

HOME INCARCERATION PROGRAM PACKET



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Office of the Sheriff



Chesterfield County, Virginia

PROSPECTIVE PARTICIPANT MEMO

TO: Home Incarceration Applicant

FROM: Alternative Sentencing Coordinator

DATE: _____

REFERENCE: Home Incarceration Program

Please fill out the attached application and return it to the coordinator. A check will be conducted on you to ensure your eligibility under the guidelines established by the Sheriff of Chesterfield County and established in Virginia Code Sections 53.1-131.2 and 19.2-354.

The Prospective Participant's Responsibilities are:

1. Full-time employment (highly recommended, not required). Must have ability to pay program fees.
2. Pay any fines, costs, and restitution owed (Virginia Code 19.2-354) and provide a receipt to program staff as proof of payment. If you are on a court ordered payment plan, you must provide a copy of the ordered plan.
3. Provide a W-4 or current pay stub as proof of employment.
4. If self-employed, provide a copy of your business license and copies of any pending contracts.
5. Maintain a contact phone number.
6. Comply with other requests made by the Chesterfield County Sheriff's Office.

Your total sentence length cannot be greater than two (2) years.

Individuals with pending court cases will not be allowed to participate.

All considerations are done on a case-by-case basis.

All individuals will serve 100% of all active jail time given by the court while on the Home Incarceration Program. **(No statutory good time will be awarded.)**

P.O. Box 940, Chesterfield, Virginia 23832 • Phone: (804) 748-1261 • Fax: (804) 748-5808



Office of the Sheriff



Chesterfield County, Virginia

CHESTERFIELD COUNTY SHERIFF'S OFFICE
ILLEGAL DRUGS / PENDING CHARGES

To: Home Incarceration Applicant
From: Alternative Sentencing Coordinator
Date: _____
Re: Illegal Drugs/Pending Charges

Have you used any illegal drugs within the last thirty (30) days? Yes No (check one)

If you answered yes, approximate date: _____

Do you have any pending court cases? Yes No (check one)

If you answered yes, please provide charge(s), locality and court date(s):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Inmate's Signature

Date

CHESTERFIELD COUNTY SHERIFF'S OFFICE
APPLICATION FOR PARTICIPATION
INMATE WORK/EDUCATION RELEASE AND HOME INCARCERATION

IN ORDER THAT YOUR APPLICATION MAY BE PROPERLY EVALUATED, IT IS ESSENTIAL THAT ALL OF THE FOLLOWING QUESTIONS BE ANSWERED CAREFULLY AND COMPLETELY.

INMATE NAME: _____
Last First Middle

DATE OF BIRTH: _____ SSN: _____ PHONE NO.: _____

PRESENT ADDRESS: _____
Street Name & Number County/City State Zip

HOW LONG AT PRESENT ADDRESS: _____

PREVIOUS ADDRESS: _____
Street Name & Number County/City State Zip

EDUCATION

HIGH SCHOOL GRADUATE? YES NO LAST GRADE COMPLETED: _____

COLLEGE GRADUATE? YES NO YEARS COMPLETED: _____

SPECIALIZED TRAINING: _____

CERTIFICATE OR DEGREE OF COMPLETION: YES NO

IF YES, GIVE NAME OF SCHOOL AND ADDRESS: _____

LIST ANY OTHER SKILLS OR HOBBIES: _____

FAMILY INFORMATION

STATUS: MARRIED SINGLE SEPARATED DIVORCED

SPOUSE'S NAME: _____ HOME PHONE: _____
Last First Middle

IF DIFFERENT FROM YOURS:

SPOUSE'S ADDRESS: _____
Street Name & Number County/City State Zip

NUMBER OF CHILDREN: MALES _____ FEMALES _____

DO THEY LIVE WITH YOU? YES NO

YOUR FATHER'S NAME: _____ YOUR MOTHER'S NAME: _____

YOUR FATHER'S ADDRESS: _____
Street Name & Number County/City State Zip

YOUR FATHER'S HOME PHONE NO.: _____

YOUR MOTHER'S ADDRESS: _____
Street Name & Number County/City State Zip

YOUR MOTHER'S HOME PHONE NO.: _____
(If different from father's)

EMPLOYMENT

EMPLOYER AND ADDRESS: _____
(Name of Company/Organization)

Address

Phone Number:

