

## WEST CENTRAL REGIONAL COMMUNITY CORRECTIONS RULES AND WAIVERS

Office Phone: (765) 294-3100, ext. #1 / Emergency Phone ONLY: (765) 299-5179

I need these rules read to me: \_\_\_\_\_ Yes \_\_\_\_\_ No

I enter into the following agreement with **West Central Regional Community Corrections (WCRCC)** in order to fulfill a Court order to serve a term of home detention and/or other ordered electronically monitored supervision. I agree to comply with the special conditions stated in this agreement and understand that failure to comply will constitute a violation and may result in a warrant being issued for my arrest. I understand and agree to abide by all the following conditions during my period of supervision:

**\_\_\_\_\_ 1. I UNDERSTAND AND AGREE THAT MY HOME DETENTION/ELECTRONIC MONITORING TERM SHALL BE SUPERVISED BY WCRCC VIA ELECTRONIC MONITOR (RF, CELLULAR, and/or GPS) AND THAT THIS MAY INCLUDE ADDITIONAL REQUIREMENTS IN REGARDS TO THE AGENCY'S IMPLEMENTATION OF BEST PRACTICES WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO:**

- I understand and agree to attend/complete assessments, including but not limited to, IRAS-CSST, IRAS-PAT, IRAS-CST, drug and alcohol, recidivism, risk/need, personality, etc. if required by WCRCC staff and/or Choices Counseling.
- I understand that my employment must be approved by WCRCC.
- I understand and agree to attend appointments, participate with WCRCC staff in developing and working on case/treatment plans based on any assessments, abide by court orders, complete homework WCRCC or any other supervision/treatment/class provider assigns and attend case management meetings.
- I understand that I may be required to also be monitored with an alcohol monitoring device.

**\_\_\_\_\_ 2. I UNDERSTAND THAT IN THE STATE OF INDIANA HOME DETENTION REQUIRES I BE CONFINED TO THE INTERIOR OF MY HOME (FRONT DOOR TO BACK DOOR) AT ALL TIMES EXCEPT AS FOLLOWS (IC 35-38-2.5-6):**

- Working at employment approved by WCRCC and/or court or traveling to or from said approved employment.
- Unemployed and seeking employment as approved by WCRCC and/or court.
- Undergoing medical, psychiatric, mental health treatment, counseling, or other treatment programs approved by WCRCC and/or the court.
- Attending an educational institution or a program approved by WCRCC and/or court;
- Attending a regularly scheduled religious service at a place of worship.
- Participating in a community work release or community restitution or service program approved by WCRCC and/or the court.

**And, in addition, I understand that:**

- It is a requirement that I abide by a schedule approved and/or prepared by WCRCC. The schedule will specifically set forth the times when I may be absent from my home and the locations I am allowed to be during the scheduled absences. Any schedule change made by probation or the court must still be approved through WCRCC prior to my being allowed to leave my residence.
- It is a requirement that I do not commit another crime during the period of home detention ordered by the court.
- It is a requirement that I obtain approval from WCRCC and/or probation before I am allowed to change my residence.
- It is a requirement that I maintain a means of phone contact, either home or cell phone, to allow WCRCC to contact me as needed.
- It is a requirement to be supervised by WCRCC and that I be monitored via a device in my home and/or on my person.
- It is a requirement that I pay my assigned home detention fees, assessment fees, substance testing fees, moving fees, transfer fees, and fees for any damage to my monitoring related equipment.
- It is a requirement that I abide by any and all conditions of WCRCC, probation or the court.
- I understand that while on home detention, I am responsible for my own food, housing, clothing, medical care, and other treatment expenses. I understand that I am eligible to receive government benefits allowable for persons on probation, parole, or other conditional discharge from confinement.
- I understand that leaving my home without documented permission from the supervising entity; or traveling to a location not authorized in writing by the supervising entity; commits an unauthorized absence from home detention, a Class A misdemeanor.

- I will only be allowed to reside with individuals approved by WCRCC, the court or court authority.

