



## **ARAPAHOE COUNTY SHERIFF'S OFFICE ALTERNATIVE SENTENCING PROGRAM**

**Work Release Program  
Multiple Offender Program  
Home Detention Program  
Weekender Program**



# **Guide to Adjustment**

## **ALTERNATIVE SENTENCING PROGRAM OVERVIEW**

The Alternative Sentencing Program or ASP consists of four programs designed to help the offender be a productive part of society by assisting them to continue employment or attend school, support their family, maintain financial obligations, and/or attend required therapy. To be eligible for ASP, you must have approval from your sentencing judge for the specific program on all cases. Anyone wishing to participate in a Work Release program needs a positive balance on their inmate account of at least \$200. Anyone participating in the Work Release or Home Detention Program will be provided with a GPS monitoring system and instructions on the care and use of this equipment.

**Work Release** – This is a GPS monitored program that allows an offender to work up to 60 hours a week while serving time at the jail. The offenders will be allowed to leave the jail to go to work and return when finished. Arrangements can be made for full time students and unemployed offenders seeking employment. Offenders are checked on in the field by ASP Deputies and must submit to Portable Breath Tests and Urinalysis on a regular basis.

**Multiple Offender Program (MOP)** – This is an extension of GPS monitored work release for offenders with multiple DUI violations and who are court ordered to attend specific DUI classes. Court ordered DUI Level II Education and Therapy is provided within the Detention Facility. Home detention may be authorized after approval.

**Home Detention** – This is a variation of GPS monitored work release that allows an offender to go to work/school and return directly home when finished. Offenders are checked on at home and work by ASP Deputies and must submit to Portable Breath Tests and Urinalysis on a regular basis.

**Weekender** – Serving your jail sentence on weekends to prevent interference with your work schedule. Weekenders can only be served on Saturday/Sunday, Tuesday/Wednesday, or Thursday/Friday.

Per CRS 18-1.3-106, any person sentenced and approved for work release or home detention may participate in the following activities: seeking employment, working at his or her employment, attending to the needs of the family, attendance at an educational institution, medical treatment (including therapy). All activities are verified by ASP staff.

We realize this is a difficult situation for you and your family. Success in completing any of the Alternative Sentencing Programs and satisfying your sentence requirements depends on your cooperation and abiding by the rules set forth in this Guide to Adjustment and the rules and regulations of the Arapahoe County Sheriff's Office Detention Facility.

## **ALTERNATIVE SENTENCING PROGRAM FEES**

ASP fees are approved by the Arapahoe County Board of County Commissioners. Your fees will be assessed daily and will be automatically deducted from your inmate trust account. It is your responsibility to maintain a positive balance in your account.

## **INMATE ID CARD**

An ASP inmate ID card is issued to every inmate participating in the program with the exception of the Weekender Program. You must always have your issued ID card with you. If your card is lost or damaged, a duplicate ID card will be issued and the cost will be deducted from your account. Lost or

damaged ID cards must be reported to the ASP staff as soon as possible. If you are contacted by law enforcement for any reason you must present your ASP ID card to the officer. On your release date you shall surrender your ID card to the deputy releasing you from custody.

## **CONDUCT**

Inmates participating in the ASP are subject to the same rules that pertain to the inmates housed in general population in addition to the rules of the ASP. Failure to comply with these rules or municipal, county or state laws may result in disciplinary action and reassignment to general population. Refer to the Inmate Information Handbook on the dayroom kiosk for additional information.

## **PRISON RAPE ELIMINATION ACT**

The Arapahoe County Sheriff's Office maintains a zero tolerance policy regarding sexual abuse and sexual harassment of inmates, both by other inmates or staff; report any incidents or suspicions of sexual abuse or sexual harassment to a staff member.

## **APPROVED PROPERTY**

Below is a list of approved property you are allowed to bring into the facility. Clothing and personal items will be stored in storage cabinets and wall lockers provided by the Arapahoe County Detention Facility, secured with your lock. Personal property shall be limited to the available space in your assigned storage cabinet and wall locker.

- Clothing for a seven day period
- Wash cloths and bath towels
- Corded, battery operated or wind up alarm clock
- Hair dryer, flat/curling iron and electric shaver (no razors)
- Brushes/combs
- Plastic clothes hangers only
- Validated school or work-supported study books
- Two combination locks or pad locks with extra keys; one key or a copy of the combination for your padlocks must be turned over to the ASP staff.