SUPERVISOR'S NAME: _____ PHONE NUMBER: _____

TYPE OF WORK: _____ HOW LONG EMPLOYED? _____

HRS WORKED PER WEEK: _____ SALARY HOURLY: _____ WEEKLY: _____ BI-WEEKLY: _____

PREVIOUS EMPLOYER: _____ HOW LONG? _____

FOR OFFICE USE ONLY

EMPLOYMENT VERIFIED BY: _____ DATE: _____

PERSON CONTACTED: _____ TITLE: _____

WORK SCHEDULE : SU: MO: TU: WE: TH: FR: SA: Varied? (circle) Yes or No

WAS INMATE RECOMMENDED BY COURT? YES NO COURT ORDERED? YES NO JAIL STAFF? YES NO

DATE OF QUALIFICATION: _____ START DATE OF PARTICIPATION _____

IF NOT QUALIFIED FOR PROGRAM WHY? _____

STAFF'S SIGNATURE

DATE

TRANSPORTATION

DO YOU HAVE A VALID VIRGINIA OPERATOR'S LICENSE? YES NO

WILL YOU USE YOUR OWN AUTOMOBILE FOR TRANSPORTATION TO/FROM WORK? YES NO

IF YES, ANSWER THE FOLLOWING:

MAKE

MODEL

YEAR

COLOR

LICENSE PLATE NO.

STATE

IF RIDING WITH SOMEONE ELSE, DRIVER'S INFORMATION:

NAME: _____
Last First Middle

PRESENT ADDRESS: _____
Street Name & Number County/City State Zip

IF VEHICLE IS NOT YOURS:

MAKE

MODEL

YEAR

COLOR

LICENSE PLATE NO.

STATE

Phone No. _____

Work Phone No. _____

EMERGENCY CONTACT

LIST EMERGENCY CONTACT PERSON

NAME: _____ PHONE NO.: _____

HOME ADDRESS: _____
Street Name & Number County/City State Zip

ALTERNATE CONTACT PERSON:

NAME: _____ PHONE NO.: _____

HOME ADDRESS: _____
Street Name & Number County/City State Zip

PHYSICAL DISABILITIES/ILLNESS: YES NO

IF YES, EXPLAIN: _____

I CERTIFY THAT THE INFORMATION I HAVE PROVIDED TO THE PREVIOUS QUESTIONS IS TRUE AND CORRECT, AND THAT NO ATTEMPT HAS BEEN MADE TO CONCEAL PERTINENT INFORMATION. I UNDERSTAND THAT IF THE INFORMATION GIVEN BY ME IN THIS APPLICATION IS FOUND TO BE FALSE OR MISLEADING, I WILL BE INELIGIBLE FOR ANY FURTHER PARTICIPATION IN THE PROGRAMS OFFERED BY CHESTERFIELD COUNTY JAIL.

PARTICIPANT'S SIGNATURE

DATE

FOR OFFICE USE ONLY

STAFF COMMENTS: _____

CHESTERFIELD COUNTY SHERIFF'S OFFICE
HOMEOWNERS AGREEMENT

WHAT YOU AND YOUR FAMILY NEED TO KNOW ABOUT THE HOME INCARCERATION PROGRAM

You are presently under consideration for participation in the home incarceration electronic monitoring program. Our department feels that there are many things that you and your family should know before entering into this program. The program is highly structured and will require commitment from both you and your family members.

There are many positive benefits to be gained by you and your family if you are deemed appropriate for this program. First and possibly most obvious, you will avoid incarceration and separation from your family, friends, community and job. By remaining in the community, you are able to assist in meeting your family's needs.

Second, by remaining in the community, you will be able to maintain your employment. Our department need not advise you of the difficulty in finding gainful employment in today's complex society.

While many other benefits exist, as a final consideration for the purpose of this introduction, this program offers you the ability to maintain as nearly as possible the same status in the community as you had prior to this involvement with the criminal justice system.

WHAT WILL BE EXPECTED OF YOU AND YOUR FAMILY?

We must inform you that additional demands will be made of you and will consequently affect your family. First and most obvious, your lifestyle will be structured as a result of the electronic monitoring device. You will be expected to remain in your home except for those times your counselor permits you to leave.

As indicated in the contract which you have agreed to, this is a 24-hour a day program. Your coordinator will be visiting you at random hours of the day or night to ensure compliance with program rules. Visits may also be made at your place of employment or wherever else it is felt necessary by staff.

You must be able to account for all the time that you are away from home outside your curfew hours. You must also abide by all other terms and conditions of your probation. As with all programs, there will be participants who violate the terms of the program. When a violation occurs, the participant will be returned to jail. Any violation of home incarceration rules may result in a violation of probation and consequent jail time. If you should have any other questions, contact your counselor at (804) 751-4462.