\_\_\_\_\_ **3. TELEPHONE:** I shall maintain a working telephone for the ability to contact WCRCC and for WCRCC to contact me at any and all times during the entire term of my supervision. I shall immediately notify WCRCC with updated information should any changes occur with my phone contact number(s). I understand that I may be required, without objection, to obtain & maintain either internet service or a landline telephone service should WCRCC determine it is necessary.

\_\_\_\_\_ **4. ELECTRICITY:** I will maintain electricity at my home to assure that I can charge any and all assigned monitoring equipment.

\_\_\_\_\_ **5. RESIDENCE VISITS:** I understand that I am to answer the door for and allow WCRCC staff, probation officers or law enforcement officers to enter my residence at any time without prior notice.

\_\_\_\_\_ **6. MANDATORY OFFICE/DESIGNATED LOCATION VISIT:** I agree to report to any location at any time as directed by WCRCC staff whether instructed verbally or in writing.

\_\_\_\_\_ **7. ANIMALS:** I understand that in order for WCRCC staff to have immediate access to my home, I cannot possess or allow any aggressive animal in the interior, or exterior of my residence. I understand that removal or confinement of any animal may be required.

\_\_\_\_\_ **8. VIOLATIONS OF THE LAW:** I shall not commit any criminal offenses or violate any municipal, county, state, or federal law while under supervision. If I am arrested, charged with a crime, summoned to court or questioned by any law enforcement officer, I must notify WCRCC within 24 hours.

\_\_\_\_\_ **9. NO CONTACT/PROTECTIVE ORDERS:** I understand that I must abide by any and all protective/no contact orders and/or have no contact with any person as ordered by the court or by the direction of WCRCC.

\_\_\_\_\_ **10. WAIVER/RELEASE OF INFORMATION:** Upon request I shall sign consents to an unrestricted reciprocal release of confidential information for WCRCC in relation to my medical, mental, social statuses with my employer, probation, parole, prosecutor, court, attorney, department of child services and law enforcement.

\_\_\_\_\_ **11. FIREARMS/WEAPONS/CAMERAS/RECORDERS:** I shall not use, purchase or possess on my person, in my home, or on my property any loaded or unloaded firearm, weapon, ammunition, device, taser or electronic stun weapon, bladed weapon, bow/arrow, toxic chemical substance, or other material that in the manner it is used, or could ordinarily be used, or is intended to be used, that is readily capable of causing serious bodily injury. Any of these items found may be confiscated and a violation may be filed with the court. I shall not have a camera, video and/or audio recording device installed to record the coming and going of persons to and from my property and/or residence while under supervision.

\_\_\_\_\_ **12. DRIVING/TRAVEL:** I understand that I am not to violate any term of a suspended and/or restricted driver's license. I understand that I am responsible for my own transportation while under supervision. WCRCC has the authority to determine the appropriateness of transportation. I agree to travel in a direct route to and from my place of employment, and/or any other authorized destination without making any deviations from the normal route of travel. I understand that I shall not leave the State of Indiana, or United States of America, while on home detention without the advanced written consent from the sentencing Court and/or WCRCC. I understand that any request for an overnight stay outside my county of residence, the State of Indiana, or United States of America must be granted in advance and in writing by the sentencing Court.  
*(Employment and medical appointments in Illinois will be considered on a case by case basis)*

\_\_\_\_\_ **13. WCRCC STAFF CONTACT:** I understand that I am never to contact WCRCC staff on their personal phone, social media or any other personal format.

\_\_\_\_\_ **14. RELIGIOUS SERVICES:** I may be permitted to attend one (1) regularly scheduled religious service at a place of worship each week. Any additional services **MUST** be approved by WCRCC or sentencing court. I understand that I may be required to provide the address of the service location. I understand that I may be expected to provide proof of my attendance. Attending religious services outside of the home is a privilege and WCRCC has the authority to deny this privilege based upon program compliance.

\_\_\_\_\_ **15. OTHER PEOPLE:** I am not to associate with anyone on home detention, probation, released on bond/pre-trial or on parole while under supervision unless prior approval is given by WCRCC, the court, or a court authority. In the event I must be present at a common location, i.e., counseling, programming, appointments, employment, I will limit my contact with these individuals and shall immediately remove myself from the presence of anyone performing an illegal act and notify WCRCC of the incident within 24 hours.