The following personal items must be secured in an assigned wall locker located in the ASP front lobby (locker numbers are based on your housing assignment):

- Purses, wallets, back packs, duffle bags or suitcases
- Coats, heavy jackets, and work clothes
- Approved (non-narcotic) prescribed medication in original container. Medications must be secured and locked in an assigned locker.
- Cell phones, chargers, and any accessories
- Laptops or any other electronic devices are not allowed
- Razors will be distributed by deputies in the morning and must be returned in the same condition you received them.

It is your responsibility to maintain control of your personal property and keep it secured while participating in the Alternative Sentencing Program.

## **CLOTHING AND PERSONAL ITEMS**

During your four-hour furlough you are allowed to bring approved personal items into the facility. Any hygiene, laundry, or snack items must be purchased from commissary; no food or beverage items may be brought into the Detention Facility. Unauthorized items will be placed into a 72 hour locker in the Pod 2 receiving area. It is your responsibility to remove these items from the facility the next time you leave. These items must be removed from the facility within 72 hours or they will be destroyed. Once an item has been removed it will not be allowed back into the facility or it will be destroyed.

## **COMMISSARY**

Commissary may be purchased once a week through the kiosk located in the pod. Purchases are limited to \$75.00 per week and sufficient funds must be in your account to cover the cost of your order. Funds must be deposited by 6:00 p.m. (1800 hours) on Wednesday. Commissary orders are delivered on Friday and are distributed upon your arrival to the work release facility.

## **CONTRABAND**

Contraband is anything in your possession, or under your control, that is prohibited by State/Federal Law or the policies, procedures, rules, and regulations of the Detention Facility. You are prohibited from having any items not purchased through the commissary, not permitted by staff at intake, or any items not issued by the Detention Facility.

## **DRESS CODE**

You are allowed to wear civilian clothing but your choice of clothing must be appropriate attire. Inappropriate attire includes, but is not limited to:

- Torn clothing or clothing with holes exposing the skin
- Shorts or cutoffs
- Shirts with any type of offensive print or pictures
- Clothing that exposes the armpits
- Head coverings (i.e., hats, hoodies, scarves, etc.); religious head coverings are exempt.

Footwear will be worn at all times when you are outside of your assigned housing area.

A bathrobe or pajamas may be worn in place of clothing but only when inside your room or going to and from the restroom or shower areas. The length of your bathrobe must be at least to your knees.

## **HOUSING**

You will be assigned a bed during your Orientation and a matching locker. Bed assignment changes can be made by asking an ASP Deputy and are subject to availability.

## **CLEANLINESS OF THE HOUSING UNITS**

Cleanliness of the dayrooms is the responsibility of all inmates and it is mandatory you contribute. Cleaning assignments for the dayrooms are posted on the bulletin board; it is your responsibility to complete your assigned duty.

Your bed must be made any time you do not occupy it. You must secure your personal items in your locker/s when you leave the facility. If you do not have enough space in your lockers, you must send some of your property home. Nothing is to be pasted or taped outside the designated area (painted square) in your room or hanging on hangers from the fixtures.

## **LAUNDRY AND LINEN EXCHANGE**

Blanket exchange will take place quarterly. It is your responsibility to launder your sheets. You can use the washers and dryers in Pod 2 for your personal laundry between the hours of 0600 to 2230. Laundry detergent can be purchased through commissary.

## **MEALS**

You must sign up for your meals one day in advance in order to receive them. You are allowed to sign up for one breakfast, lunch and dinner per day. Any meals signed up for must be picked up. Failure to pick up meals that you signed up for could result in disciplinary action, up to and including removal from the program. Meals in the facility are served as follows:

**Breakfast: 0500 hrs.                  Lunch: 1100 hrs.                  Dinner: 1700 hrs.**

If you are not here during the lunch hour, you may sign up to receive a sack lunch to take out of the facility. All dinners are refrigerated in a Styrofoam container and are to be eaten in accordance with your scheduled return time. The meal sign-up sheet is located at the check-in/check-out deputy station. Place your initials next to your name on the meal sign-up sheet. Prior to receiving your meal, tell the deputy your name, and the deputy will check the meal sheet to verify you signed for a meal. Sign up for meals only for yourself and only for meals you will consume. Do not remove any items from the refrigerator without permission from the deputy. Unauthorized removal of items may result in disciplinary action.

