

DANE COUNTY SHERIFF'S OFFICE

JAIL DIVERSION RULES AND REGULATIONS

Jail Diversion Scheduling Line: (608) 266-9093

Email: diversion.schedule@danesheriff.com

Jail Diversion Fax: (608) 267-1531

diversion.location@danesheriff.com

Name:

1. _____ I agree to **obey all the rules and regulations** of the Dane County Sheriff's Office Jail Diversion Program and rules outlined in the Dane County Jail Inmate Handbook.
2. _____ I agree to **allow representatives of the Sheriff's Office authorization to enter my residence** in order to verify my compliance with Jail Diversion Program rules and regulations.
3. _____ I agree to **advise other residents or visitors to allow a complete search of my program residence** to include outbuildings and personal vehicles.
4. _____ I will **not engage in any conduct that constitutes a violation** of the Jail Diversion rules, any State or Federal law, or Municipal ordinance.
5. _____ I agree to **report any contact with the police to the Jail Diversion staff** as soon as possible.
6. _____ I am **not allowed to possess a firearm or any device that replicates a weapon** and I will advise all other residents and visitors to comply as well.
7. _____ I will **not enter another person's residence or enter areas that are off limits** in accordance to the Jail Diversion rules.

Equipment

8. _____ I understand that my movement will be tracked and stored as an official court record, and **I am required to keep the monitoring equipment assigned to me charged at all times.**
9. _____ I **will not remove my jail identification bracelet or portable tracking device** (GPS electronic bracelet) without permission from Jail Diversion staff.
10. _____ I understand that the monitoring bracelet can get wet from showering but **I will not submerge the bracelet in water.**
11. _____ I understand that I must **keep the Jail Diversion monitoring equipment in good working order** and damages other than normal use may result in possible Criminal Damage charges. Further, any damage to equipment must be immediately reported.

Drugs and Alcohol

12. _____ I understand that Jail Diversion is a zero tolerance program and I will **not use or possess any controlled substance or alcohol, including non-alcoholic beer/wine and CBD oil, or allow it at my residence.**
13. _____ I am responsible for **advising anyone residing or visiting my residence that they are required to comply with rules related to possession of alcohol or controlled substances, including containers and paraphernalia.**
14. _____ I am responsible for **providing a random breath or urine test upon request.** If I do **not comply with testing or if I test POSITIVE for alcohol or controlled substances,** I will be terminated from the Jail Diversion Program and returned to jail.
15. _____ I will **not enter the premises of any bar, tavern and/or restaurant** at any time during my participation on the program unless approved by Jail Diversion staff.

Schedule & Location Changes

Scheduling Office Hours: Monday – Friday 8:00AM to 2:00PM (Excluding Holidays)

16. _____ I understand that **all appointment requests and schedule changes require 2 working days notice** (Monday-Friday) via email, phone or fax to the Jail Diversion Office.
17. _____ I am aware that **all schedule changes, appointments and other requests are not approved without confirmation** from the Jail Diversion Office.
18. _____ I am authorized to attend appointments related to **employment, work search, medical, treatment/counseling, or education. Voting is by absentee ballot only.** If I live alone or receive food stamps, grocery shopping is allowed for **2 hours per week** including travel time.
19. _____ I am **not allowed to leave my residence for social events** including but not limited to: after school activities, church services, visiting relatives or friends, or graduation ceremonies.
20. _____ I understand that **all authorized drivers (including myself) must possess a valid driver's license, current insurance card and vehicle registration.**
21. _____ I will **not stop anywhere unless I have been authorized** by Jail Diversion staff.
22. _____ I will **not be approved to work unless I submit a signed letter from my employer** on business letterhead, and I am required to be on a payroll with State and Federal taxes deducted.
23. _____ If I am **self employed, I will provide proof of ownership** to include two years of my most recent tax returns, business insurance, lease agreement or work contracts.
24. _____ I am authorized to **work in Dane County and adjoining counties.** I am **allowed to work a maximum of 6 consecutive days per week and 12 hours per day** which includes my travel time.
25. _____ I am **not authorized to change housing or employment without prior authorization** from the Jail Diversion Office.

Informed Consent

26. _____ I understand that I must **report drug, CBD and alcohol free** to the **Public Safety Building, 115 West Doty St. by 7:00AM** on my report date of _____.
27. _____ I understand that on my report date, I must have a Money Order or Cashier's Check (No CASH or Personal Checks) made payable to the Jail Diversion Bookkeeper in the amount \$_____, followed by weekly payments of \$_____.
28. _____ I agree that the Dane County Sheriff's Office shall be held harmless and indemnified from liability for any injury or property damage that occurs as the result of my participation in the Jail Diversion Program.
29. _____ I have read the rules and regulations of the Jail Diversion Program and by signing this document I agree to voluntarily enter into a binding contract with the Sheriff's Office. Failure to comply with the rules and regulations may result in my termination from the Jail Diversion Program and return to jail.
30. _____ I understand that if I am terminated from the Jail Diversion Program and returned to jail, the Jail Diversion Program will petition the Court to rescind the good time deducted from my current sentence.
31. _____ I understand on my **release date** that I will report to the second floor of the **Ferris Center at 8:00AM** with all of my equipment.

Participant's Signature

Date Signed

Program Witness

Date Signed