\_\_\_\_\_ **16. CASE MANAGEMENT:** I understand that I may be required to follow certain conditions which include but are not limited to treatment intervention, education, counseling, skill training, and/or paying court costs, fines, restitutions and child support set forth by WCRCC or the court and I agree to cooperate and put forth a good faith effort to successfully complete such. I understand that failure to do so may constitute a violation and may result in the termination of my supervision.

\_\_\_\_\_ **17. EMERGENCIES:** In the case of a personal injury or serious illness of myself or that of an immediate family member living in the same home, **PRIOR TO LEAVING LOCATION**, I will call the WCRCC office and advise them of the situation. After contacting WCRCC and receiving permission to leave the residence, I will maintain contact with WCRCC to keep them updated of the status of the situation and my location.

\_\_\_\_\_ **18. FALSE INFORMATION/CONDUCT:** I shall not give WCRCC staff, probation officers, and/or law enforcement officers false information under any circumstances and will answer all reasonable inquiries truthfully. Any deception on my part may constitute a violation. I agree to maintain courteous, cooperative, and respectful conduct toward WCRCC staff, probation officers and/or law enforcement officers. I will advise my family members, friends and employer to conduct themselves similarly.

\_\_\_\_\_ **19. APPOINTMENTS/ PROGRAMS/TREATMENT:** I understand that I must have approval from WCRCC **prior** to any leave from my residence for any purpose including but not limited to: medical, dental, psychiatric, mental health treatment or counseling, approved educational programs, attorney appointments, probation appointments, court, employment, etc.

\_\_\_\_\_ **20. ADMINISTRATIVE SANCTIONS:** I understand that any violation or infraction of any of these conditions as stated in this agreement may result in the application of administrative sanctions. The determination of administrative sanctions will be made by WCRCC, or by judicial review and will be based upon the seriousness of the infraction.

\_\_\_\_\_ **21. RESIDENCE:** I understand that I must reside in Fountain, Montgomery, Parke, Vermillion or Warren County for the entire term of my supervision. For home detention purposes, a residence is a house or an apartment for long-term living purposes. **Residing in a motel &/or B&B are NOT ALLOWED while serving home detention.** I may request to move to another residence, but I must have approval by WCRCC staff at least one week prior to the move, and realize I may be assessed a moving fee. I may request a transfer of my supervision to another Indiana county; however, transfers are based on program compliance and the acceptance of the other entity, therefore, is not guaranteed.

\_\_\_\_\_ **22. REQUESTS:** I will comply with any reasonable request made by WCRCC to include, but not limited to, completing assessments, attending programming or services, reporting to locations as instructed and substance testing. I understand that WCRCC has the authority to direct me to substance abuse treatment, school (if I don't have a high school diploma or GED/HSE), counseling, or any other program that WCRCC has determined to be appropriate for me to attend. Failure to comply with these directives may result in a violation being filed.

\_\_\_\_\_ **23. ALCOHOL & CONTROLLED SUBSTANCES:** I understand that the possession, consumption, use or abuse of any legal or illegal intoxicating substance without a prescription is strictly prohibited and I will also not possess these on my person or in my residence, personal vehicle, or any other property occupied by me. All prescribed medicine will be reported to WCRCC within 24 hours of receiving said prescription. There shall be no possession or use of marijuana, synthetic cannabinoids, CBD oil, Kratom, or designer drugs while under the supervision of WCRCC. I understand that use or possession of any alcoholic beverage, or anything with alcohol in it, including but not limited to mouthwash or cough syrup, or the use of any drug not prescribed to me, or prescribed to me and not used in the appropriate prescribed manner, including use during appropriate dates for the prescription, is strictly prohibited. I understand that I am not to be in an establishment whose primary purpose is the sale of alcoholic beverages. I shall be subject to random breath, oral, blood, hair follicle, and/or urinalysis testing to determine the usage or presence of any substance and understanding the cost of such testing is my responsibility. I understand and agree that failure to submit to any testing will be considered an admission of guilt. I understand that failure to provide a substance test of any type within 2 hours will be considered a refusal. I authorize WCRCC to disclose the results of all testing to the sentencing court, law enforcement, probation, prosecutor, defense counsel, and any contractor of those entities. I shall agree to all disclosures necessary for monitoring my compliance with the special conditions of WCRCC and understand that refusal or revocation of consent prior to the conclusion of supervision shall be a violation of the conditions of community corrections. I hereby waive any objection to the

