

KOSCIUSKO COUNTY COMMUNITY CORRECTIONS HOME DETENTION APPLICATION



Complete the application to its entirety and return to the KCCC Office.

Incomplete applications will NOT be screened.

Providing false information will disqualify you from any consideration into the Home Detention Program.

The following forms are attached:

- Home Detention Program Application (p. 3-8)
- Home Detention Program Employer's Work Agreement (p. 9-12)
- Consent for Release of Confidential Information (p. 13-14)
- EHD Co-Resident Stipulations (p. 15-16)
- Kosciusko County Community Corrections IDACS EHD Inquiry (p. 17-18)

Admission Criteria

1. You must be a Resident of Kosciusko County. If you are an out-of-county resident, Transfer Request(s) must be submitted by KCCC Staff once application is accepted.
2. You must have non-violent felonies – NO weapon(s) charges, NO sex crimes.
3. You must have a working telephone on you at ALL times by an approved provider – cell phones/smart phones are preferred by KCCC.
4. You must have the ability to pay an Intake Fee of \$400.00 – this fee covers the initial fee of \$50.00, monthly fee of \$50.00 (if applicable), first three weeks daily fees, and first drug screen of \$20.00. The intake fee of \$400.00 is required the day of your intake in the form of cash, money order, or debit/credit card (3.00% fee).
5. You must not have any pending charges/holds in Kosciusko County or any other jurisdiction.
6. You must have active employment approved by the KCCC Staff.
7. You must provide written verification of employment or disability.
8. You must pay all **outstanding fees** owed to the Kosciusko County Community Corrections Office.
9. You must complete the Home Detention Application entirely, honestly, & responsibly.
10. You may be subject to random drug testing at a fee of \$20.00 per test.
11. You must abide by all rules of KCCC Home Detention.

*Upon entering the Kosciusko County Community Corrections Home Detention Program, you are required to notify staff of any medical condition(s) that you may have. Participants are responsible for their own medical care while serving their sentence on the Community Corrections program.

Employment

Participants must be employed or actively seeking employment. Home Detention may allow time for job search and reserves the right to approve or disapprove a work place and/or work environment. The employment cannot require overnight stays. The employment must be located in Kosciusko County or one of the surrounding/adjacent counties.

Application Process

Prior to being admitted into the Kosciusko County Community Corrections Home Detention Program, your application will be screened and an in-person interview will be conducted by the KCCC Staff. It is important that your application is screened PRIOR to your court date.

KCCC Home Detention Program Application

****Providing false information will disqualify you from any consideration into the Home Detention Program.***

Name: _____ (First) (Middle) (Last) Maiden/Any other legal name used: (Must answer)		Primary Phone Number: () _____ Phone Passcode: _____ E-mail Address: _____	
Address/Residence: (IF YOU ARE CURRENTLY INCARCERATED, PLEASE ALSO PROVIDE THE NAME & ADDRESS OF THE FACILITY YOU ARE LOCATED):			
City:	State:	Zip: County:	
SSN:	Date of Birth:	Age:	Sex: Male Female (Circle one) Other
Height:	Weight:	Eye Color:	Hair Color:
Race: White African American Hispanic/Latin Asian Native American Other: (Circle one) (Explain)			
Gang Affiliated: Y or N If Yes, please list the name of the Gang you are affiliated with:			
Scars/Marks/Tattoos: (LIST ALL)			
Marital Status: Married Single (Circle one) Divorced Widowed		Number of Dependents:	
Are you required to pay child support? Y or N Amount due:	If you are required to pay, are you CURRENT? Y or N	Is your payment deducted from your paycheck? Y or N	

Do you have a valid driver's license? Y or N If not, what is your license status?	License Number:	Expiration Date:
Do you request to drive your vehicle to and from work? Y or N If yes, list the following: Make, Model, and Color of Vehicle: Plate Number:	Vehicle Insurance Company: Policy Number:	
Are you a High School Graduate? Y or N What school did you attend?	Year Graduated/Last Physical Year Attended:	
Do you have a G.E.D.? Y or N	Are you interested in a G.E.D.? Y or N	
Are you currently employed? Y or N If yes, list the following: Business Name: Business Address: Business Phone Number: () Supervisor Name:		
Work Start Date:	Work Hours:	Hours Worked per Week:
Hourly Wage:	Pay Frequency:	Gross Earnings:

<p>Are you currently on Probation or Parole?</p> <p style="text-align: center;">Y or N</p> <p>If yes, who is your Probation/Parole Officer?</p> <p>Phone Number: ()</p>	<p>Do you have any other pending charges/cases?</p> <p style="text-align: center;">Y or N</p> <p>If yes, please explain:</p>
<p>Do you use Social Media? Y or N</p> <p>If yes, list your USERNAME for the following:</p> <p style="text-align: center;"><i>*IF YOU HAVE MULTIPLE ACCOUNTS, LIST ALL*</i></p> <p>Snapchat: _____</p> <p>Instagram: _____</p> <p>Twitter: _____</p> <p>Facebook: _____</p>	<p>If yes, list your PASSWORD for the following:</p> <p style="text-align: center;"><i>*IF YOU HAVE MULTIPLE ACCOUNTS, LIST ALL*</i></p> <p>Snapchat: _____</p> <p>Instagram: _____</p> <p>Twitter: _____</p> <p>Facebook: _____</p>

