

# WCRCC Community Corrections Referral/Intake Sheet

Date form submitted: \_\_\_\_\_ Submitting Party: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Defendant: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ DOC #: \_\_\_\_\_

Sex: Male / Female Race: \_\_\_\_\_ Hispanic / Non-Hispanic

Height: \_\_\_\_\_ ft \_\_\_\_\_ in Weight: \_\_\_\_\_ lb. Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Relationship Status: Single / Married / Divorced / Widow

HS Diploma / GED: Yes / No Year: \_\_\_\_\_ If not, highest grade completed: \_\_\_\_\_

Vocational Training / Certification/type: \_\_\_\_\_ College: Associates Degree / Bachelor Degree / Master's Degree

Current student: Yes / No Veteran: Yes / No Citizen: Yes / No Have you ever been in the military? Yes / No

Driver's License Status: Valid / Suspended / Expired / Restricted / Life Suspension

Have you ever been on Community Corrections before? Yes / No County? \_\_\_\_\_

Are you required to register as a sex offender? Yes / No If so, are you registered? Yes / No What county \_\_\_\_\_

Employment Status: Unemployed / Full Time / Part Time Disabled: Yes / No

Employment Restriction: Yes / No If yes, reason for employment restriction: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Date Hired: \_\_\_\_\_

Occupation / Position: \_\_\_\_\_ Annual or Hourly Wage: \_\_\_\_\_

Name and Relationship of household/family members (if no names are listed, it will be taken as you're living alone):  
\_\_\_\_\_  
\_\_\_\_\_

Any persons in household currently on home detention, Probation, Parole, or on out on Bond? Yes / No

Who: \_\_\_\_\_ Relationship: \_\_\_\_\_

Is defendant statutorily eligible for home detention in the State of Indiana? Yes / No

Any prior home detention: Yes / No If so, where? \_\_\_\_\_ Completion: Successful / Unsuccessful

Any prior violent or sex offenses: Yes / No If so, for what: \_\_\_\_\_

**Current Case(s):**

Case#: \_\_\_\_\_ Offense \_\_\_\_\_ Level: F1 F2 F3 F4 F5 F6 Misd

Case#: \_\_\_\_\_ Offense \_\_\_\_\_ Level: F1 F2 F3 F4 F5 F6 Misd

Any past convictions for violent or sex related offenses: Yes / No If so, what? \_\_\_\_\_

Is defendant currently incarcerated? Yes / No If so, where?: \_\_\_\_\_

**PLEASE FAX THIS FORM, ALONG WITH CLIENT ACKNOWLEDGMENT FORM TO: WCRCC, ATTN:  
LOREN STEPHENS AT 765-294-3111**

# West Central Regional Community Corrections Client Acknowledgement /Referral Form

101 North Main Street Veedersburg, Indiana, 47987  
Phone: 765-294-3100 Fax: 765-294-3111 (www.wcrcc.net)

## WCRCC requests 10 business days to respond

### Note: Request for out of county supervision is subject to that county's timeliness in response

1. WCRCC requests that individuals be pre-approved for program placement by the Defense Attorney, Court, or other community corrections agencies, with exception being for pro se litigants.
2. Should an individual require supervision by an agency outside of the WCRCC region (Fountain, Montgomery, Parke, Vermillion, Warren), prior to sentencing the individual must be pre-approved for courtesy supervision by the county in which they plan to reside. WCRCC will make this request using the pre-screening forms submitted by the referring party. Transfers are a courtesy, therefore, acceptance is not guaranteed.
3. WCRCC will provide a letter to the referring party regarding program acceptance or denial.
4. Clients that owe WCRCC from past supervisions may be considered as eligible for placement, however, WCRCC will not enroll them on the program or accept any supervision responsibility for them until past fees and current enrollment fee are paid in full.

If any of the following conditions apply, then the defendant **MAY BE DEEMED INELIGIBLE**, for WCRCC supervision:

- Warrants, holds, protective orders, or any pending charges, county, state, or federal.
- In the country illegally.
- Lives in a county which does not have a home detention program or does not accept transfers, or is not accepted for courtesy supervision by said county.
- Failed any previous community corrections programs through this region county or any other county agency.
- Has been charged or convicted of the following offenses making them a "violent offender" under the Home Detention statute:

- |   |   |
|---|---|
| 1. Murder 35-42-1-1   | 2. Attempted Murder 35-41-5-1                               |
| 3. Voluntary manslaughter 35-42-1-3   | 4. Involuntary manslaughter 35-42-1-4                       |
| 5. Reckless homicide 35-42-1-5  | 6. Aggravated battery 35-42-2-1.5                           |
| 7. Kidnapping 35-42-2-1.5 8.  | 8. Rape 35-42-3-2   |
| 9. Criminal Deviate Conduct 35-42-4-2                                       | 10. Child Molesting 35-42-4-2                               |
| 11. Sexual Misconduct with a Minor, 35-42-4-9(a)(2) and 35-42-4-9(b)(2)     | 12. Robbery, 35-42-5-1 (Level 1 or A or B Felony)           |
| 13. Burglary, 35-42-2-1 (Level 1 or A or B Felony)                          | 14. Causing Death Operating a Motor Vehicle 9-30-5-5        |
| 15. Battery 35-42-2-1 (all classes)   | 16. Domestic Battery 35-42-2-1.3                            |
| 17. Arson 35-43-1-1 (All classes)   | 18. Escape 35-44-3-5  |
| 19. Stalking 35-45-10-5 (All classes)                                       | 20. Explosive Offenses 35-47-5-5                            |
| 21. Incest 35-46-1-3  | 22. Child exploitation; Possession of Child Porn. 35-42-4-4 |
| 23. Vicarious sexual gratification; fondling in presence of minor 35-42-4-5 | 24. Child solicitation 35-42-4-6                            |
| 25. Child seduction 35-42-4-7   | 26. Sexual Battery 35-42-4-8                                |

If any of the following conditions apply, WCRCC will require a COURT ORDER OF APPROVAL WITH GUIDELINES FOR CIRCUMSTANCE:

- Any family member or any person living in the defendant's residence that is currently on home detention
- Overnight/out of town stays for work

There is a required enrollment fee of \$270 and then a daily charge of \$12.00 per day. (These fees pay the \$75.00 initial program fee and the \$25.00 baseline urine screen and the remainder will be applied toward the daily charges.)

I have read and understand the above conditions and fees that are associated with WCRCC:

Date: \_\_\_\_\_

Signature of Defendant

Signature of Referring Party