admissibility of any disclosure as it is received by the court into evidence at an evidentiary hearing.

**24. I SHALL ABIDE BY A SCHEDULE, APPROVED BY WCRCC, SPECIFICALLY SETTING THE TIMES WHEN I MAY BE RELEASED FROM THE INTERIOR OF MY HOME AND THE LOCATIONS I AM AUTHORIZED TO BE DURING THE SCHEDULED RELEASE:**

- **LEAVING MY RESIDENCE:** I understand that I am to remain in the interior of my residence at all times IC 35-38-2.5-2 except for those times that are authorized by WCRCC (failure to not remain within the interior of my residence, front door to back door, would make me subject to being charged with committing an unauthorized absence from home detention, a Class A misdemeanor). I further understand that once approved to leave my home, I may only go to those locations which are authorized by WCRCC.
- **RETURNING TO MY RESIDENCE:** I understand that I am to return to the interior of my home as scheduled. I further understand that failure to return to the interior of my home as scheduled or being in an unauthorized location may subject me to prosecution for the crime of **ESCAPE** under I.C. 35-44.1-3(b).
- **MANDATORY SCHEDULING:** I understand that I must report, by telephone, weekly as assigned (without fail) for approval and submission of my complete schedule for the next seven (7) days. Once my schedule is made and approved, I understand that I **must** strictly abide by it. I understand that it is a violation to leave early, enter late, or leave any other time without prior approval from WCRCC. I understand that if I fail to submit my schedule as directed, until the issue is resolved & approved by WCRCC, I will **NOT** be allowed to leave my residence, and a violation may be filed with the courts. I understand that WCRCC is the **ONLY** agency that may approve any changes to my schedule. I understand that I am not permitted to change my schedule without WCRCC approval.
- **DOCUMENTATION:** I understand that I may be required to obtain written statements to verify counseling appointments, doctor's appointments, and attendance at programs or treatment. I may also be asked to provide receipts for verification of activities of personal nature (grocery, convenience, drug, or department store, etc.). I understand that failure to provide valid verifiable documentation may result in a violation of my supervision.

**25. FEES: (NOTE: PRE-TRIAL/CONDITION OF BOND DAYS ARE ESTIMATED) I UNDERSTAND THAT IF THE FEES I OWE FOR SERVICES PROVIDED FALL BEHIND MORE THAN TWO (2) WEEKS, WCRCC MAY PETITION THE COURT FOR MY REMOVAL FROM SUPERVISION.**

Administrative/Installation Fee:	\$75.00
Urine Tests	\$25.00
Daily Rate:	\$12.00

*Note\* Urine testing costs may change if a test for a specific substance is requested. Other methods of substance testing have varying costs.*

A minimum of **\$ 84.00** shall be paid weekly. Payment shall be made only by cashier's check, money order. Cash or personal checks will not be accepted. **Payments are to be mailed to: West Central Regional Community Corrections, 101 N. Main Street, Veedersburg, IN 47987 or can be made with a credit/debit card 24 hours per day via phone or online at:**

**1-888-604-7888 or [www.allpaid.com](http://www.allpaid.com) (WCRCC pay code location is: 5482)**

**26. WCRCC FEE PAYMENT UNDERSTANDING – WAGE ASSIGNMENTS**

**Voluntary Wage Assignment Request Notice** - I may be requested, as an employee of a business, to specifically asks my employer to deduct a portion of my wages to be paid to WCRCC as a designated third party. This deduction could be for the following debt(s): client user fees, substance testing, counseling fees and or cost for damaged monitoring equipment.

