

CONTRACT FACILITY PROGRAM CONDITIONS

1. I understand that I am to comply with any and all conditions specified by the Department of Corrections and the assigned contract facility.
2. I will report to the program director/assigned case manager any and all encounters with law enforcement agencies and/or agents.
3. I will not apply for public, private, or governmental monetary assistance without prior approval of the program director and the district supervisor.
4. I will obtain prior approval of the program director and the district supervisor before entering into any contractual agreements.
5. I will not own or carry firearms of any type.
6. I will not perpetrate any falsehood or deception or misrepresent any truth to any branch of the government or representative thereof.
7. I will not violate any federal or state laws or any city or municipal ordinances.
8. I will actively participate in the program plan developed and on which referral was granted and understand that failure to do so will constitute a violation of the conditions of my placement.
9. If my assigned facility is for a work release program, I will obtain approval prior to any job changes. I will remain employed at all times while in a work release program. I will abide by the rules and conditions of the work release program.
10. I understand that I will seek assistance in obtaining outside medical care; however, I may elect to continue with DOC medical services.
11. I will not consume or be in possession of alcohol or any mood altering non-prescribed chemical substances.
12. I understand that I am at the contract facility based on my voluntary participation in the program and the acceptance of me into the program by the contract facility. I may be removed from the contract facility at any time for disciplinary or programmatic reasons.
13. As an offender assigned to a contract facility, I understand that rule violations may result in informal and/or formal disciplinary action taken by the contract facility.

It is furthermore understood that should I be instructed to return to my assigned facility and if I fail to do so that I will be considered an escaped fugitive and upon my apprehension will be prosecuted to the fullest extent of the law, in addition to prosecution of any other charges that may be brought.

Offender's Signature

DOC Number

Date

Staff Witness Signature

Date