

SOUTHEAST REGIONAL
COMMUNITY
CORRECTIONS

COMMUNITY
RESTITUTION

BEHAVIORAL
CONTRACT

Southeast Regional Community Corrections Community Restitution Contract

I understand that participation in this Community Restitution program is a **PRIVILEGE** and is NOT a right. I understand that if I fail to comply with the program rules or instruction from the program staff I may be terminated from the Community Restitution program and face further court action.

1. ____ I agree to perform ____ hours of community service.
2. ____ I agree that I will perform my community service hours in the Indiana Counties of Dearborn, Ohio, or Switzerland unless stated differently in my Sentencing Order. I also agree to report on time and remain at the designated worksite.
3. ____ SERCC will handout a list of approved non-profit organizations for me to choose. I will inform the SERCC office on which location I choose to complete my court ordered community service hours. SERCC will call the non-profit organization to verify my information. If I am unable to secure a place to do my community service hours, SERCC will schedule me a time and location. I will not work at a place or organization that I am a member such as a church, fire and rescue department, Eagles, Masons, etc. I also will not work for family or friends.
4. ____ I agree to begin my Community Service hours within 30 days from my court date of _____. I understand that the amount of time I receive to complete my community service hours is based on the number of hours I have to serve unless stated differently in my Sentencing Order.
 - a. 0 – 20 Hours: 30 Days
 - b. 21 – 40 Hours: 60Days
 - c. 41 – 80 Hours: 90 Days
 - d. Any over 80 Hours: 180 Days and at that point if I am working on completing my Community Service hours SERCC will re-evaluate to determine if more time will be given.
5. ____ I understand I must contact the SERCC office **ONCE A MONTH** at 812-532-8842 ext _____. The message should contain my name, the date and time, a current phone number that I can be reached at during the day, any updates to my address, and the progress I have made on my community service hours. I also understand I may call the number with any questions I may have. I understand that failure to do so may result in a violation.

6. ____ I understand I have to give SERCC proof of my progress on my tracking sheet by the **END OF EVERY MONTH**. I must fax a copy to 812-532-2002, or bring in a copy of my tracking sheet to the SERCC office. I understand that failure to do so may result in a violation.
7. ____ I understand that I am responsible for making sure that the attached “tracking sheet” is properly filled out with a valid signature from an approved work site. I also understand that **I am responsible for returning the “tracking sheet” to SERCC** upon completion of my Community Restitution. I understand that if I fail to do so, **NO CREDIT** will be given and a violation report will be filed.
8. ____ I understand that it is my responsibility to contact the SERCC office in regards to any address or telephone changes **IMMEDIATLEY** at 812-532-8842.
9. ____ I agree to pay a **Community Restitution fee in the amount of \$100.00** by _____. I understand this fee must be paid in full, by either money order or cashier’s check only. Drug Court clients do not pay the SERCC community service fee.
10. ____ I acknowledge the requirement that I am not to commit another crime during the period of Community Restitution ordered by the court.
11. ____ I agree not to use any drugs, alcoholic beverages, cough syrups containing alcohol or any other substance containing alcohol, unless prescribed by a licensed physician, while participating in the community restitution assignments. I understand that I must submit to an alcohol analysis test upon suspicion of intoxicant use. I also understand that failure to comply with this procedure will result in a violation.
12. ____ If I am taking any prescribed medication while I am participating in a community restitution assignment, I must bring in the medication in the original container so that SERCC may place a copy of this information in my file. If I feel that this medication will effect my performance on the job, SERCC must have a written explanation from my doctor along with the prescription.
13. ____ If I have a medical condition such as diabetes, allergic reaction to flying insects, heart conditions, pregnancy, etc please make SERCC aware of these conditions. _____

14. _____ I understand that not following SERCC procedure may lead to a violation.

I UNDERSTAND THAT IF I COMMIT A VIOLATION ON COMMUNITY RESTITUTION, SERCC WILL RECOMMEND A PETITION TO REVOKE MY SUSPENDED SENTENCE TO MY PROBATION OFFICER AND ASK THAT A WARRANT BE ISSUED. I ALSO UNDERSTAND THAT IF I AM FOUND IN VIOLATION OF THE TERMS AND CONDITIONS OF THE COMMUNITY RESTITUTION PROGRAM OR THE TERMS OF MY PROBATION, THE COURT MAY ORDER IMMEDIATE EXECUTION OF MY SUSPENDED SENTENCE OR MODIFY THE CONDITIONS OF MY PROBATION.

I have read or had read to me and completely understand and agree to the above terms and conditions of the Community Restitution Program. I also understand that failure to comply with these terms and conditions may result in my termination from the program and further court action.

Participant's Name (Print)

Participant's Signature

Date

Witness Signature

Date

Attached:
Personal Info Sheet
Medical Release
Tracking Sheet