Homeowner is to agree to the following:

- That officers have access to the home twenty-four (24) hours a day during the period the participant is involved in the program and using their residence;
- Not to interfere with the program guidelines. **We would like to advise all family members, that any person(s) who hinders the duties of any sheriff's office staff will be dealt with as prescribed by the laws of the Commonwealth of Virginia.**

Home Incarceration Participant's Signature

Date

Homeowner's Signature

Date

CHESTERFIELD COUNTY SHERIFF'S OFFICE
HOME INCARCERATION PROGRAM CONSENT FORM

I, _____, fully understand that being on the Chesterfield County Home Incarceration Program is a privilege. I authorize the Chesterfield County Sheriff's Office to obtain and release information concerning my case for the purpose of my possible placement in the program. The following is a list of basic information that may be obtained by the Chesterfield County Sheriff's Office to determine my eligibility for the program:

1. Police Record
2. Progress Report
3. Medical History
4. Treatment Plans or Program Reports
5. Copy of Telephone Services (bills, line service, etc.)
6. Employment (time cards, hourly wage, etc.)
7. Family Census and Social History

I understand that this consent will expire at the time of my release from the Chesterfield County Home Incarceration Program.

Participant's Signature

Date

Alternative Sentencing Coordinator's Signature

Date

CHESTERFIELD COUNTY SHERIFF'S OFFICE
HOME INCARCERATION PROGRAM RULES AND REGULATIONS

You are eligible/ordered to serve your sentence on the Home Incarceration Program as governed by Section 53.1-132.2 of the Code of Virginia. A portion of your sentence may/will be spent in the Chesterfield County Jail before you begin the program. Any violation of the program rules or regulations may/will terminate this contract. If this contract is terminated, the remainder of your sentence will be served in the Chesterfield County Jail. The following list of rules and regulations shall govern your participation in the Home Incarceration Program. Individuals found in violation of these rules will be subject to termination from the program and/or punishment as prescribed by law.

1. The participant shall reside at the verified address stated above and remain on those immediate premises unless given prior authorization by the Alternative Sentencing Coordinator. The participant also authorizes the coordinator or their representative, to enter their place of residence to monitor their participation on the program.
2. The participant shall obey the instructions of the Alternative Sentencing Coordinator and make themselves available at any time of the day or night.
3. The participant shall maintain an operable telephone contact number. Any interruption/disconnection of service for that contact number without prior approval from the Alternative Sentencing Coordinator will result in immediate termination.
4. The participant shall provide the Alternative Sentencing Coordinator with any other telephone number that exists within the household.
5. The participant must provide an emergency contact person by name, phone number and home address to be contacted in the event the participant cannot be reached when necessary.
6. The participant agrees to charge the electronic monitoring device twice a day, every 12 hours, for 30 minutes and WILL NOT charge the device while sleeping or driving.
7. If the participant cannot be reached within a one (1) hour period of a violation, an escape warrant will be obtained.
8. **There will be no use or possession of illegal drugs and/or alcohol while serving a sentence on the Home Incarceration Program.** There will be no use of alcohol, to include mouthwash containing alcohol. If any medication is being used which may show the use of alcohol during a random Breathalyzer test, the participant must have a written authorization on hand from a doctor for its use.
9. All participants are subject to random drug tests. Refusal to submit to any test will result in immediate termination from the program.
10. The participant must report directly to work/school on time each day they are scheduled and must return to their place of monitoring at the end of their pre-approved work/school schedule. Failure to return may result in a charge of escape.

