

Offender's Name: _____ Offender's D.O.B.: _____ Case I.D. #: _____

Offenders must initial on the line provided next to each number to indicate they understand the information they have read or that has been explained to them.

- ___ 1. I, the undersigned, agree to the following rules and conditions of the Community Confinement Program. I further understand and agree that any violation of the conditions set forth in this agreement may subject me to Program termination and a return to a higher custody, with no possibility of parole.
- ___ 2. I will obey all federal, state and local laws. I will report to the Community Confinement Program any and all contact with law enforcement officers and agencies. I will not associate with people known to have criminal records without approval of Community Confinement.
- ___ 3. I will secure and maintain significant employment and/or education within 30 days of placement on the Program. In the event that my employment or education plans change (lay-off, termination, schedule change, unavoidable delays due to illness, lack of employment opportunities, disability, retirement, etc.), I will notify my Program Counselor immediately. I understand that I may not work outside the state of Rhode Island (or in-state on Block Island, Prudence Island, etc.). I may not work for family members or other offenders on Community Confinement.
- ___ 4. I understand that my activity while in this Program will be monitored by an electronic ankle bracelet, which I will wear 24 hours a day, 7 days a week. I also understand that I will be given instructions on how to set up the monitoring device in my home. I agree to maintain basic uninterrupted telephone service (no features, blocks or on-line internet usage) and electrical service throughout my term of Community Confinement. If I have Internet it/they must be connected through a telephone line(s)/service(s) that will not interrupt linkage with Community Confinement.
- ___ 5. I will maintain an "eligible residence", which means that I may not live in college or university facilities. I further understand and acknowledge that in the event I am evicted or otherwise move from my residence during my term of Community Confinement this may subject me to Community Confinement Program termination and a return to a higher custody, with no possibility of parole. If the residence is not my own, based on ownership or a valid lease agreement, I will need an adult sponsor (owner or tenant of said residence), who must be interviewed prior to my placement on the Program. Without sponsor identification and signature approval, I will not be released. I also understand that I may not live with the victim(s) of any of my criminal offenses.
- ___ 6. I agree to return all monitoring equipment to the Community Confinement Program in the same condition as received. I will pay for any lost or damaged equipment according to the market value. If I have to be returned to the A.C.I. for any reason, I understand that it is my responsibility to have some one return the equipment to the Community Confinement Unit.
- ___ 7. I understand that I can only go to locations approved by my Program Counselor; I understand that I will be required to write all requested locations on a written schedule. I will be allowed to leave for work, education, training, court, medical, counseling services relating to transition of offenders in the community as determined by my Program Counselor, or religious services. If a location is not on my schedule, I cannot go there. I also understand that should I fail to return to my residence at the scheduled time or leave my residence at an unscheduled time, that is unauthorized activity, and I am in violation.
- ___ 8. I will contact Community Confinement Program staff by phone or in person as requested or ordered. I understand that employees of the Community Confinement Program may enter my home at any time of the day or night.
- ___ 9. In the case of an emergency, I will contact the Community Confinement Program in order to obtain permission to change my established schedule. I also understand that I will be required to obtain documentation in any emergency situation (police report, hospital report, etc.).
- ___ 10. I will not indulge in the use of alcohol or any controlled substance or aid or abet in the illegal sale of the same. I agree to submit to alcohol/drug testing as requested or ordered by the Community Confinement Program staff and to report the use of any over-the-counter or prescribed medication.
- ___ 11. I will not drive a motor vehicle unless I obtain permission from my Program Counselor. I understand that I must provide a valid license, registration, and proof of insurance. If I intend to operate someone else's motor vehicle, I must provide a letter and picture identification from the authorizing individual.

