

# DANE COUNTY SHERIFF'S OFFICE

## JAIL DIVERSION RULES AND REGULATIONS

Jail Diversion Scheduling: (608) 266-9093

FAX: (608)267-1531

Email: [diversion.schedule@danesheriff.com](mailto:diversion.schedule@danesheriff.com)

Name:

1. \_\_\_\_\_ I agree to obey all the rules and regulations of the Jail Diversion Program and the rules in the Jail Inmate Handbook. Further, I agree to follow any other program requirements imposed by diversion staff.
2. \_\_\_\_\_ I agree to allow any representative of the Sheriff's Office permission to enter my residence in order to verify my compliance with Jail Diversion Program rules and regulations. I must immediately grant access to the residence when directed to do so.
3. \_\_\_\_\_ I agree to advise other residents (or visitors) to comply with a complete search of my program residence. This may include outbuildings, personal vehicles and anything else that is on the premises.
4. \_\_\_\_\_ I will not commit any act that constitutes a violation of the Jail Diversion rules, State Law, Federal law, or Municipal ordinance.
5. \_\_\_\_\_ I agree to report any contact with the police to Jail Diversion staff as soon as possible.
6. \_\_\_\_\_ I will not possess a firearm, or any device that replicates a weapon. Further, I will advise all other residents and visitors to comply with this directive as well.
7. \_\_\_\_\_ I will not enter another person's residence, or enter areas that are off limits, in accordance to the Jail Diversion rules and staff directions.
8. \_\_\_\_\_ I agree to provide Jail Diversion with full names and dates of birth for anyone residing with me or staying at my residence overnight or for an extended period of time.

### Equipment

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9. \_\_\_\_\_ I am required to keep the monitoring equipment assigned to me charged at all times. I understand that my movement will be tracked and stored as an official court record.
10. \_\_\_\_\_ I will not remove my portable tracking device (GPS electronic bracelet). Intentional removal of the GPS device will result in a criminal charge.
11. \_\_\_\_\_ I will not submerge the bracelet in water. However, I understand that the monitoring bracelet can get wet from showering.
12. \_\_\_\_\_ I understand that any damage to equipment must be immediately reported. Further, any intentional damage may result in possible Criminal Damage charges and/or financial liability.

### Drugs and Alcohol

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13. \_\_\_\_\_ I will not ingest alcohol. *This includes; alcoholic beverages, "non-alcoholic" beer/wine, mouthwash, over-the-counter cough medicines and anything else that contains any alcohol.*
14. \_\_\_\_\_ I will not use or possess any controlled substance. *This includes, but is not limited to, illicit substances, THC products, CBD products, and non-currently prescribed medications.*
15. \_\_\_\_\_ I am responsible for advising anyone residing at (or visiting) my residence that; they are required to comply with rules related to possession of alcohol and/or controlled substances. *This includes containers and drug paraphernalia.*
16. \_\_\_\_\_ I am responsible for providing a random breath, saliva or urine test upon request. If I do not comply with testing, or if I test **POSITIVE** for alcohol or controlled substances, I will be terminated from the Jail Diversion Program and returned to jail.

17. \_\_\_\_\_ I am required to notify Jail Diversion if my housing becomes unsuitable. *This may be due to the presence of firearms, alcohol and/or controlled substances (or for any other reason).*
18. \_\_\_\_\_ I will not enter the premises of any bar, tavern or restaurant unless approved by Jail Diversion.

**Schedule & Location Changes**

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19. \_\_\_\_\_ I understand that **all appointment requests and schedule changes require 2 working days notice.** *This is to be provided Mon-Fri, 8 AM – 2 PM (excluding holidays). All requests must be completely and honestly filled out.*
20. \_\_\_\_\_ I am aware that; **all schedule changes, appointments and other requests are NOT approved unless I receive confirmation from Jail Diversion Staff.**
21. \_\_\_\_\_ I will not stop anywhere, unless specifically authorized by Jail Diversion staff.
22. \_\_\_\_\_ I may be authorized to attend appointments related to employment, work search, medical, treatment/counseling, or education. Voting is by absentee ballot only. If I live alone, or receive food stamps, grocery shopping may be allowed for up to 2 hours per week (including travel time).
23. \_\_\_\_\_ I will not be approved to work unless I submit a signed letter from my employer. This is typically on business letterhead. I am required to be on a payroll with State and Federal taxes deducted. **If I am self-employed, I will provide proof of ownership.** This may include two years of my most recent tax returns, business insurance, lease agreement and/or work contracts.
24. \_\_\_\_\_ I am authorized to work in Dane County and adjoining counties ONLY.
25. \_\_\_\_\_ I am allowed to work a maximum of **6** consecutive days per week, and up to **12** hours per day (which includes travel time).
26. \_\_\_\_\_ I am not allowed to leave my residence for social events. This includes, but is not limited to: after school activities, church services, visiting relatives or friends, or graduation ceremonies.
27. \_\_\_\_\_ To operate a motor vehicle, I must possess a valid driver’s license, current insurance card and vehicle registration. This information **must** be provided and approved prior to driving. Any ride that I take must meet the same requirements, but the information does not need to be provided beforehand.
28. \_\_\_\_\_ I am not authorized to change housing or employment without prior authorization from Jail Diversion Staff. *I am required to notify Jail Diversion **immediately**, if I am terminated, laid off or voluntarily quit from employment (or volunteering).*

**Informed Consent**

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29. \_\_\_\_\_ I understand that I must report alcohol, CBD and drug free to the Public Safety Building, 115 West Doty St. by 7:00AM on my report date of \_\_\_\_\_.
30. \_\_\_\_\_ I understand that on my report date, I must have a Money Order or Cashier’s Check made payable to the Jail Diversion Bookkeeper in the amount \$\_\_\_\_\_, followed by weekly payments of \$\_\_\_\_\_. *Further, I am responsible to stay up-to-date on Jail Diversion fees at all times.*
31. \_\_\_\_\_ I agree that the Dane County Sheriff’s Office shall be held harmless and indemnified from liability for any injury or property damage that occurs as the result of my participation in the Jail Diversion Program.
32. \_\_\_\_\_ I have read the rules and regulations of the Jail Diversion Program and by signing this document I agree to voluntarily enter into a binding contract with the Sheriff’s Office. Failure to comply with the rules and regulations may result in my termination from the Jail Diversion Program and return to jail.
33. \_\_\_\_\_ I understand that if I am terminated from the Jail Diversion Program, the Jail Diversion Program will petition the Court to rescind the good time previously deducted from my current sentence.
34. \_\_\_\_\_ I understand on my release date that I will report to the second floor of the Ferris Center at 8:00AM with all of my equipment.

\_\_\_\_\_  
Participant’s Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Program Witness

\_\_\_\_\_  
Date Signed