

# Imposition of Intermediate Sanctions

(for temporary incarceration in a designated DOC facility)

Offender Name \_\_\_\_\_ DOC # \_\_\_\_\_

Violation(s) of Rules and Conditions of Parole:

**Rule #**                      **Violation**

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**Sanction(s) Imposed** To include program, date to begin, length of sanction, and expectation (if a community based program is required, the time, location and transportation arrangements must be set out herein.)

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Medical Issues: (list any known medical conditions/medications the offender is currently taking)  
Offenders taking prescribed medications shall take the medication, in the original pharmacy container, and release said medication to security until such time as the medical unit approves the medication for the offender to keep on his person.

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**Employment Information:**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Position: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_

Work Schedule: \_\_\_\_\_

Pay Period: \_\_\_\_\_

Percentage of Program Support Fees: \_\_ (to be determined by confining facility not to exceed 50% of net wages) \_\_\_\_\_