## **INCOME VERIFICATION**

Income will be verified by an ASP staff member through your employer to ensure the calculation of your daily fee is correct. Inmates who are self-employed must provide their previous year's income tax return or W-4 form for verification of income. If you are a contract employee you must show proof of a 1099 form. If you change employment your new income will be verified and your daily fee recalculated. If you become unemployed due to being laid off or terminated, your daily fee will be recalculated to the minimum fee unless you are on the MOPS program. When employment is established, once again your income will be verified and your daily fee recalculated.

## **PAYING ON YOUR ASP ACCOUNT**

Deposit your cash or credit card payment into the cash kiosk located in the Pod 2 receiving area. No personal, payroll or business checks are accepted. Payments can also be made on-line at [touchpayonline.com](http://touchpayonline.com) or by calling 1-866-204-1603. When depositing funds into the Kiosk you must enter the required inmate information and follow the on-screen instructions. Always select Trust Account. It is your responsibility to maintain a positive balance in your account. If your account gets in arrears you will be subject to removal from the ASP.

## WORK SCHEDULES and WORK HOURS

Your weekly work schedule is a two-part form starting from Monday through Sunday. The schedule must be completed in its entirety and submitted the prior week on Wednesdays by 12:00 pm (1200 hours). The deputy will sign off on your schedule and return the yellow copy.

- You may work up to 6 consecutive days in any 7 day period, with a maximum of 60 working hours. Reasonable travel time from the facility to the job site and a 1 hour lunch are not included in the 60 hours. Maximum of 16 verified hours per day are allowed away from the facility.
- You must be in the facility a minimum of 8 hours before checking out again for work or any other event.
- You must have one full day (24 hours) off in a 7 day period, which you will spend in the facility.

You will be allowed to leave the facility according to your approved work schedule and you must adhere to your approved work schedule. If you leave work early you must return to the facility. If you need to make a legitimate change to your already approved/entered schedule, you must submit a revised schedule for approval, revisions are for emergencies only. Incomplete schedules or failure to submit a schedule may result in lockdown until a schedule is submitted and approved. All scheduled appointments such as doctor, haircuts, probation, attorney, etc. must be scheduled one week in advance. Haircuts are limited to one per month. If you work out of your home read the Self-Employed section of this guide. Reasonable exceptions can be made by ASP Staff.

ASP staff has the authority to deny all inmates from leaving the facility for any emergency or adverse weather conditions outside of the facility.

Home Detention clients: You are required to abide by the same timeline rules when submitting your schedules. Schedules must be turned in personally or emailed to [ASPSchedule@arapahoegov.com](mailto:ASPSchedule@arapahoegov.com). The ASP clerks' office hours are 9:00 am – 5:00 pm (0900 – 1700 hours) daily and their contact numbers are 720-874-3312 and 720-874-3308.

Home Detention Clients are entitled to a commissary and a church day; however, both events must be scheduled on the same day. If participating in both commissary and church you are allowed 5 hours beyond your scheduled work hours. If you participate in just one of the mentioned events you are allowed 3 hours.

## MILITARY TIME EQUIVALENTS

You must use military time when filling out your weekly work schedule. This eliminates any confusion when the ASP staff approves and enters your schedule.

<u>TRADITIONAL</u>	<u>MILITARY</u>	<u>TRADITIONAL</u>	<u>MILITARY</u>
1:00 AM	0100 hours	1:00 PM	1300 hours
2:00 AM	0200 hours	2:00 PM	1400 hours
3:00 AM	0300 hours	3:00 PM	1500 hours
4:00 AM	0400 hours	4:00 PM	1600 hours

5:00 AM	0500 hours	5:00 PM	1700 hours
6:00 AM	0600 hours	6:00 PM	1800 hours
7:00 AM	0700 hours	7:00 PM	1900 hours
8:00 AM	0800 hours	8:00 PM	2000 hours
9:00 AM	0900 hours	9:00 PM	2100 hours
10:00 AM	1000 hours	10:00 PM	2200 hours
11:00 AM	1100 hours	11:00 PM	2300 hours
12:00 noon	1200 hours	12:00 midnight	2359 hours

## **OVERTIME**

If you are required to work overtime, your supervisor must call 720-874-3302, speak to a deputy, and request permission to work the overtime. Do not leave a voice mail message regarding schedule changes or overtime requests.