11. Any change in the participant's work schedule must be requested through the coordinator or staff immediately. In the case of a varying schedule, the participant's work supervisor should call in the schedule by 12:00 noon each Thursday.
12. The participant may be required to submit pay stubs and timesheets signed by the work supervisor at the end of each pay period.
13. The participant must agree not to terminate or change employment without prior approval from the Alternative Sentencing Coordinator. Loss of employment due to poor attendance, misconduct, and/or use of drugs or alcohol may be cause for disciplinary action and removal from the program.
14. Any rearrest or placement of additional charges against the participant from ANY jurisdiction will result in immediate termination from the program.
15. Any violation of the rules and regulations of the program will result in the participant's rearrest and reincarceration until appropriate actions are taken by the Alternative Sentencing Coordinator and/or the court.
16. The participant may NOT tamper with or remove the monitoring device once installed, until release from the program. A sock can be worn over and/or under the device but DO NOT force a boot over it. The participant may NOT submerge the device in water (baths, pools, hot tubs) but may shower with it on. The participant will be required to pay for any damages to the electronic monitoring device occurring while it is in their possession or for failure to return the device at the completion of the program. Criminal charges may be obtained for intentional damage to the device.
17. The participant will NOT press the "status call button" unless instructed by the Alternative Sentencing Coordinator.
18. The participant must call the Coordinator immediately if:
 - a. the device vibrates or beeps
 - b. the light shines or blinks when off the charger
19. The participant understands and agrees that by law, they must pay their cost of keep/rent while in the Home Incarceration Program and failure to do so will result in immediate termination from the program. Contempt of court charges will be placed against the participant if all monies owed to the jail are not paid following custodial release.
20. Once a participant has been approved for the program, they must pay a one time "hook-up" fee of \$25.00 **PRIOR TO LEAVING THE JAIL.**
21. The weekly cost of keep will be \$16.00 per day (\$112.00 per week). Each participant will make weekly visits to the jail every Monday at 9:00 am for counseling, at which time the cost of keep/rent is due. **Cash WILL NOT be accepted. The supervision fee must be paid with a money order or cashier's check made payable to "Treasurer, Chesterfield County."** The supervision fee begins when the device is placed on the participant and continues until the device is removed by the Coordinator.
22. Participants understand that all medical and/or dental fees incurred are their own responsibility. The Chesterfield County Sheriff's Office WILL NOT be responsible for any fees for care and treatment while on the program. If a medical procedure requires removal of the device, you are to notify the Coordinator prior to the procedure, except in cases of a life-threatening emergency.

- 23. The participant will NOT leave their residence except in case of a life threatening emergency or at any other time unless authorized in advance by the Alternative Sentencing Coordinator. If the participant has to leave because of an emergency, they will contact the jail before leaving and again after arriving at the hospital/destination. They will also submit documentation on the next business day to the Alternative Sentencing Coordinator as to why they had to depart from the schedule.
- 24. The participant will follow all instructions from the Alternative Sentencing Coordinator and other Sheriff's Office personnel.
- 25. Any person, including family members, who hinder the duties of any sheriff's office staff, will be dealt with as prescribed by the laws of the Commonwealth of Virginia

I hereby certify that I have read, or have had read to me, the above rules. I understand them and do hereby agree to abide by these conditions.

Participant's Signature

Date

Alternative Sentencing Coordinator's Signature

Date



Office of the Sheriff



Chesterfield County, Virginia

CHESTERFIELD COUNTY SHERIFF'S OFFICE **NOTICE OF INDEBTEDNESS** HOME INCARCERATION PROGRAM FEES

Date: _____

Dear Home Incarceration Program Participant:

This is a reminder that you still owe the Chesterfield County Sheriff's Office \$ _____ for your participation in the Home Incarceration Program for _____ days.

If this amount is not paid by _____, I will proceed with the Commonwealth Attorney to have a Show Cause placed against you.

Thank you for your attention in this matter.

Sincerely,

Alternative Sentencing Coordinator
Chesterfield County Sheriff's Office

HOME INCARCERATION PROGRAM PARTICIPANT INFORMATION SHEET

Name: _____ Inmate Number: _____

Home Address: _____ Phone Number: _____

Social Sec. No.: _____ DOB: _____ Race: _____ Sex: _____

EMERGENCY CONTACTS (List 2 people NOT living in same household)

Name: _____ Phone Number: _____

Address: _____

Name: _____ Phone Number: _____

Address: _____

Employer: _____ Phone Number: _____

Address: _____ Supervisor: _____

	LEAVE HOME	RETURN HOME	LEAVE HOME	RETURN HOME
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Participant's Signature

Date

Alternative Sentencing Coordinator's Signature

Date

CHESTERFIELD COUNTY SHERIFF'S OFFICE
DIRECTIONS TO PARTICIPANT'S RESIDENCE AND WORK LOCATION
ALTERNATIVE SENTENCING PROGRAMS

Please use the space below to furnish program staff with directions to your residence and your employment using the most direct route from any major road, highway, interstate, etc. Be as specific as possible. Print all information neatly.

Participant's Name: _____ Inmate No.: _____

DIRECTIONS TO RESIDENCE FROM CHESTERFIELD COUNTY JAIL:

DIRECTIONS TO WORK LOCATION FROM CHESTERFIELD COUNTY JAIL:

Employer: _____
 Company Name: _____
 Street Address: _____
 Supervisor's Name: _____
 Supervisor's Phone No.: _____