

West Central Regional Community Corrections
Client Acknowledgement /Referral Form
101 North Main Street Veedersburg, Indiana, 47987
Phone: 765-294-3100 Fax: 765-294-3111 info@westcentralregionalcc.in.gov
*****Applications are kept for a year*****

WCRCC requests 10 business days to respond

Note: Request for out-of-county supervision is subject to that county's timeliness in response

1. WCRCC requests that individuals be pre-approved for program placement by the Defense Attorney, Court, or other community corrections agencies, with the exception being for pro se litigants.
2. Should an individual require supervision by an agency outside of the WCRCC region (Fountain, Montgomery, Parke, Vermillion, Warren), prior to sentencing the individual must be pre-approved for courtesy supervision by the county in which they plan to reside. WCRCC will make this request using the pre-screening forms submitted by the referring party. Transfers are a courtesy; therefore, acceptance is not guaranteed.
3. WCRCC will provide a letter to the referring party regarding program acceptance or denial.
4. Clients that owe WCRCC from past supervisions may be considered as eligible for placement; however, WCRCC will not enroll them on the program or accept any supervision responsibility for them until past fees and current enrollment fees are paid in full.

If any of the following conditions apply, then the defendant **MAY BE DEEMED INELIGIBLE** for WCRCC supervision:

- Warrants, holds protective orders, or any pending charges, county, state, or federal.
- In the country illegally.
- Lives in a county which does not have a home detention program or does not accept transfers, or is not accepted for courtesy supervision by said county.
- Failed any previous community corrections programs through this region county or any other county agency.
- Has been charged or convicted of the following offenses, making them a "violent offender" under the Home Detention statute:

- | | |
|---|---|
| 1. Murder 35-42-1-1 | 2. Attempted Murder 35-41-5-1 |
| 3. Voluntary manslaughter 35-42-1-3 | 4. Involuntary manslaughter 35-42-1-4 |
| 5. Reckless homicide 35-42-1-5 | 6. Aggravated battery 35-42-2-1.5 |
| 7. Kidnapping 35-42-2-1.5 8. | 8. Rape 35-42-3-2 |
| 9. Criminal Deviate Conduct 35-42-4-2 | 10. Child Molesting 35-42-4-2 |
| 11. Sexual Misconduct with a Minor, 35-42-4-9(a)(2) and 35-42-4-9(b)(2) | 12. Robbery, 35-42-5-1 (Level 1 or A or B Felony) |
| 13. Burglary, 35-42-2-1 (Level 1 or A or B Felony) | 14. Causing Death Operating a Motor Vehicle 9-30-5-5 |
| 15. Battery 35-42-2-1 (all classes) | 16. Domestic Battery 35-42-2-1.3 |
| 17. Arson 35-43-1-1 (All classes) | 18. Escape 35-44-3-5 |
| 19. Stalking 35-45-10-5 (All classes) | 20. Explosive Offenses 35-47.5-5 |
| 21. Incest 35-46-1-3 | 22. Child Exploitation; Possession of Child Porn. 35-42-4-4 |
| 23. Vicarious sexual gratification; fondling in presence of minor 35-42-4-5 | 24. Child solicitation 35-42-4-6 |
| 25. Child seduction 35-42-4-7 | 26. Sexual Battery 35-42-4-8 |

If any of the following conditions apply, WCRCC will require a COURT ORDER OF APPROVAL WITH GUIDELINES FOR CIRCUMSTANCE:

- Any family member or any person living in the defendant's residence that is currently on home detention
- Overnight/out-of-town stays for work

There is a required enrollment fee of \$270 and then a daily charge of \$12.00 per day. (These fees pay the \$75.00 initial program fee and the \$25.00 baseline urine screen; the remainder will be applied toward the daily charges.)

I have read and understand the above conditions and fees that are associated with WCRCC:

Date: _____

Signature of Defendant

Signature of Referring Party

WCRCC Community Corrections Referral/Intake Sheet

Date form submitted: _____ Submitting Party: _____

Phone: _____ Fax: _____ Email: _____

Defendant: Last: _____ First: _____ Middle: _____

NO Motels/Hotels or B&Bs Street Address: _____ P.O. Box: _____

City: _____ State: _____ Zip Code: _____

County: _____ Home Phone: (____) _____ Cell Phone: (____) _____

D.O.B.: _____ Social Security Number: _____ DOC #: _____

Sex: Male / Female Race: _____ Hispanic / Non-Hispanic

Height: _____ ft _____ in Weight: _____ lb. Hair Color: _____ Eye Color: _____

Relationship Status: Single / Married / Divorced / Widow

Are any persons in the household currently in home detention, probation, parole, or out on bond? Yes / No

Who: _____ Relationship: _____

Name of person you will be residing with _____

Phone Number of the person you'll be residing with: _____

Do they agree that you can reside there? _____

Name and Relationship of household/family members (if no names are listed, it will be taken as you're living alone):

HS Diploma / GED: Yes / No Year: _____

If not, the highest grade completed: _____

Vocational Training / Certification/type: _____

College: Associate Degree / Bachelor Degree / Master's Degree

Current student: Yes / No Veteran: Yes / No Citizen: Yes / No

Have you ever been in the military? Yes / No

Driver's License Status: Valid / Suspended / Expired / Restricted / Life Suspension

Employment Status: Unemployed / Full Time / Part Time

Disabled: Yes / No

Employment Restriction: Yes / No If yes, reason for employment restriction: _____

Employer Name: _____ Date Hired: _____

Occupation / Position: _____ Annual or Hourly Wage: _____

Is the defendant statutorily eligible for home detention in the State of Indiana? Yes / No

Have you ever been on Community Corrections before? Yes / No County? _____

Completion: Successful / Unsuccessful

Any prior violent or sex offenses: Yes / No

If so, for what: _____

Are you required to register as a sex offender? Yes / No

If so, are you registered? Yes / No

What county _____

Do you have an active warrant? Yes/ No County: _____

Current Case(s):

Case#: _____

Offense _____

Level: F1 F2 F3 F4 F5 F6 Misd

Case#: _____

Offense _____

Level: F1 F2 F3 F4 F5 F6 Misd

Case#: _____

Offense _____

Level: F1 F2 F3 F4 F5 F6 Misd

Any past convictions for violent or sex-related offenses: Yes / No

If so, what? _____

Is the defendant currently incarcerated? Yes / No If so, where? _____

**PLEASE SEND THESE FORMS, ALONG WITH THE CLIENT ACKNOWLEDGMENT FORM, TO:
WCRCC, ATTN: SUSAN WAKELAND at info@westcentralregionalcc.in.gov or 765-294-3111 (fax)**