## **HOLIDAYS**

If you are required to work any of the below listed holidays, include the work hours on your weekly work schedule and present verification through a company letterhead. An ASP deputy will verify the hours with your employer. ASP deputies will make unannounced visits to ensure you are at your approved location. When you are relieved from your duties you must report directly back to the facility. You are not permitted to attend any company parties, picnics, or holiday celebrations.

- January – NEW YEAR’S DAY
- May – MEMORIAL DAY
- July – INDEPENDENCE DAY
- September – LABOR DAY
- November – THANKSGIVING DAY
- December – CHRISTMAS DAY

## **APPROVED WORK LOCATIONS**

An ASP deputy must approve your job sites and locations while participating in the ASP. The map in this guide details the boundaries in which you may travel. If you must work outside of the approved boundaries, the ASP supervisor must authorize your request. You must be at your job site, stationary place of employment, or scheduled event during your scheduled time out from the facility. You must go directly to your scheduled events (i.e., work, court, doctor, attorney, etc.) and you must return directly to the facility when your scheduled events are completed for the day. You are not allowed to go out to lunch, run errands or go anywhere other than your work, school, or approved appointments.

## **SELF-EMPLOYED**

The Arapahoe County Sheriff's Office allows self-employed individuals to participate in one of the Alternative Sentencing Programs. Self-employed individuals must provide one of the following for proof of employment:

- Trade name registered with the State of Colorado
- Business License
- Tax Identification Number or Corporation number
- Copy of previous year's income tax returns

Submit this information to an ASP deputy for review and confirmation, prior to beginning self-employment work. Failure to provide proof of self-employment may result in reassignment to general population if unable to find legal, lawful and suitable employment.

You will not be allowed to work or leave the facility on the following holidays:

- New Year Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Day

If you work out of your residence, you must conduct only your business related functions. You will not be allowed to perform home maintenance projects, run personal errands or participate in entertainment of any kind.

## **EMPLOYED INMATES WORKING OUT OF A HOME OFFICE**

The Arapahoe County Sheriff's Office allows employed inmates to work out of a home office while participating in one of the Alternative Sentencing Programs.

Employed inmates that are working out of a home office, must provide, on company letterhead authorization for the employee to work from a home office. The letter must provide the business's official address, official work days and hours.

Submit this information to an ASP deputy for review and confirmation, prior to beginning work out of a home office.

You will not be allowed to work or leave the facility on the following holidays:

- New Year Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Day



You must conduct only business related functions. You will not be allowed to perform home maintenance projects, run personal errands or participate in entertainment of any kind.

## **EDUCATION**

If you are attending school or have plans in the future to register for school, you must submit proof of registration, a copy of your class schedule, and the name and location of the school for verification by an ASP staff member. You must take the School Class Confirmation Sheet to be signed by a school representative prior to attending.

## **THERAPY**

Alcohol Education is offered in the ASP as part of the Multiple Offender Program. You are also permitted to attend court order therapy sessions outside of the facility but you are limited to three (3) therapy sessions per week. To attend therapy outside of the ASP facility it must be ordered by the court. Examples of court order therapy are: Level II, Anger Management, Drug and Alcohol Classes, Parental Classes, etc. When attending therapy outside the facility for the first time you must take a Therapy Enrollment Form and a Therapy Confirmation Form. Both forms must be completed by your therapist for proof of enrollment and confirmation of your therapy. When the form is completely filled out you must return it to the ASP office. ASP deputies will make unannounced visits or telephone checks on a random basis. Therapy times and locations must be included on your weekly work schedule. Community service and impact panels are not considered therapy and are not allowed while participating in the ASP.

## **TERMINATION OF EMPLOYMENT**

If you are laid off or terminated from your job, you must call the ASP office at 720-874-3302 as soon as possible to notify an ASP staff member of your situation. You must return directly to the facility and an ASP staff member will assist you in the necessary steps to seek new employment.