Mother's Full Name:	Address:	Phone Number(s):
Father's Full Name:	Address:	Phone Number(s):
Significant Other's Full Name:	Address:	Phone Number(s):
Full Name of Others Living in Home:	Full Name of Others Living in Home:	
Age:	Age:	
Full Name of Others Living in Home:	Full Name of Others Living in Home:	
Age:	Age:	

Emergency Contact Full Name:	Emergency Contact Name:
Relationship:	Relationship:
Address:	Address:
Phone Number(s):	Phone Number(s):

Why would you be a good candidate for the Home Detention Program? Explain:

I certify that the information I have provided is true and correct. I have submitted this application for screening by the KCCC Staff. Submission of this application signifies my request to be a Participant in the Home Detention Program.

Signature of Applicant

Date

Signature of KCCC Staff Reviewing Packet

Date

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KCCC Home Detention Program Employer's Work Agreement

KEEP THIS DOCUMENT FOR YOUR RECORDS

Kosciusko County Community Corrections Home Detention Program Policies:

1. All wages earned by the participant in the Home Detention Program shall be paid to the participant.
2. A participant must receive wages commensurate with those received by comparable workers.
3. Failure of a participant to perform his work task in a satisfactory manner or failure of a participant to attend work shall be reported to the KCCC Staff.
4. While employed, the participant shall be covered by the employer's insurance and/or Workman's Compensation insurance as required by law.
5. The use of narcotics and/or other drugs not lawfully possessed by or prescribed to the participant is prohibited. The consumption of alcoholic beverages by a participant is also prohibited.
6. Participants whose employment requires more than one job site per shift must have an employer that will provide documentation verifying the participant's location throughout their shift on a daily basis.

Kosciusko County Community Corrections Home Detention Staff may request that the employer:

1. Furnish pay stubs, upon request, that include pay periods dates, hours worked and pay rate.
2. Provide work performance information, upon request.
3. Notify KCCC Staff of all positive alcohol and/or drug tests.
4. Notify KCCC Staff immediately of any absences, tardiness and/or disciplinary action, including terminations.
5. Allow KCCC Staff the ability to verify attendance via phone and/or on-site checks.
6. Notify KCCC Staff if a Home Detention Participant leaves the worksite without KCCC Staff approval.

Contact Information:

**Kosciusko County Community Corrections
121 North Lake Street
Warsaw, IN 46580
Phone: (574) 265-2484
Fax: (574) 265-2972**

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KCCC Home Detention Program Employer's Work Agreement

***IF YOU ARE CURRENTLY EMPLOYED,
PLEASE COMPLETE & RETURN TO KCCC VIA FAX OR MAIL***

I, _____, understand that _____ is currently
(Employer) (Participant)
supervised by the Kosciusko County Community Corrections Home Detention Program and that he/she must comply with the rules and regulations of the program. I have received a copy of the Employer's Work Agreement that outlines policies and expectations of Participants and Employers.

Signature: _____
(Printed Name)

Position/Title: _____

Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Direct Supervisor: _____

Start Date: _____ Part Time: _____ Full Time: _____

Scheduled Work Hours: _____

Number of Hours/Week: _____ Hourly Wage: _____

Frequency and Day of Pay: _____
Example: Bi-weekly – Friday; Weekly – Monday

First Pay Date: _____

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Kosciusko County Community Corrections Home Detention

121 North Lake Street
Warsaw, IN 46580
Phone: (574) 265-2484

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I, _____, hereby consent to
(Participant)

Reciprocal Communication between Kosciusko County Home Detention and the following:

Kosciusko Circuit Court
Kosciusko Superior I Court
Kosciusko Superior II Court
Kosciusko Superior III Court
Other: _____

Kosciusko County Probation
Attorney of Record
Kosciusko County Prosecutor
Employer: _____
Other: _____

The purpose and need for disclosure is to inform the above-listed entities of my attendance, progress, and attitude toward my evaluation and required treatment, education, or both in accordance with the court's program's monitoring requirement. The extent of necessary information to be disclosed includes:

Assessment/Diagnosis
Attendance
Prognosis
Progress Notes

Treatment Plan
Discharge/Completion
Probable Cause Affidavit
Other: _____

I understand and agree that I am subject to an assessment under the Indiana Risk Assessment System as a condition of my participation in the Kosciusko County Community Corrections Home Detention Program. I hereby authorize KCCC staff to enter results of the assessments conducted during my participation in the Kosciusko County Community Corrections Home Detention Program in the Indiana Risk Assessment System database. I understand that the results of the assessment conducted during my participation in the Kosciusko County Community Corrections Home Detention Program are accessible by any authorized Indiana Risk Assessment System database user in connection with his or her official duties.

