

Imposition of Intermediate Sanctions

(for temporary incarceration in a designated ODOC facility)

Inmate Name _____ ODOC # _____

Violation(s) of Rules and Conditions:

Rule # **Violation**

Sanction(s) Imposed: To include program, date to begin, length of sanction, and expectation (if a community based program is required, the time, location and transportation arrangements must be set out herein.)

Medical Issues: (list any known medical conditions/medications the inmate is currently taking) Inmates taking prescribed medications shall take the medication, in the original pharmacy container, and release said medication to security until such time as the medical unit approves the medication for the inmate to keep on his person.

Employment Information:

Employer: _____
Address: _____
Telephone: _____
Supervisor: _____
Position: _____
Rate of Pay: _____
Work Schedule: _____
Pay Period: _____
Percentage of Program Support Fees: __ (to be determined by confining facility not to exceed 50% of net wages) _____

Transportation Arrangement:

Transportation to/from work: _____
Name of Person Providing Transportation: _____
Address: _____
Phone Number: _____
DOB: _____ /SSN: _____
Prior Incarceration/Probation ___yes ___no
Make/Model of car: _____ Tag No. _____

Review of Applicable Policies:

- OP-030118 entitled "Visitation"
- OP-030120 entitled "Inmate Property"
- OP-031001 entitled "Inmate Escorted Leave/Activities"
- OP-090110 entitled "Work Release"
- OP-120230 entitled "Offender Banking System"

Signature indicates that the undersigned inmate has reviewed, understands and agrees to comply with the listed applicable policies. Additional policies may be applicable as determined by the confining facility. Violation of the rules outlined may result in loss of earned credits and removal from the electronic monitoring program pursuant to OP-060125 entitled "Inmate/Offender Disciplinary Procedures."

Date Inmate Signature

Date Officer Signature

Date Team Supervisor