



CROW WING COUNTY JAIL TREATMENT/APPOINTMENT/SCHOOL RELEASE CONTRACT

Name: _____ Date: _____
(Last, First, Middle)

Remember: The excuse that you did not understand a rule or regulation in this contract will not be considered when you are violated. Your conduct while you are in the jail may affect your participation in any release program. Treat Jail Staff and other inmates like you would expect to be treated yourself.

Having been granted the privilege of leaving the facility during my sentence at the Crow Wing County Jail, I agree to the following terms. My initials next to each term below acknowledge that I have read and understand them.

- _____ 1. My release privileges are allowed at the discretion of the Crow Wing County Sheriff or his designee. Participation in any of these programs MAY NOT exceed the maximum number of hours allowed out of the jail if combined with work release or STS. I MAY NOT be allowed to leave if I have ANY outstanding jail fees including, but not limited to: old Huber fees, booking fees, U.A. fees, and medical fees.
- _____ 2. I must submit to an entry level drug screen prior to being released for any program outside of the facility. This will be at my own expense and the cost is \$40.00. As of February 1st 2008, if my test results are positive I will not be allowed to participate in my release program until my results are negative. Retesting will be done at the discretion of the Programs Staff and at my expense. A copy of my positive test will be forwarded to the probation office.
- _____ 3. I will be subject to random testing at the discretion of the Programs Staff and a positive test result of my drug screening will mean immediate termination of my release program. I am also responsible for the cost of this testing. Failure to pay for these drug screens may result in suspension of my release program.
- _____ 4. If I will be in jail more than 14 days, the Department of Corrections mandates that I am tested for tuberculosis. I will be responsible for the cost of \$10.00 for this test. If the results indicate that I need to see a physician, it will be at my own expense.
- _____ 5. While on my release program, the only privilege I am allowed is to go directly to my release program, participate in it, and to return directly to the jail. If my destinations vary, I will submit a detailed map of where I will be, and will tell the Jail Staff where I will be when I leave the jail in the morning. If I change sites during the day, I will call and inform the Jail Staff of the new location and provide a detailed map when I return to jail. If my program requires that I leave the site, it must be approved by Programs Staff before leaving. The phone number to call for any location changes is **218-822-7050**.
- _____ 6. While on my release program, I am responsible for my own meals. Acceptable meals include drive-thru restaurants and/or local gas stations. Sit down meals are not allowed. I am also required to notify Jail Staff of where I am going to eat and when I return.

- _____ 7. I am not allowed to participate in a release program outside of a 40 mile radius of the Crow Wing County Jail. Special circumstances or situations will be submitted in writing and approved by Jail Administration or designee before I am released.
- _____ 8. In order to participate in a release program, Program Staff will verify that funding and all other requirements are in place.
- _____ 9. Being released for a program on Sundays and the following holidays: New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, Christmas Eve and Christmas will not be allowed.
- _____ 10. I agree to notify Programs Staff of my scheduled days and hours on a weekly basis by completing the schedule sheets provided. If my schedule changes during the week, I will notify Programs Staff immediately. I will submit my schedules by noon on Wednesdays for the following week, unless other arrangements have been made with Programs Staff. Failure to provide my schedule by Wednesday at noon can result in my removal from the release program for the following week.
- _____ 11. Programs Staff may make periodic checks at my release program site or may visit my supervisor or designee to verify that my schedule is being followed. If I am not following the schedule provided to Programs Staff or there are discrepancies in my hours, I will have my release privileges suspended or revoked, pending review.
- _____ 12. I agree not to use any intoxicants or illegal substances while participating in my release program. Any refusal to submit to testing will mean an immediate termination of my release privileges.
- _____ 13. I am responsible for any and all medical expenses while I am participating in any release program.
- _____ 14. I agree not to make any unauthorized stops or telephone calls, or have visitors come to my release program site while out of jail on any release program.
- _____ 15. I am expected to provide a valid driver's license and current proof of insurance. If I have others transport me to or from my release program, a copy of their driver's license and insurance will be provided BEFORE I ride with them. I agree to notify Jail or Programs Staff prior to making any changes in transportation.
- _____ 16. I agree not to bring any contraband into the Jail. Attempting to do so will result in termination from my release program and possible criminal prosecution. Contraband items include, but are not limited to: cigarettes, matches, lighters, chewing tobacco, or any type of weapon.
- _____ 17. I agree to make my bunk and clean my personal area daily before leaving for my release program. I will participate in all scheduled cleaning of the commons areas when my schedule allows.
- _____ 18. Any violation of this contract, rules and regulations of the Jail, or Minnesota Criminal or Traffic Law will result in suspension or termination of my release program. A major violation may also mean the loss of my accumulated good time.
- _____ 19. Smoking is prohibited on Crow Wing County grounds.

My signature below acknowledges that I have read the contract or had it read to me. I understand these rules and regulations and agree to abide by them. I also agree to abide by the rules and regulations of the Jail.

Inmate Printed Name: _____

Inmate Signature: _____ Date: _____

Notes: _____

Jail Programs Staff: _____ Date: _____

Program Release Start Date: _____

