

WASHTENAW COUNTY TRIAL COURT – COMMUNITY CORRECTION DIVISION
4101 Washtenaw Ave. Ann Arbor, MI 48108 Telephone: (734) 973-4520

PARTICIPANT RULES FOR DAY REPORTING

You have been court ordered to Community Corrections supervision as an alternative to jail or in place of a higher bond. If you are here as a condition of bond, you will participate in the Pre-trial Release Enhancement Program (PREP) until one of three things happens: a) Your case is dismissed, b) You are sentenced, or c) the court revokes your bond or releases you from this program in a judicial proceeding. If you are already on probation, or have been granted early release from jail, the court will determine your requirements for program completion.

You have certain rights:

- If you have not been convicted of your charged offense, any communication with your supervision agent about the facts of your case that could be construed as an admission of guilt can be used against you.
- Your drug test results cannot be used to prove your guilt in a case for which you've been charged. Your drug test results cannot be used to charge you with a new criminal offense for drug use. Your drug tests can be used to prove a violation of probation or violation of bond, and your drug test results will be included in progress reports to the court.
- You can request a meeting with the Director (734/ 973-4716) to discuss any grievance that you cannot resolve with your Supervision Agent. The Director will attempt to meet with you as soon as possible, but it may not be immediately.

You are required to:

Client name

- 1. Make a truthful report to your supervision agent as often as s/he requires.**
 - a. Your report day is _____**
- 2. Attend all scheduled court appointments and comply with conditions of probation or bond**
 - a. This may mean no contact with alleged victims or codefendants: _____**
 - b. This may mean you can't go certain places: _____**
- 3. Not violate any criminal law of any unit of government.**
- 4. Remain within the State of Michigan unless granted permission by the Court in the form of a travel pass.**
- 5. Do not possess or use alcohol, illegal drugs, or drug paraphernalia.**
- 6. Submit to testing for drugs and alcohol as ordered.**
- 7. Do not purchase or possess a firearm or other dangerous weapon.**
- 8. Seek and/or maintain employment**
- 9. Participate in any substance abuse treatment, educational or employment programs as directed by your supervision agent.**
- 10. Provide proof of your residence, income source, and school or treatment attendance as directed.**
- 11. Notify your agent within 72 hours of any change in your employment status, address or phone number.**
- 12. Notify your agent immediately of any contact with a Law Enforcement Officer.**
- 13. Pay program-related fees in a timely manner.**
 - a. Every client pays a one-time \$50 enrollment fee**
 - b. Drug testing fees include lab certification cost: \$20 for the first test and \$10 for subsequent negative tests or \$20 for subsequent positive tests**
 - c. Some treatment programs require a fee, other programs are free**
 - d. If you were ordered to tether, there is a \$100.00 enrollment fee due on your enrollment date. There is a \$10.00 a day fee for alcohol monitoring or \$12.00 per day for tether**

Important: If you miss an appointment with the court, are arrested for a new crime, or fail to report for supervision twice in a row, you will be terminated from the program with a request for your incarceration in the County Jail. Understand that your participation in this program means *you must also participate in, and comply with the rules of, any treatment program that you're sent to by your supervision agent.* If you violate any program rules, your agent can require you to report more frequently, participate in treatment (i.e., AA/NA, drug education, outpatient, and inpatient), place you on the Jail Work Program, order you to electronic tether, or impose some other condition. **There are no coats, bags, or purses permitted past the secured doors. We are not responsible for lost or stolen items that are brought into this department.**

Your Supervision Agent is:

____ **Mr. Rinaldi TX: 734 /973-4933**

____ **Mr. Coulter TX: 734 /973-4719**

____ **Ms. Chaffee TX: 734/973-4716**

____ **Mr. Wells TX: 734/973-4912**

____ **Ms. Slay TX: 734/973-4732**

____ **Ms. Wilson TX: 734/973-4945**

I hereby acknowledge that I have read, or had read to me, the above conditions. I understand that failure to comply with these conditions may result in a violation of my bond, probation, or conditional (early) jail release.

Client Signature

Date

Witness Signature

Date