**Involuntary Wage Assignment Request Notice** -A second type of wage assignment, which is involuntary, also be called wage garnishment, may be requested by WCRCC if I refuse to pay debts agreed upon to WCRCC. This type of debt must be honored by employers and may be requested by court order.

## West Central Regional Community Corrections Rules and Waivers

I understand that failure to pay WCRCC program fees may result in the agency requesting me to sign a voluntary wage assignment form.

I understand that failure to pay WCRCC program fees may result in the agency requesting a court order imposing an involuntary wage assignment.

### **27. EMPLOYMENT: I SHALL BE REQUIRED TO MAINTAIN EMPLOYMENT DEEMED APPROPRIATE BY WCRCC UNLESS I AM PHYSICALLY DISABLED, RETIRED, OR ATTENDING AN ACCREDITED SCHOOL ON A FULL-TIME BASIS/PART-TIME BASIS. IN THE EVENT THAT I AM NOT EMPLOYED WHEN I BEGIN MY PERIOD OF HOME DETENTION, I MAY BE EXPECTED TO PARTICIPATE IN AND SUCCESSFULLY COMPLETE THE WCRCC JOB READINESS PROGRAM PRIOR TO BEING ALLOWED TO ACTIVELY SEEK AND OBTAIN VERIFIABLE EMPLOYMENT.**

- I understand that I am only allowed to work for an employer, myself included, that is a legal and legitimate business entity.
- I understand that I will not be allowed to work for family members without **PRIOR** WCRCC and/or court approval.
- I understand that I must inform my employer that I am under supervision and of any/all limitations placed on me.
- I agree to allow WCRCC staff to monitor my employment by examining my time cards, locations, contacting my supervisor, and/or conducting work-site visits.
- With my signature on this document, I authorize my employer to release all records and information requested concerning my employment status, hours of employment, attendance, duties, reporting and dismissal times, and other such information that may be requested by WCRCC.
- I understand that WCRCC has the authority to approve or deny work hours or work day requests. The number of hours per day and days per week that I am allowed to work is subject to WCRCC and/or court approval.
- I understand that I cannot work where overnight stays are required unless ordered by the court.
- I shall not voluntarily quit my job without having other employment available.
- In the event that I am released from work early, I will immediately report such to the WCRCC office and return to the interior of my residence.
- I realize that I must have WCRCC approval to make any employment changes.
- I will immediately advise WCRCC of any changes in my employment.
- I understand that I will not be permitted to work on holidays unless prior authorization is given by WCRCC.
- I understand that overtime is defined as the employer's request for me to work additional hours before or past the completion of my scheduled shift for that day. I understand that I may only remain at the work site for unscheduled overtime if my immediate supervisor contacts WCRCC to confirm new work hours, and I understand that this confirmation must occur prior to my original scheduled work completion time. I also understand that failure to follow this overtime procedure may result in the denial of any future overtime requests.
- I understand that reporting to work early or working a shift that is not on my approved schedule is considered a schedule change and requires prior approval by WCRCC.
- **If my job requires me to pick up or deliver items, I will notify WCRCC in advance of all travel and locations.**
- I understand that any deception on my part, my supervisor, co-workers or any other person submitting information about me may constitute a violation and result in WCRCC not allowing continued employment with this agency.
- **SELF EMPLOYED:** I understand that I must provide verification that my business is legal and a legitimate business entity. The number of hours per day and days per week that I am allowed to work is subject to WCRCC approval. **I must notify WCRCC of all job locations and any change in such throughout the workday. All job site movement/locations must be reported to the office before leaving for the job site. FEES MUST REMAIN CURRENT ON HD FEES IN ORDER TO MAINTAIN SELF-EMPLOYMENT.**
- **JOB SEARCHES:** All job search time must be approved through WCRCC's Client Services Coordinator. In the event that I am not employed at any time while under supervision, I may be expected to participate, and successfully complete, the WCRCC Job Readiness Program, prior to being allowed to actively seek and obtain employment.

