

JUNE 10

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

I, _____, Register Number, _____, hereby authorize employers of the Department of Justice and employees of any facility contracting with the Department of Justice to release any or all of the contents of information in my inmate central file to educational facilities, social agencies, prospective employees, etc., for the purpose of assisting in all phases of community programming and release planning. I also authorize the above persons to advise prospective employers that I am currently in the custody of the U.S. Attorney General serving sentence or under the supervision of the U.S. Parole Commission or U.S. Probation Office. This consent will remain in effect until my release from supervision or until revoked in writing by me. Revocation of this authorization may result in my removal from a community-based correctional program.

I understand that while a resident of a residential reentry center or work release program I will be expected to contribute to the cost of my residence through payments to the contractor and I agree to make such payments. I understand that failure to make payments may result in my removal from a community-based program (Not applicable for MINT referrals).

I understand that urinalysis or other Bureau of Prisons authorized testing to detect unauthorized drug or alcohol use may be required as a condition of residence in a residential reentry center or work release program, and if required, I agree to submit to such testing. I understand that ingestion of poppy seed products may result in positive test results for unauthorized drug use and is therefore prohibited.

I understand that no non-emergency medical care may be provided to me at the Bureau's expense without prior authorization of the BOP. I understand that, as part of my transition to release, I am expected to assume increased responsibility for my health care while I am a resident of a community-based correctional program.

I also understand that I may be transferred by the BOP to a suitable institution or facility at the Bureau's option for medical care should the Government deem it necessary.

I understand that I may be required to undergo clinical assessment and may be required to participate in treatment, e.g. mental health/psychiatric treatment, substance abuse treatment, sex offender treatment, recommended as a result of the assessment. I understand that failure to abide by treatment program recommendations may result in my return to a secure facility.

I understand that I may be required to abide by the conditions of supervision as imposed by the sentencing court or the U.S. Parole Commission, including the payments of fines and restitution and to follow the instructions of the probation officer as if on supervision.

I understand that upon arrival at the residential reentry center I may be initially placed in the restrictive Community Corrections Component for a period of orientation. In this component, I will be expected to remain at the RRC unless authorized to leave for employment or other authorized program purposes. Additionally, I understand that social visits and recreational/leisure activities will be confined to the RRC.

I understand that while a resident of a residential reentry center or work release program I will be required to abide by the rules and regulations promulgated by such program.

For MINT referrals, I understand that I or the guardian shall assume total financial responsibility for my child's care while I am a resident of a RRC. Should I or the guardian be unable or unwilling to bear my child's financial cost, I will be transferred back to my parent institution immediately. I understand that no financial support will be provided to my child by the Bureau of Prisons.

PART II

In the event that I am approved for Home Detention, I agree to abide by the following conditions related to my legal participation in Home Detention.

I understand that my participation in Home Detention will be an alternative to placement in a RRC for no more than the last six months or 10% of my sentence, whichever is less. I am aware that I will legally remain in the custody of the Bureau of Prisons and/or the U.S. Attorney General and that failure to remain at the required locations may result in disciplinary action and/or prosecution for escape.

I agree to report to my assigned probation officer or the contractor's facility immediately upon reaching my release destination.

I understand that if I decline to participate in the recommended Home Detention program I may face administrative reassignment out of the residential reentry program.

I agree that during the Home Detention period, I will remain at my place of residence, except for employment, unless I am given permission to do otherwise. I also understand that I will be required to pay the costs of the program based on my ability to pay.

I also agree to maintain a telephone at my place of residence without "call forwarding," or "three-way calling" for this period. I also agree that if instructed to do so, as a condition of Home Detention, I will not have access to a computer with a modem or other device for accessing the internet. I also agree that if my confinement is to be electronically monitored, I will wear any electronic monitoring device required, follow procedures specified, and comply with any telephone and computer access restrictions as they apply to the monitoring device requirements.

Inmate's Printed Name and Signature Date

Witness' Printed Name and Signature Date

Record Copy - CCM; Copy - CCM; Copy - Central File