- ___ 12. I will pay a program participation fee of \$6.00 per day, (\$42.00 per week). In addition, if I am ordered by the court to be placed on an alcohol monitoring device, I will pay an additional fee of \$3.92 per day, (\$27.44 per week) for the cost of the equipment. Fee payment schedule will be based upon pay schedule of place of employment (e.g., if the Confinee is paid monthly, s/he pays his/her program participation fee monthly). I understand that failure to pay all fees, or falling behind on payments, could result in civil legal action against me, even after my term of Community Confinement has terminated or expired. All monies owed to the Community Confinement Program are considered a legal debt to the State of Rhode Island, Department of Corrections. All checks and money orders are made payable to the Rhode Island Department of Corrections (RIDOC), Community Confinement Program. Only bank checks and money orders are accepted by the Program staff. Personal checks are NOT accepted. Cash is accepted only if payment is made at the Inmate Accounts Office. I will be held responsible for payment of \$6.00 per day for the length of supervision unless and until you demonstrate to your Program Counselor that you are unable to pay these fees. I must apply to my Program Counselor for any waiver of the fee, which will be reviewed on a regular basis. The Program Counselor shall notify the offender of a denial of the waiver and give the reason(s) for the denial. Individuals being supervised on probation or parole are legally obligated to pay these fees. These fees have been instituted under the authority of Rhode Island General Laws §42-56-10 (22), Powers of the Director, and §42-56-38, Assessment of Costs.
- ___ 13. I am aware that these conditions may change contingent upon my supervision level; authorized activities may be added or eliminated based on program compliance.
- ___ 14. I will meet all obligations to the Court including fines, restitution, restrictions, family support payments, community service, and any Court-Ordered counseling, programming, no contact orders, or any other conditions imposed by the Court.
- ___ 15. I will not own or otherwise have in my possession, or in my home, weapons (e.g., firearms) of any description. Any weapons must be turned in to the local police prior to my placement on Community Confinement. A receipt from police will be presented to Community Confinement to show compliance.
- ___ 16. I will assume the full cost of any medical/dental care incurred while on Community Confinement.
- ___ 17. I understand that in order to speak to the media, including, but not limited to, TV, radio or newspaper reporters, while serving my term on Community Confinement, I am required to notify my Program Counselor and the Director's office prior to the conversation(s) (if possible), or as soon as practicable after the conversation(s).
- ___ 18. I also understand that an unauthorized absence of 30 minutes will result in my being considered an escapee, and I may subsequently be charged as same. If convicted under RIGL 42-56-20.2 and RIGL 11-25-2, a sentence of one to twenty years could be imposed without parole.
- ___ 19. I understand that if I am placed on Community Confinement, I will spend one mandatory night at the A.C.I., except in cases of illness or emergency, or if the court expressly waives this requirement, before being released to Community Confinement.
- ___ 20. I may request permission for other special circumstances, such as a treatment facility or sober housing where other offenders are likely to live. Consideration will be given to requests that are therapeutically-advisable or practical under Community Confinement rules and guidelines.
- ___ 21. I also agree to these special conditions: _____

I read or have had explained to me the rules and conditions. I fully understand my responsibilities and do hereby agree to abide by these conditions. I also understand that I will also receive a complete program orientation when I am released to Community Confinement.

Offender Name (please print)

Program Counselor (please print)

Offender Signature

Program Counselor Signature

Date

Date

RHODE ISLAND DEPARTMENT OF CORRECTIONS
COMMUNITY CONFINEMENT PROGRAM (CCP)

Date Entered _____

Community Confinement Program (CCP)
Hardship Waiver Assessment

Offender: _____ Offender I.D. #: _____ DOB: _____

HARDSHIP WAIVER REQUESTED FOR:

- OFFENDER FEE – Electronic Monitoring: (\$6.00 per day for all supervised offenders - unless waived)**
- OFFENDER FEE – Alcohol Monitoring: (\$3.92 per day for all offenders using an alcohol monitoring device - unless waived)**

Information to Support Request as Available from Offender:

- a. # of Dependents, Including Offender: _____
- b. Family Income: \$ _____
- c. Ability to Work/ Earn Income: _____
- d. Exceptional Expenses: _____

- e. Other Exceptional Circumstances: _____
- f. Unnecessary or Excessive Expenses: _____
- g. Supporting Documentation Reviewed [Paystub, tax return, disability award letter, evidence of expenses, etc.]: _____

Based upon review of policy criteria (refer to Policy 27.01; DOC) and evidence presented by offender, the Community Confinement Program determines that this individual:

IS NOT qualified for a waiver of fees at this time. Reason: _____

STOP HERE if the offender does NOT qualify for a waiver of fees.

IS qualified for a waiver of **Offender Fees**. Effective day/month/year: _____ **

Offender Fee waiver is based on:

Long-term hardship (specify disability, benefits recipient, serious illness/ accident, retired, other chronic inability to work or earn adequate income; chronic family illness with financial and/or care responsibility; homeless; etc.) and inadequate financial resources. _____

[Review at 12-Month Intervals.] First Review Due Month/Year: _____

Short-term hardship (specify unemployed or underemployed/ actively seeking work; short-term recovery from illness/ accident; participation in inpatient treatment program; full time student; exceptional client/family expenses; incarcerated – detained or sentenced – when not eligible for banking; etc.) and inadequate financial resources. _____

[Review at 4-Month Intervals.] First Review Due Month/Year: _____

CCP Staff: _____ Date: _____

Supervisor: _____ Date: _____

(**Any effective date that is longer than 3 months prior to the date of the form requires specific approval by the Supervisor.)

Public Notice: 12/16/14 Public Hearing: N/A

ATW