## SOUTHEAST REGIONAL COMMUNITY CORRECTIONS

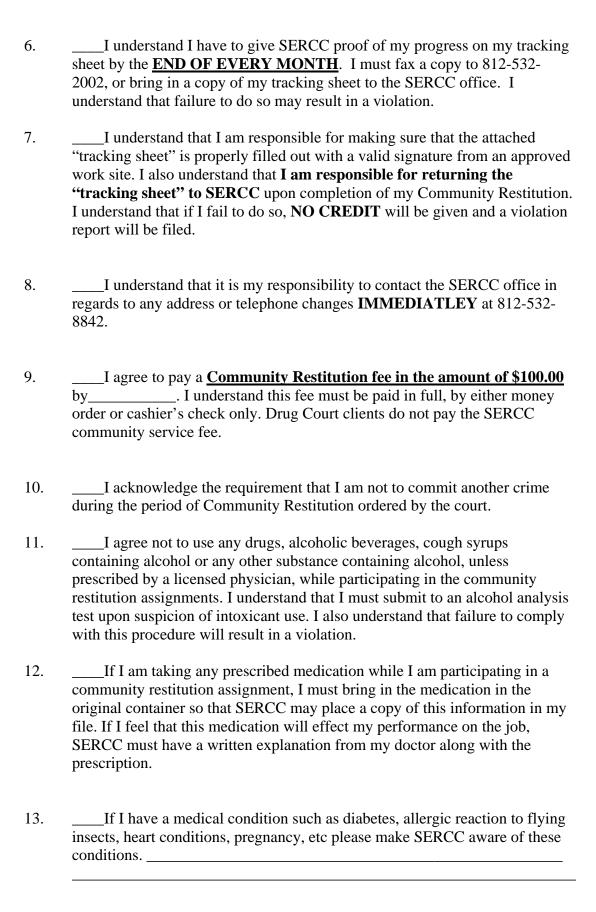
## COMMUNITY RESTITUTION

## BEHAVIORAL CONTRACT

## **Southeast Regional Community Corrections Community Restitution Contract**

I understand that participation in this Community Restitution program is a PRIVILEGE and is <u>NOT</u> 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.
	<ul> <li>a. 0 – 20 Hours: 30 Days</li> <li>b. 21 – 40 Hours: 60Days</li> <li>c. 41 – 80 Hours: 90 Days</li> <li>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.</li> </ul>
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.



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