## 28. WAIVERS

\_\_\_\_\_ **WAIVER OF EXTRADITION:** If I leave the State of Indiana, with or without permission of either WCRCC or the sentencing Court, I knowingly and intentionally waive my extradition rights and will voluntarily return to the State of Indiana. I, now in custody, having been informed by the Judge before whom this waiver is executed, of my rights to demand the issuance and service of a warrant of extradition, to demand legal counsel and to apply for habeas corpus against my present detention, do hereby waive the issuance and services of all extradition proceedings and freely and voluntarily agree to return (go) to the State of Indiana, accompanied by a peace officer thereof, for the purpose of answering a criminal charge pending against me.

Date: \_\_\_\_\_ Client Signature: \_\_\_\_\_ WCRCC Staff Witness: \_\_\_\_\_

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\_\_\_\_\_ **FOURTH AMENDMENT WAIVER:** The defendant is informed that the Constitution of the United States and the State of Indiana provides that the people have a right to be secure in the persons, houses, papers, effects, and against unreasonable searches and seizures. Search warrants may only be issued by a court upon probable cause, and that warrants must particularly describe the place to be searched and the persons or things to be seized.

The defendant supervised and/or monitored by community corrections consents to a search of himself or herself, his or her immediate surroundings, and his or her place of residence at any time by any law enforcement officer, acting upon the direction of the community corrections department or community corrections staff to specifically search for evidence of use and/or possession of alcoholic beverage, marijuana, other controlled substances and for evidence of the commission of or other offenses, or other violations of the terms of community corrections. Such a waiver and consent include defendant submitting, upon request, samples of his or her breath, blood, urine and/or hair follicles. I understand that the Probation, Law Enforcement or Community Corrections may search my person or property with reasonable suspicion or probable cause at any time.

I also understand that if I am placed on community corrections supervision by a court of Montgomery County Indiana that signing this waiver allows Probation, Law Enforcement or Community Corrections to search my person or property without reasonable suspicion or probable cause at any time.

Date: \_\_\_\_\_ Client Signature: \_\_\_\_\_ WCRCC Staff Witness: \_\_\_\_\_

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\_\_\_\_\_ **SUBSTANCE TESTING WAIVER AND RESULT STIPULATION AS A TERM OF PROBATION OR COMMUNITY CORRECTIONS:** As a term of my being placed on probation or community corrections I agree and stipulate that the results of chemical testing done on behalf of a toxicology lab, or hospital, on either a blood, urine, saliva or hair follicle sample collected from my person, pursuant to the court ordered terms of my probation or community corrections placement, be entered into evidence at any violation hearing held while I am under the supervision of either probation or community corrections. The validity, authenticity, and chain of custody requirements regarding said samples is also stipulated to and may be entered into evidence against me without need for a chemist from said laboratory to appear and testify to the same. In the event I desire to have a chemist from said laboratory or hospital present at any violation hearing, I will be responsible for subpoenaing him/her and for paying any cost incidental thereto. I have read and/or had this waiver and stipulation explained to me by my probation officer or a representative from community corrections and understand it. I agree to it freely and voluntarily as a term of my probation or community corrections placement.

Date: \_\_\_\_\_ Client Signature: \_\_\_\_\_ WCRCC Staff Witness: \_\_\_\_\_

**29. EQUIPMENT:** I understand that WCRCC has the right to determine what type of monitoring equipment that will be used to monitor my home detention placement to include but not limited to GPS, Cellular, RF. I understand that the transmitter shall remain on my ankle at all times. Removal of said transmitter may result in program violation. I understand that I shall not try to open or damage any portion of the transmitter/strap at any time or in any way. **I understand that at NO time am I to submerge my transmitter under water.** I understand that any type of repair or removal of the transmitter must be performed by WCRCC staff only. **I understand that I must charge my transmitter completely every day.** Once I plug in the charging cord to the transmitter, I am to leave it connected until the green light on top of the bracelet is on and stays on steady, regardless of how long I have charged. I understand that at NO time am I to charge my transmitter overnight while sleeping. I understand that if I should damage or lose any part of the equipment assigned to me that I will be held financially responsible.

