

Home Detention Weekly Schedule

Name: _____ Date: _____

Please note that every single time you plan on leaving your residence it must be on this schedule. You are required to include AM/PM on this schedule as well as a specific Name and Street Address for each location. This schedule must be approved by DCCC Staff.

Monday			Month/Day: _____	
Appt Type & Name	Location (Address)	Start Time AM/PM	End Time AM/PM	Drive Time (One Way)
Tuesday			Month/Day: _____	
Appt Type & Name	Location (Address)	Start Time AM/PM	End Time AM/PM	Drive Time (One Way)
Wednesday			Month/Day: _____	
Appt Type & Name	Location (Address)	Start Time AM/PM	End Time AM/PM	Drive Time (One Way)
Thursday			Month/Day: _____	
Appt Type & Name	Location (Address)	Start Time AM/PM	End Time AM/PM	Drive Time (One Way)

Friday			Month/Day: _____	
Appt Type & Name	Location (Address)	Start Time AM/PM	End Time AM/PM	Drive Time (One Way)

Saturday			Month/Day: _____	
Appt Type & Name	Location (Address)	Start Time AM/PM	End Time AM/PM	Drive Time (One Way)

Sunday			Month/Day: _____	
Appt Type & Name	Location (Address)	Start Time AM/PM	End Time AM/PM	Drive Time (One Way)

Case Management – 30 Min. Community Svc Gas – 10 Min. Bank – 15 Min. Appt./ Court – 60 Min.

Date You Will Make Your Payment: _____

- Please make sure you have included all events on your schedule. If you forget something and call to add it after noon on the Friday you turned your schedule in, your passes will be removed and further sanctions may be sought. If you are behind on your payments, passes will be removed and further sanctions may be sought.
- Please also be advised that participants must remain inside their homes a minimum of eight (8) consecutive hours for each twenty – four (24) hour period. Excessive overtime requests may be denied.
- Offender notes or comments: _____

*** FOR OFFICE USE ONLY ***

Contact Sheet <input type="checkbox"/> Y <input type="checkbox"/> N	Comm. Serv <input type="checkbox"/> Y <input type="checkbox"/> N	Receipts <input type="checkbox"/> Y <input type="checkbox"/> N	Paystubs <input type="checkbox"/> Y <input type="checkbox"/> N	Other _____	CB: _____
DCCC approved and entered into 3M by: _____					
3M entry verified by: _____ Date _____					
Case Manager Approved: DH/CM/IE/SM _____					