## **EMPLOYMENT SEARCH**

If you are unemployed at the time you enter the ASP, or you lose your job, you will sign an Employment Search Agreement form. You must complete an Employment Search Verification form on a daily basis and submit it to the ASP staff for approval. Job searches are limited to 7:00 am – 5:00 pm (0700 - 1700 hours), Monday through Saturday. You are allowed up to 3 weeks to find gainful employment.

## **TRANSPORTATION**

It is your responsibility to provide or arrange your own transportation to your scheduled events. If a family member, friend or co-worker drives you to work you must submit a copy of their driver's license, registration, and proof of insurance. If you drive your personal vehicle, you must submit a copy of your driver's license, registration and proof of insurance within 24 hours of being placed on the ASP.

## **PARKING**

Parking is restricted to the far south parking spaces facing south in the visitor parking lot and are marked "Arapahoe County Justice Center Parking Only." If you ride a bicycle you must use the bike racks by the entrance/exit doorway of the ASP. Do not secure your bicycle to any of the chain link fences surrounding the facility.

## **INTOXICANTS, ALCOHOL OR DRUGS**

The use of alcohol, marijuana, unauthorized medication, inhalable agents used for the purpose of intoxication and illegal drugs is prohibited. You will be required to submit to a Preliminary Breath Test (P.B.T.) or a urinalysis test upon a deputy's request.

## **URINALYSIS TESTS**

An initial urinalysis test will be collected on inmates being placed in the ASP. The results are used to determine a base line of your system. Additional urinalysis will be collected on a random basis to insure compliance with the rules of the ASP. The cost of these urinalysis tests are your responsibility and will be deducted from your account.

## **MEDICAL & DENTAL CARE**

As an inmate participating in the ASP, you are responsible for your own medical and dental care including any costs incurred. It's your responsibility to schedule appointments with a physician or dentist of your choice. You must include all appointments on your weekly work schedule for approval. If an emergency arises and prevents your return to the facility by your scheduled time, have your employer, a family member or any other person such as a police officer, fireman, paramedic or nurse contact the ASP staff at 720 874-3302 to advise us of your condition.

## **MEDICATION**

Prescribed medications will be verified by ASP staff and stored in the medication lockers located in the front lobby. You will be allowed to use your medications as prescribed. Medications, including over-the-counter medications, are not allowed in the dayroom. Narcotics or any other scheduled controlled substances are not allowed inside the facility (including the medication locker).

## **VISITATION SCHEDULE**

You are required to submit an Approved Visitor list to the Property Section with your visitor's name/s for visitation approval. No person(s) shall visit without prior approval. Visitation days are Sunday through Tuesday and Thursday through Saturday; there is no visitation on Wednesdays. Visitation hours are 0900 to 1300 hours and 1830 to 2130 hours. All visitors are required to register and schedule visits through the Securus website at [www.securustech.net](http://www.securustech.net) at least 48 hours prior to the date and time requested. Visitors must provide one of the following current and valid forms of identification:

- State issued Driver's License or ID Card
- Military ID Card
- Passport
- School ID Card

- Mexican – Matricula Consular ID Card
- Tribal Card

Expired ID's will not be accepted and your visit will be denied. Your family members may visit you at work if your employer does not object.

### **REASSIGNMENT – HANDLING OF PERSONAL PROPERTY**

In the event an ASP inmate violates the terms and conditions of the program, and is reassigned to general population, a deputy will collect and secure the inmate's personal property. The inmate, if possible, will be present and assist in the collection of their property to be placed in a bag tagged with their name and secured in the Property Room.

### **ESCAPEE / WALK AWAY – HANDLING PERSONAL PROPERTY**

When an ASP inmate fails to return to the facility after 2 hours of their scheduled return time, and does not contact an ASP staff member, the inmate will be entered into the state computer as an ESCAPEE/WALK AWAY and a new warrant for arrest will be issued.

**GUIDE TO ADJUSTMENT HANDBOOK RECEIPT**

I have been issued a copy of the Arapahoe County Sheriff's Office, Alternative Sentencing Program booklet **GUIDE TO ADJUSTMENT** regarding one of the below listed programs as it pertains to me.