I understand that this consent will remain in effect and cannot be revoked until there has been a formal and effective termination of my involvement with the Kosciusko County Home Detention Program for the above-referenced case(s), such as discontinuation of all court supervision upon my successful completion of the Kosciusko County Community Corrections Home Detention Program requirements or upon sentencing for violation of the terms of my Kosciusko County Community Corrections Home Detention Program involvement.

(Signature)

(Date)

Date of Birth: _____ SSN: _____

****Lines listed as "Other" MUST be filled in or crossed out at the time of signing.***

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Electronic Home Detention (EHD) Co-Resident Stipulations

Participant's Name: _____

Date: _____

We are providing you with this information so that you can make an informed decision about what will be required from you if you chose to allow an Electronic Home Detention (EHD) Participant to live in your residence during their time in the KCCC Home Detention program. EHD is a privilege that the court has given the above-named individual in lieu of serving a sentence in the Kosciusko County Jail or in the Indiana Department of Corrections. If you choose to allow the EHD Participant to live in your home, there are several things we will need you to allow us to do so we can adequately supervise the EHD Participant.

- We will visit your residence to check on the EHD Participant at any time or any day (including weekends and/or evenings).
- We will search all areas of the residence that the EHD Participant has access to.
- All firearms and deadly weapons **MUST** be removed from the residence and/or from outbuildings.
- All animals must be confined when Home Detention/Law Enforcement Officers conduct the visit.
- All alcoholic beverages **MUST** be removed from the residence and/or outbuildings.
- EHD Participants must have all visitors approved prior to their arrival.
- Anyone over the age of 18 **MUST** sign the Co-Residence Agreement per Indiana State Law.

Please note that **Indiana Code 35-38-2.5-6** requires that EHD Participants be confined to their home at all times except when they are:

- a) working at approved employment or traveling to and from said employment;
- b) seeking approved employment;
- c) participating in approved medical, substance abuse, psychiatric, mental health or treatment programs;
- d) attending an approved educational program;
- e) attending regularly scheduled religious services at a place of worship; or,
- f) participating in an approved community service or restitution program.

Refusing to allow KCCC Staff, or their representative, access to your residence or requested cause will result in the immediate termination of the EHD Participant from the KCCC Home Detention Program.

EHD Participants are subject to a search of their person, property, vehicle, living area, etc. with or without probable cause in that they specifically waive any and all rights as to Search and Seizure under the law of the Constitution of both the United States and the State of Indiana.

If the EHD Participant is violating any of the rules of EHD Program, you are encouraged to contact the Kosciusko County Community Corrections Office at (574) 265-2484.

By signing below, you are indicating that you willingly agree to the above stipulations so that the EHD Participant may reside in your home. If at any time you do not feel that you are able to comply with these requests, you must notify us of your intent to discontinue this agreement.

Signature of Resident

Date

Signature of Resident

Date

Signature of Resident

Date

STATE OF INDIANA) IN THE KOSCIUSKO COUNTY CIRCUIT/SUPERIOR COURT
) SS:
COUNTY OF KOSCIUSKO) CAUSE NO: _____

STATE OF INDIANA,
Plaintiff

VS

_____,
Defendant

IN ACCORDANCE WITH INDIANA CODE 35-38-2.5-3 & 11, YOU ARE HERBY NOTIFIED THAT:

Pursuant to Court Order, the above-named Defendant has been placed upon Electronic Home Detention ("EHD") in accordance with Indiana Law and the rules and regulations of the Kosciusko County Community Corrections Program ("Program"). The Defendant has advised that s/he will be residing at the following location:

And that the following persons also reside therein:

As a condition of the Defendant's participation in EHD all of the above-mentioned persons are hereby notified that:

Electronic Home Detention constitutes a "Monitoring Device" as defined by Indiana Code 35-38-2.5-3. Such Monitoring Device:

- 1) can record/transmit information twenty-four (24) hours a day regarding the Defendant's:
 - (A) presence or absence from the residence; or
 - (B) precise location;
- 2) is intended to be minimally intrusive upon the privacy of the Defendant or other persons residing in the Defendant's home;
- 3) with written consent of the Defendant and with the written consent of other person residing in the residence, may record or transmit:
 - (A) a visual image; not applicable for our supervision
 - (B) an electronic communication or any sound
 - (C) information regarding the Defendant's activities while inside the residence; and
- 4) can notify a probation department, a community corrections program, or a contract agency if the Defendant violates the terms of his/her Order for EHD.

The undersigned hereby acknowledge(s) receipt of the foregoing notice and acceptance of the terms hereof, as a condition of Defendant's participation in EHD offered by the program.

Signature/Printed Name

Date

Signature/Printed Name

Date

Signature/Printed Name

Date

Kosciusko County Community Corrections IDACS EHD Inquiry

Please check the following individuals for Warrants and/or Protective Orders:

PLEASE PRINT ALL OF THE INFORMATION ON THIS FORM

Name: _____

DOB: _____ Social Security Number: _____

Name: _____

DOB: _____ Social Security Number: _____

Name: _____

DOB: _____ Social Security Number: _____

Name: _____

DOB: _____ Social Security Number: _____

Name: _____

DOB: _____ Social Security Number: _____

Name: _____

DOB: _____ Social Security Number: _____

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