

Name: \_\_\_\_\_ DOC number: \_\_\_\_\_

I understand that my placement on Rapid Reentry status is a privilege which may be revoked by the Assistant Secretary for Community Corrections/designee. I understand that any violation of home detention conditions, or conduct or activity which reflects a disregard for the rights of others, will be sufficient cause to revoke my home detention and/or terminate Rapid Reentry participation. Programming and treatment are mandatory elements of Rapid Reentry and a required element of a successful transition into the community.

I understand and agree to abide by the following conditions:

1. Reside at my approved residence: \_\_\_\_\_
2. Conduct myself in a lawful manner.
3. Wear my electronic monitoring device as required, follow specified procedures, and comply with any telephone and computer access restrictions as they apply to the monitoring device requirements.
4. Accept visits from Department employees at my job site, home, school, treatment, etc.
5. Report to my Corrections Specialist as directed.
6. Continue mental health treatment, substance abuse treatment, and/or other programming requirements.
7. Not own or possess any deadly weapon or ammunition or knowingly be in the company of a person possessing the same.
8. Remain steadily employed and will not change employment without prior approval from my Corrections Specialist.
9. Not knowingly associate with persons having a criminal record or frequent places where illegal activities are conducted.
10. Not drink alcoholic beverages of any kind, or enter any establishments such as bars or liquor stores where the sale and/or consumption of alcoholic beverages on the premises is the primary business of the establishment.
11. Not consume or possess marijuana or frequent any establishments that marijuana is the main commodity for sale. The process for medical marijuana use is outlined in DOC 620.380 Offender Medical Marijuana Use.
12. Not consume or possess narcotics or other controlled substances, except as medically authorized, or be in the presence of persons possessing the same. I will inform medical professionals of any addictions I may have.
13. Remain at my place of residence except for authorized activities or have been given specific permission to do otherwise.