- I understand that if the ankle transmitter vibrates, I am to push the button, then place the unit on charge as soon as possible. In the event I cannot get to a charge immediately, I am to contact the WCRCC office at 765-294-3100.
- I understand that if the ankle transmitter makes a tone, I am to push the button, then call WCRCC office at 765-294-3100 within 5-10 minutes.

**30. AGREEMENT(S):** I fully understand the aforementioned rules/regulations/waivers. I agree to abide by the conditions and the terms of my supervision as ordered by the court. I understand if I violate any of the above conditions, I will be subject to termination from the program. Participants shall protect, hold harmless and indemnify the provider from and against any and all liability, including without limitations, counsel fees and expenses, penalties and interest arising out of this agreement, or in connection with the use of this service, resulting in damage of property or injury or death of any person. The indemnification arising under this agreement shall remain in full force and effect notwithstanding the full payment of all obligations under this agreement or the termination of the agreement for any reason. In no event will the provider be liable for any direct, indirect, special, consequential, negligent or incidental damages in connection with or arising out of the use by any participant of the services or the system provided under this agreement. In no event does the provider assume any responsibility for acts that may be committed by or consequences that may occur to persons subject to or using this service. I have been advised and understand that if I violate any one or more of these rules, circumstances will justify a revocation of my probation or suspended sentence and justify my termination from the program and the suspended portion of my sentence being executed. Further, if applicable, escape charges may be filed against me in accordance to I.C. 35-44-3-5.

**My signature below acknowledges that I have fully read, or had read and explained to me, and fully understand all the terms and conditions of my placement with WCRCC, and I hereby agree to comply with all of the above conditions, rules, regulations, stipulations, requests and waivers as part of my placement with WCRCC.**

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

Client signature: \_\_\_\_\_

If under 18: \_\_\_\_\_

Parent/Guardian Signature

WCRCC Staff Witness: \_\_\_\_\_

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

West Central Regional Community Corrections (WCRCC)

101 North Main Street, Veedersburg, Indiana 47987

Phone: 765-294-3100

Fax: 765-294-3111

Website: [www.wcrcc.net](http://www.wcrcc.net)

WCRCC business hours are from 8:00 a.m. until 4:00 p.m. Monday through Friday

WCRCC monitoring center contact available 24/7/365



**CONSENT FOR UNRESTRICTED RELEASE OF CONFIDENTIAL INFORMATION**

WEST CENTRAL REGIONAL COMMUNITY CORRECTIONS (WCRCC)

101 North Main St., Veedersburg, IN 47987 765 294-3100

I, \_\_\_\_\_, date of birth \_\_\_\_\_, SS# Last 4 digits \_\_\_\_\_

**I authorize WCRCC to release information to and to obtain information from:**

1. Fountain County Probation, Prosecutor's Office, Court, Sheriff's Department and Department of Child Services
2. Montgomery County Probation, Prosecutor's Office Court(s), Sheriff's Department, Department of Child Services
3. Parke County Probation, Prosecutor's Office, Court, Sheriff's Department, Department of Child Services
4. Vermillion County Probation, Prosecutor's Office, Court, Sheriff's Department, Department of Child Services
5. Warren County Probation, Prosecutor's Office, Court, Sheriff's Department, Department of Child Services
6. Parke County Drug Court
7. Montgomery County Drug Court
8. Montgomery County Veteran's Court
9. Fountain/Warren County Accountability Court
10. Vermillion County Drug Court
11. WCRCC Programs & Services
12. Montgomery County Court Referral
13. Hamilton Center
14. Trinity Mission
15. Wabash Valley Alliance/Valley Oaks
16. Cummins Mental Health
17. Rainbow Recovery
18. Any and all pharmacies
19. Freebirds
20. Next Step
21. Odyssey House
22. Riverbend Hospital
23. Any and all hospitals or clinics
24. Club Soda
25. Sycamore Springs
26. Life Changes
27. Home with Hope
28. Half Way Home
29. Hope Springs
30. Truman House
31. House of Hope
32. Amethyst House
34. Families United
35. Other Community Corrections Agencies
36. Any and all State, County, Municipal, Town, City Law Enforcement
37. Limestone
38. Other Probation, Prosecutor's Offices, Sheriff Departments, Department of Child Services Departments
38. Limestone
39. Consent for Employee Information
40. Other: \_\_\_\_\_

