

Participant: _____ Cause number: _____

1. _____ I will meet with the juvenile case manager at least once per week. If I am unable to meet with the juvenile case manager my parent/guardian will call my case manager at least 1 hour prior to my scheduled meeting. My scheduled day to meet with my case manager is: _____ my scheduled time to meet with my case manager is: _____.
2. _____ My scheduled curfew is 8:00pm. I will be inside my residence at this time and will stay in my residence from my curfew until 6:00am. My parent/guardian must make prior arrangements with my case manager if I will not be home by my scheduled curfew.
3. _____ I will call my case manager daily by my 8pm curfew. I will leave a voicemail with my case manager stating my name, the date, and the time.
4. _____ I must attend school or an educational program while on JAG. Unexcused absences from school or an educational program will not be permitted while on JAG. I will not be disruptive in class or at school. I will not get suspended or expelled while at school.
5. _____ I will not leave Shelby County without getting permission from my case manager. A parent/guardian must contact my case manager prior to leaving the county to get permission.
6. _____ I must notify my case manager if there are any changes in my address or telephone changes. If I miss a call from Shelby County Community Corrections, I will return the call immediately.
7. _____ I will be honest and show respect to my case manager, field officers and any staff member. Foul language and/or the use of verbal/physical abuse will not be tolerated. I will advise my family and friends to be respectful to staff in the performance of their duties.
8. _____ I must abide by and obey all laws of the city, county, state, and federal government while on JAG. I must not commit, be arrested for, or charged with a criminal offense while on the program. I must report any contact with law enforcement to my case manager.
9. _____ I will not hang around or communicate with any juvenile that is currently on JAG, home detention, or juvenile probation outside of already scheduled sanctioned activities like school or programming.
10. _____ I will abstain from using or possessing drugs and/or alcohol. I will be required to submit a urine drug screen for the purpose of detecting drugs and/or alcohol. I will call the

drug screen hotline daily from 5:00am – 7:59am. Drug screen collection times are as follows:

- Monday – Friday 8:00am to 9:30am and 2:00pm to 3:30pm
- Saturday & Sunday 1:00pm to 3:00pm

11. _____ I will not possess any firearms, ammunition, explosives, fireworks, or dangerous weapons (pocketknives, lighters, tasers, pepper spray/mace, BB guns) or any drug paraphernalia on my person, property or my residence.
12. _____ I will allow Community Corrections staff to visit or telephone my residence, school or employment at any time and ask questions regarding my activities. I will present myself to the staff person within 3 minutes and answer questions truthfully.
13. _____ If deemed necessary, I understand that Community Corrections has the discretion to place me on electronic monitoring while on JAG. I further understand that if I am placed on electronic monitoring, I will pay all associated fees. I will turn in a weekly schedule every Sunday by 8pm and abide by my schedule. The schedule would be placed in the black box outside of the front doors of Community Corrections.
14. _____ In consideration of the opportunity to participate in a Community Corrections program rather than serve my sentence through the Department of Correction or other more restrictive environments, I acknowledge and agree that I hereby waive my rights concerning searches and seizures under the Fourth and Fourteenth Amendments of the US Constitution and under Article 1 and 11 of the Indiana Constitution. Specifically, I hereby consent to allow employees of Community Corrections or law enforcement officers to search my person, property, or residence without a warrant, without probable cause and without reasonable suspicion.
15. _____ I will pay all program fees associated with JAG.
 - JAG fees are as follows:
 - Administration fee: \$50
 - Drug Screen fee: \$20 per screen
 - JAG fee: \$100
 - As parent/guardian of this juvenile you are responsible for seeing that these fees are paid prior to the juvenile completing their program(s). I understand that I am responsible for paying all associated program costs. _____

Failure to follow the above JAG rules will result in consequences to include but not limited to:

- Your probation officer being notified
- Community service / road crew
- Written essays
- Increased homework assignments
- Increased frequency in meetings
- Electronic Monitoring
- Courtroom appearances before the Juvenile Judge and/or Magistrate

I have read, understand, and accept the above terms and acknowledge that I have received a copy of these terms. I have been advised verbally and have had the opportunity to discuss all conditions of the program. I now understand that this is an order of the court and agree to abide by all stated terms and conditions.

Participant signature: _____ Date: _____

Parent signature: _____ Date: _____

SCCC staff signature: _____ Date: _____