

Community Corrections Referral Process

The Court will not consider placing a Defendant in a Community Corrections Program of work release, home detention, electronic monitoring, day reporting or alcohol monitoring unless it has received a Community Corrections Eligibility Screening Report.

Referral for assessment by Community Corrections:

An attorney for the Defendant or the Prosecutor may make a referral

Court may make a referral after a plea hearing

Any information given to Community Corrections that is relevant to its assessment shall not be used against the Defendant in the pending proceeding, except for drug screen results.

Defendant who is not incarcerated:

The referring person shall deliver the referral form to the defendant *prior* to submitting the form to Brown County Community Corrections. Defendant must contact Community Corrections to schedule an appointment for an assessment within 15 days of the referral, unless good cause shown for delay. If a Defendant fails to make an appointment, he/she may be found to have waived eligibility for Community Corrections programs at the discretion of the Community Corrections Director. The Court will not be inclined to grant a continuance of a hearing due to a Defendant's failure to make and keep an appointment for a Community Corrections assessment absent exceptional circumstances. A Defendant who is not incarcerated shall not be considered eligible for work release unless he/she has suitable employment.

Defendant who is incarcerated:

The attorney making the referral should deliver the Referral for Assessment to Community Corrections. Community Corrections will interview the Defendant at the Brown County Jail. An incarcerated Defendant need not have employment in order to be considered for work release eligibility. A drug screen is not required for an incarcerated Defendant.

The Community Corrections Eligibility Screening Report should include:

- Statutory and local criteria eligibility for each program
- If ineligible, the reason(s) for the ineligibility
- Whether any of the local criteria would need to be waived before eligible
- Current employment and recent employment history
- Whether the Defendant has successfully completed or been unsuccessful in a community corrections program. If a violation(s) had occurred, the nature of the violation(s), including dates- with the consideration of the last 5 years only.
- Whether the Defendant owes outstanding fees to Brown County Community Corrections.
- Results of an instant drug screen (if not incarcerated)- If results are positive, a laboratory confirmation of the sample will be conducted.
- The position of the Brown County Sheriff regarding Work Release.
- Any other information deemed relevant by Community Corrections

If the assessment is completed prior to a guilty plea being entered, Community Corrections shall provide its report to the State and defense counsel only. A report **shall not** be sent to the Court unless it has been completed between the time of a plea and a sentencing hearing.

REFERRAL FOR ASSESSMENT

BROWN COUNTY COMMUNITY CORRECTIONS

Defendant's name: _____

Defendant's phone number or email address: _____

Cause Number(s): _____

Charges: _____

Date of Referral: _____

Instructions to Defendant:

You must call to make an appointment for an assessment with Community Corrections within 15 days of the date of referral. If you fail to make an appointment or fail to appear for the appointment, you may be found to have waived eligibility for community corrections programs.

You must bring \$35.00 to your appointment for a drug screen; if the screen collected returns negative and does not require laboratory confirmation, you will only be charged \$10.00.

You are advised that any information you provide verbally to Community Corrections that is relevant to its assessment shall not be used against you in the pending proceeding. Please note, results of a confirmed positive drug screen will be shared if you are on active supervision with other agencies.

Brown County Community Corrections
201 Locust Lane
Nashville, IN 47448
(812) 988-7343

Referred By: _____
Signature

Printed name

*By my signature affixed above, I certify that a copy of this referral has been delivered to the above-named defendant prior to delivery to Brown County Community Corrections.