- WORK RELEASE PROGRAM**
- MULTIPLE OFFENDER PROGRAM**
- HOME DETENTION PROGRAM**
- WEEKENDER PROGRAM**

I have received an explanation of the rules and regulations regarding the Arapahoe County Sheriff's Office Alternative Sentencing Program (ASP) as outlined in the Guide to Adjustment. I acknowledge I have been informed by ASP staff that the Inmate Handbook is accessible via electronic kiosk in the housing units. I understand and agree to comply with all rules and regulations while participating in the ASP. I further understand violation of any rule, regulation, guideline, or direction of staff may result in termination of my ASP privilege along with disciplinary action.

I understand that while in the ASP, an Agent of the Sheriff's Office is authorized to sign for any and all mail or parcels that may be sent to me. I do not hold this Agent responsible for any damages or delays that may occur in the handling of any mail.

I understand that I am responsible to pay any fees that accrue while in the ASP. Fees include, but are not limited to: program fees, booking fees, biohazard clean-up fees, destruction of property fees as a result of my behavior, and/or fees associated with any disturbances I have caused. Any funds deposited to my Inmate Trust Account may be applied directly toward any negative balance accrued and owed on the account or toward any prior debt owed to the ACSO Detention Facility.

I accept responsibility for all issued facility items and understand I may be billed for non-returned or damaged articles.

\_\_\_\_\_  
**ASP INMATE SIGNATURE**

\_\_\_\_\_  
**DATE SIGNED**

\_\_\_\_\_  
**ASP DEPUTY SIGNATURE / STAR #**

\_\_\_\_\_  
**DATE SIGNED**

**ARAPAHOE COUNTY SHERIFF'S OFFICE  
ALTERNATIVE SENTENCING PROGRAM  
TERMS AND CONDITIONS**

I, \_\_\_\_\_ agree to the following Terms and Conditions of the Alternative Sentencing Program:

**INITIAL EACH TERM AND CONDITION BESIDE THE NUMBERS 1-11 AND LETTERS A-E**

- \_\_\_\_\_ 1. I will not work more than 6 consecutive days in any 7 day period, with a maximum of 60 working hours. Reasonable travel time from the facility to the job site and a 1 hour lunch are not included in the 60 hours. Maximum of 16 verified hours per day are allowed away from the facility. I will have one (1) full day off and shall remain in the facility. Home Detention clients can use the one (1) full day off to go to commissary and church. Home Detention clients are allowed 5 total hours for both commissary and church or 3 hours if attending one of the mentioned activities.
- \_\_\_\_\_ 2. I agree to unannounced visits to my place of employment and/or home by ASP staff. I agree to receiving phone calls from a deputy.
- \_\_\_\_\_ 3. I understand my place of employment must be legal, lawful, and suitable to participate in the ASP. I will work only the job approved by the ASP deputies. I will call the Job Site Line to notify staff of my job location or any change in my job status.
- \_\_\_\_\_ 4. I will travel directly from the facility to my approved destination and will return directly back to the facility after my scheduled event. Home Detention clients must travel directly from home to approved locations and return directly home after the scheduled event.
- \_\_\_\_\_ 5. I understand that I must have prior approval and verification of my mode of transportation and scheduled events. I understand that non-emergency events such as work, doctor appointments, attorney, court, haircut, probation visits etc. must be submitted on my weekly schedule one (1) week in advance. Schedules run Monday through Sunday and are due on Wednesdays.
- \_\_\_\_\_ 6. I will not consume any alcohol or unauthorized drugs while participating in the ASP and will submit to a urinalysis, PBT, or any other alcohol/drug test upon request by a deputy.
- \_\_\_\_\_ 7. I agree I am responsible for the cost of my own health / dental care while participating in any of the ASP.
- \_\_\_\_\_ a. If I have a medical emergency I will notify an ASP deputy or staff member as soon as possible.
- \_\_\_\_\_ b. If I need to see a doctor, I will arrange the appointment and include the information on my weekly schedule.
- \_\_\_\_\_ c. I will inform my doctor that I am not allowed medications containing narcotics or controlled substances.
- \_\_\_\_\_ d. I will secure my prescribed medications in the locker assigned to me with the lock I provide and consume my medications as prescribed.
- \_\_\_\_\_ e. I will not use or consume any medications until approved by an ASP staff member and will not distribute or sell my medications to any other person.
- \_\_\_\_\_ 8. I agree to pay the calculated daily assessed fee of \$\_\_\_\_\_.\_\_\_\_\_, as designated by the Board of County Commissioners
- \_\_\_\_\_ 9. I understand daily fees are deducted from my account. I agree to deposit cash funds or credit card payment into the Pod 2 kiosk to maintain my account. I understand I can also pay on line at [touchpayonline.com](http://touchpayonline.com) or by calling 1-966-204-1603. I understand that I must maintain a positive balance at all times on my account and failure to do so may result in my removal from ASP. I will not possess more than one hundred dollars (\$100.00) in cash while housed in Pod 2.