**The purpose or need for the disclosure: To aid WCRCC in court ordered home detention supervision and location validation, case management, and substance monitoring.**

**Information to be disclosed (admission/discharge dates Any written or verbal information:**

Location                      Admittance/Discharge dates and times                      Substance testing results                      Attendance reports  
Employment Status and Locations                      Assessment(s) results                      Prognosis                      Diagnosis                      Discharge  
Summary                      Emergency Room Reports                      Face Sheet                      History/Physical/Mental                      Operative Report                      X-Ray Report  
Treatment Plan(s)                      Probable Cause Affidavit                      Mental/Physical/Addiction Related Progress Notes/Reports  
Employment: Status/Hire Date/Supervisor Name/Supervisor Contact Information/Location/Name of worksite-plant-and/or department, work schedule(s), payroll records                      Other: \_\_\_\_\_

I understand that by signing this consent, I am knowingly and voluntarily waiving the Indiana Law provision I.C. 16-4-8 that states my consent would normally expire in sixty (60) days. I acknowledge that it is my specific intention this consent is to remain in effect until my current criminal proceedings are ended, termination from probation or written revocation of this release, whichever occurs last. This consent is subject to revocation at any time. However, I understand that my revoking this waiver/consent may result in my being held in violation of my court order, which could result in the revocation of my current sentence (s). I also understand that any disclosure made between the above-named agencies or individuals is bound by Part 2 of Title 42 of the Code of Federal Regulations governing confidentiality of alcohol and drug abuse patient records and the recipients of this information may redisclose it only in 6/11/2024, which is the projected end of my probation, community corrections placement, probation revocation proceedings or upon successful completion of my court-imposed sentence, whichever occurs last.

**Information may be released either verbally, photocopied, scanned, faxed, mailed                      Other \_\_\_\_\_**

\_\_\_\_\_  
Client Signature                      Date

\_\_\_\_\_  
Parent/Guardian Signature                      Date

\_\_\_\_\_  
WCRCC Staff                      Date

**Now that I have been enrolled on Home Detention with West Central Regional Community Corrections, I understand that I have the following immediate requirements to complete:**

**1. Contact WCRCC Client Services, 765-294-3100, extension #108, regarding my employment within 3 business days of enrollment. I understand that this must be completed regardless of my employment status.**

If employed, I understand that my current employment data will need confirmed and reviewed to determine if it is acceptable for me to continue said employment during my time on home detention.

If I am self-employed, I will need to provide documentation that my business is legitimate and a legal business entity. I understand that in order to remain self-employed that my business must be a legitimate, legally registered employer.

If I am unemployed, I understand that I will participate in the WCRCC "I Can" Job readiness program prior to being allowed time to job search.

**2. Contact WCRCC Programs & Services, 765-294-3100, option #2, within 3 business days of enrollment. I understand that this must be completed regardless of my current counseling status.**

This contact is to determine if I will be required to complete any assessments with that agency.

If I am currently receiving counseling and/or have had current assessments already completed, I understand that I still need to contact Choices to notify them of my status and provide and/or sign any waivers needed to confirm my counseling/assessment status.

**3. I realize that a WCRCC staff member may contact me requesting that I come in to complete an Indiana Risk Assessment System (IRAS) assessment if I do not have a current one on file with the State of Indiana that meets the needs of WCRCC.**

If I am contacted and require an assessment, I understand that I must have an assessment completed in order for me to continue placement on home detention. Failure to complete the assessment will result in a notice to the court for my removal from the program.

**I understand that I am not eligible for any program incentives until I have made these contacts,  
AND SUCCESSFULLY COMPLETED  
all of the tasks required in relation to each one.**