

Martin County Community Corrections

Day Reporting Contract

NAME: _____

CAUSE #: 51 _____ - _____ - _____ - _____

BEGIN DATE: _____

LEVEL OF SUPERVISION: _____

Please carefully read and initial **each** statement as a declaration of understanding the rules of conduct for MCCC Day Reporting. If you do not understand a rule and/or statement, it is **your** responsibility to ask for clarification prior to signing this program contract.

1. You agree to comply with the special conditions stated in this contract, in addition to the Standard Rules of Probation (if applicable). You are signing this contract with the understanding that failure to comply with any of these conditions may result in a violation being filed with the Court. _____
2. You understand that in addition to the Judicial review, you will also be subject to administrative disciplinary action for failure to follow the Community Corrections Disciplinary Code and Sanctions. You are subject to loss of privileges. _____
3. You understand that while on the Day Reporting Program, you will be under the supervision of Martin County Community Corrections and subject to all rules and regulations of that program. _____
4. You will cooperate with and truthfully answer all reasonable inquiries of Community Corrections Staff. _____
5. You understand that you are **not** to commit any law violations resulting in a new arrest or summons to Court while on the Day Reporting Program. Failure to obey all Municipal, County, State and Federal laws may result in termination from the Day Reporting Program and the immediate filing of a violation. You understand that you are not to violate any term of license suspension and/or any restriction of a license. You understand that you are to identify myself as a Day Reporting Program participant to law enforcement officers. _____
6. You understand that you must reside in Martin County for the entire term of my placement on the Day Reporting Program. If a change in residence/home base is needed/requested, it must be approved by your case manager and the moving fee must be paid prior to you moving. Once your residence has been approved and you would like someone else to stay or reside with you, any new resident must be approved **prior** to them moving in. _____
7. You understand that Martin County Community Corrections can terminate your participation in this program **without** notice, if you have any violations occur or you will be moved back to the Home Detention Program. _____

8. You understand that all fees must be paid on a weekly basis and in advance to each week according to the level of Day Reporting you are on. Failure to pay fees will result in a violation being filed and loss of privileges. **(Fees are subject to change)** _____
9. There will be absolutely **NO CONSUMPTION OF ALCOHOL** while on the program. You must submit to a breathalyzer upon request, refusing to do so will be a violation. Alcohol will not be permitted in or around your residence. Any alcohol located, in opened or unopened containers, will be considered a violation. _____
10. You will submit to random drug testing. A baseline drug screen will be administered on the day you begin your program. You will also be charged \$20.00 for each random urine screen and \$30.00 for each random saliva screen. Any additional testing will be assessed as billed. **(Drug screen fees are subject to change)**. Once you are contacted for a random screen, you must report to the office immediately. You will have one hour, from the time contacted, to produce a specimen. Failure to submit to a test will be considered an admission of guilt. If your sample appears to be diluted, you may be asked to produce another sample. If result comes back diluted, it may be considered a positive result. _____
11. Absolutely **NO DRUGS** of any kind (unless prescribed by a licensed physician). All prescription medications and/or OTC medications or supplements must be reported to you case manager. If taking prescribed controlled substances, you may be subject to a random pill check/count at any time. Also, the following over the counter medications will not be allowed: Nyquil/Dayquil, Sudafed type products, OTC energy products, or anything containing alcohol (i.e., mouthwash). Use of **Illegal Drugs, CBD Products, Kratom, Kava, and/or Tianna** is **STRICTLY FORBIDDEN**. _____
12. You will allow Martin County Community Corrections Staff or other Law Enforcement to enter your residence at any time. _____
13. While on the Day Reporting Program, anyone having contact with Law Enforcement must notify their case manager. _____
14. You **WILL WAIVE** your right guaranteed under the Fourth and Fourteenth Amendments of the U.S. Constitution and Article 1, Sec. 11 of the Indiana Constitution (pertaining to searches and seizures). While participating in the Day Reporting Program, your home, (or place of detention), including curtilage (area surrounding your home) said home, your motor vehicle, your person or other property, may be subject to search by Community Corrections staff, K-9 Units, or any Law Enforcement Agency. Searches need not be based upon any cause, suspicion, probable cause or reasonable suspicion and may be conducted with or without notice or search warrants. Evidence of other crimes, drugs, or other contraband found as a result of such a search may result in new charges being filed against you. The results of any search shall be admissible in Court against you. _____
15. While on the Day Reporting program, you will not possess or have any weapons (or anything that can be considered a weapon), including firearms, or dangerous ordinances on the premises, belonging to yourself or any other individual residing in the residence. All firearms **MUST** be removed prior to participation. _____
16. You understand that you must attend and complete any and all programs and/or services as ordered by the Court or by your Case Manager. If attendance requirements are not met, it will be considered as a violation. You are required to pay all additional programming fees. _____

I AM HEREBY ADVISED that the Court may order my arrest and revoke my Home Detention – Day Reporting at any time if I violate any of these MCCC rules/conditions or any conditions in my Court/Probation order.

I AM HERBY ADVISED that if I violate **ANY** of these MCCC rules/conditions or any conditions of my Court/Probation order, as part of my home detention placement, or if I intentionally remove or damage an electronic monitoring device or GPS tracking device, I may be charged with **Escape, a Level 6 Felony**, under IC 35-44.1-3-4 Sec. 4. I understand that if I am charged with Escape, a Level 6 Felony, under IC 35-44.11-3-4 Sec. 4, this charge will be in addition to the original charge of my home detention placement.

By signature, I acknowledge that I have read and understand these rules or that the rules have been read and explained to me. I understand the contents and I agree to abide by these rules/conditions. I agree to pay all fees associated with this program and follow all recommendations of the Martin County Community Corrections Staff after completing the Indiana Risk Assessment System (IRAS) Tool.

Client Name (Printed)

Client Signature

Date

MCCC Staff Signature

Date