\_\_\_\_\_11. I have had the opportunity to read the above Terms and Conditions and to ask questions.

\_\_\_\_\_  
ASP INMATE SIGNATURE  
Date

\_\_\_\_\_  
Date

ASP DEPUTY / STAR #

BOOKING LABEL

**ARAPAHOE COUNTY SHERIFF'S OFFICE  
ALTERNATIVE SENTENCING PROGRAM  
WEEKENDER PROGRAM TERMS AND CONDITIONS**

I understand that the Arapahoe County Sheriff's Office Alternative Sentencing Program deputies have the responsibility to maintain the security of the facility and the integrity of the Weekender Program. This includes, but is not limited to, the right to search for contraband on my person and or property while I am participating in the Weekender Program through the Arapahoe County Detention Facility. I understand I must abide by all the rules, regulations and Terms and Conditions of the Weekender Program and the Detention Facility. I have/will read the Weekender Program Guide to Adjustment.

INITIAL EACH TERM AND CONDITION BESIDE NUMBERS 1 - 19

- \_\_\_\_\_1. I will obey all Detention Facility rules, regulations and all orders given by a deputy sheriff of the ACSO.
- \_\_\_\_\_2. I agree I am responsible for the cost of my own health/dental care while participating in the Weekender Program.
- \_\_\_\_\_3. If I have a medical emergency I will notify an ASP staff member as soon as possible.
- \_\_\_\_\_4. If I need to make a doctor's appointment I will arrange the appointment when I am not serving a weekend sentence.
- \_\_\_\_\_5. I will secure my prescribed medications in the locker assigned to me with the lock I provide.
- \_\_\_\_\_6. I understand it is my responsibility to use or consume my medications as prescribed.
- \_\_\_\_\_7. I will not distribute or sell my medications to any other person.
- \_\_\_\_\_8. I will submit to a urinalysis, PBT, or any other alcohol/drug test upon request by a deputy.
- \_\_\_\_\_9. I understand I am responsible for my personal property.
- \_\_\_\_\_10. I understand the Arapahoe County Sheriff's Office is not responsible for any lost or stolen property.
- \_\_\_\_\_11. Each weekend I surrender I will arrive dressed in appropriate attire and adhere to the dress code.
- \_\_\_\_\_12. I will obey all the laws in the state of Colorado including its counties and municipalities.
- \_\_\_\_\_13. I agree to pay the fee of \$50.00 per weekend and I will submit these funds when I surrender each weekend.
- \_\_\_\_\_14. I understand that a Motion to Show Cause for Contempt of Court will be filed with the court if I fail to pay ASP fees resulting in a judicial order to pay the fees or impose an appropriate jail sentence.
- \_\_\_\_\_15. Each weekend that I surrender I will be drug and alcohol free and in a sober state of mind.

\_\_\_\_\_ 16. If I need to skip a weekend, and have a valid excuse, I will call and speak to an ASP staff member no later than 7:00 a.m. on the day I am scheduled to report. I will not leave a voice mail message.

\_\_\_\_\_ 17. I understand the Detention Facility is a tobacco free facility and will surrender my tobacco products and lighter so they can be secured in a locker prior to entering the facility.

\_\_\_\_\_ 18. I will not bring contraband, as described in the Guide to Adjustment, into the Detention Facility.

\_\_\_\_\_ 19. I understand cell phones are not allowed in the Detention Facility and will surrender my cell phone so it can be secured in a locker prior to entering the facility.

\_\_\_\_\_  
\_\_\_\_\_  
**WEEKENDER INMATE SIGNATURE**                      **Date**  
Date

**ASP DEPUTY /STAR #**