with any persons who are pending charges, on probation or parole. Immediate family exceptions may be considered.
6. A significant history of violating community based programs may prohibit acceptance.
7. Participants must have transportation for case plan appointments, community service, work and/or job searches.
8. 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.
9. Participants will be excluded or denied for any of the following: Present conviction for violent crimes as defined by I.C.35-50-1-2 (a) sex offenses as defined by I.C. 35-42-4.

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.

10. Participants must pay fees in accordance with the D.C.C.C. guidelines, on a weekly basis by 12 PM every Friday. Payments must be in the form of **Cash, Money Order, Visa, MasterCard and Discover Credit/Debit cards and E-Checks, or Cashier's Check to DeKalb Co. 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) or 1.95 for E-Check is charged by Value Payment systems for using this service.

Initial Installation Fee:	\$75.00
Drug Test Fees:	\$20.00 or \$35.00
Daily Supervision Rate:	\$12.00
First Weeks Initial Intake Fee:	\$191.00 this amount includes an administrative fee as well as the first weeks supervision fees

All Home Detention cases transferred out of DeKalb County require an administrative fee of \$150.00. Payment of this fee does not guarantee acceptance.

Applications must be returned to DeKalb County Community Corrections within 5 business days of your *last court date* or within 5 business days of receipt if you have been instructed to do so as part of a *pre-sentence investigation (PSI)*.

***Community Transition Program (CTP)-** Please return within 5 business days of receiving this application. Initial Installation and Daily Supervision Fees are not applicable to CTP participants. If you do NOT want to participate in the CTP program, please notify us immediately.

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

Application for Community Transition / Home Detention /Work Release

Name _____ Date _____

1. Date of Birth _____
Age: _____

2. Place of Birth _____

3. SS# _____

4. Race: _____

5. Sex: _____

6. Height: _____

7. Weight: _____

8. Marital Status: _____

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

10. Driver License/ID Card #

11. Driver's License Status: (circle one)
Valid Suspended Revoked

12. Vehicle Type _____

13. Plate: _____

14. Source of Transportation: _____

15. Do have any alias/nicknames you use? If yes, list below.

16. Do you have any scars, marks or tattoos? List any below.

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. Does the address you will be living at have a landline phone? YES / NO
What is the telephone number: _____
5. You shall have a working cellular phone at all times.
Cell Phone # _____
6. 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.

Current Address: _____

Address while on CTP, HOME DETENTION, or WORK RELEASE FACILITY:

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

Have you ever been charged or been in legal trouble with your brother(s) and/or sister(s)?
Yes / No
If yes, please list name of sibling, charge and date. _____

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
Substance Abuse? Yes/ No
Address: _____

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

Name: _____ Sex: _____ Age: _____ Criminal History? Yes /No
Substance Abuse? 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? _____

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

<u>Name</u>	<u>Relationship to you</u>	<u>Birth date</u>
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 Any Other Cases (Offense / Cause Number or County)
a. _____
b. _____

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? Yes / No

If yes, list county, state and year. _____

Has your probation 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: __

Do you have any history of violence (Offense / Year Committed): _____

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: _____
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
3. Dates of Service: _____ to _____
4. Type of Discharge: _____
5. Rank: _____
6. Awards/Honors: _____

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? 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. _____

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. _____

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 pass a baseline drug test at my intake appointment.
2. I understand that failure of my baseline drug test will result in a denial of my placement on the 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 the Community Corrections program, I must cooperate and make a good faith effort to successfully complete the conditions of my case plan.

Signature

Date