

Florida Department of Corrections Probation and Parole Services



Succeeding on
Community Control



What is Community Control?



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A condition of supervision requiring **confinement** of an offender to an approved residence except for one-half (1/2) hour before and after the offender's approved:

- employment,
- public service work, or
- other approved activity by the community control officer.



Your Residence

- Your residence is your **approved living quarters**.
- Your residence **may** include the grounds.
 - The grounds are part of the residence unless otherwise defined by the sentencing or releasing authority, or the community control officer.
 - It may also be **the portion** of the residence grounds to which the community control officer has restricted the offender.
- If you reside in an apartment complex, mobile home community, or other similar multi-residence setting. Your residence **will not include shared common areas** such as:
 1. the recreational facilities
 2. the swimming pool area
 3. the complex business office
 4. laundry facilities
 5. the mail area



ENFORCEMENT OF HOUSE ARREST

- Requesting permission to leave your approved residence:
 - **Your officer will request specific information** from you concerning the reason(s) and circumstance(s) which are the basis for your request.
 - Your officer **will question you as to the actual need and your responsibilities.**
 - **If approved** your officer will determine the amount of time required to accomplish the task(s).
 - Travel from your residence to your approved location will be limited to a **reasonable commuting time.**



Your Responsibilities

- **DO** refer to your officer as Ms., Mrs., Mr., or Officer
- **DO communicate with your officer** regarding any matters pertaining to your supervision.
- **DO PLAN AHEAD** - Last minute requests for non-emergency schedule changes will be denied
- **DO follow your approved schedule** without deviations
- **DO NOT** rely on parents, spouses, siblings, or others to make payments for you, call for you, or report for you
- **YOU** are on community control - not your parents, spouse, siblings, or others





Your Responsibilities (Cont.)

• OFFICE VISIT

- Arrive a few minutes before your appointment
- Dress for Success
 - No tight fitting clothes
 - No revealing clothes
 - Pants pulled up to your waist
 - Shirt tucked in
 - Belt
 - Hats off inside the building
 - No shower caps
 - No house slippers
- Be ready for a drug test
- Have your schedule filled out
- Have your daily log
- **NO CHILDREN**





Officer Responsibilities

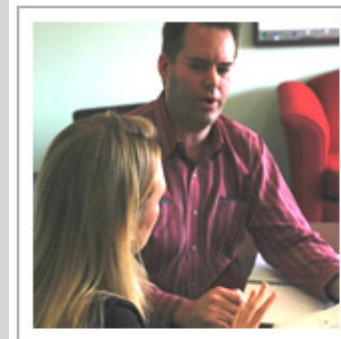
- Monitor and enforce your compliance with your order of supervision
- Assist you with identifying what you need in order to succeed in life and developing goals based on this information (individualized supervision plan).
- Identify community resources and make referrals
- **Report willful non-compliance to the court or releasing authority**





Away From Residence (with approval)

1. Employment





Away From Residence (with approval) (Cont.)

Verification of Self Employment

1. **DO PROVIDE** a valid occupational license(s) within the first thirty (30) days of supervision
2. **DO PROVIDE** all state and federal tax forms each time the forms are submitted to revenue authorities
3. **DO inform each client** of your supervision status and the offenses for which you are under supervision
4. **DO provide an itinerary of work sites,** including the customer's name, address, and telephone number if your work requires you to work in homes or offices
5. **YOUR Officer will:**
 - Confirm with each customer that you have notified them of your supervision status and offense
 - Review public records to verify professional licensing



Away From Residence (with approval) (Cont.)

2. Treatment, Self-improvement, or Educational Programs



- Program participation does not include recreational or social events sponsored by a treatment program unless approved in advance by the sentencing or releasing authority

3. Public Service Work

4. Religious Expression

- Religious expression will be limited to **worship services and religious instruction only**, and **does not include**:
 - recreational or social events,
 - choir practice,
 - fundraising, or
 - activities, unless approved in advance by the sentencing or releasing authority.

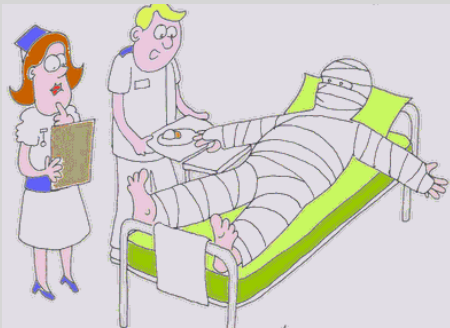




Away From Residence (with approval) (Cont.)

5. Personal Needs

- Personal needs will be limited to the **minimum travel required** to fulfill basic personal needs
- **Only approved when there is no family member or friend available to assist**
- Must provide dated and timed sales receipts or other records to your officer at your next office visit subsequent to the activity





Away From Residence (with approval) (Cont.)

5. Personal Needs (Cont.)

- The following are likely areas of personal needs:



- ✓ retail stores: grocery, clothing, hardware, or drug stores;
- ✓ laundry services (including laundromats and dry cleaning establishments);
- ✓ bank or credit union;
- ✓ medical needs;
- ✓ veterinarian services;
- ✓ bill payment;
- ✓ grooming needs: barbershop or hair salon;
- ✓ transportation of spouse or dependents to such places as medical appointments, school, employment, bus station, or airport (**Only when you are determined to be the only person available to transport**);
- ✓ legal needs/court appearances; and
- ✓ death of an immediate family member (spouse, children, father, mother, sibling, grandparent)



DEPARTMENT OF CORRECTIONS

COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY ACTIVITY LOG

ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS DEL OFENSOR DE ARRESTO RESIDENCIAL

OFFENDER SCHEDULE/ ITINERARIO DEL OFENSOR

Schedule Approved By: Kathy 2-16-10
 (Officer's Signature/Date)

Offender/DC# Smith, John 123456

Home Address/Dirección Domiciliaria: 1345 Burns Ave. Lake Wales, FL 33853

Telephone/Tele. de Casa: 863-676-0000

Cell Ph/Tele. Celular: _____

Employer/Patrono: Spartan Staffing

Work Address/Dirección del Trabajo: 322 S. 1st St. Lake Wales, FL 33853

Work phone/Tele. del Trabajo#: 863-679-9131

Pager/Buscador #: _____

Comments/Instructions/Rules/Restrictions - Comentario/Instrucciones/Reglas/Restricciones:

Work @ P.L.A. Natural Via Spartan

HOURLY ACCOUNTING/HORARIO

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." "Certifico que este horario es la verdad según tengo entendido y creo."

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

SATURDAY/SABADO 2-20-10

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am	Home	
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00	Home	
8:00	Community Hours	Train Depot museum
9:00		
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00	Grocery Shopping	Publix S.R. 60
2:00 30	Laundry	Apt. Complex
3:00		
4:00 15	Home	
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00	Home	

FRIDAY/VIERNES 2-19-10

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am	Home	
1:00		
2:00		
3:00		
4:00		
5:00	Home	
MORNING/ MAÑANA		
6:00 am 45	Leave for work	
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00		
3:00 30	Bank of America	Cash Pay check
4:00 15	Home	
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00	Home	

SUNDAY/DOMINGO 2-21-10

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am	Home	
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00	Home	
11:00	Church	Burns Ave Church of God
AFTERNOON/TARDE		
12:00 pm		
1:00 45	Home	
2:00		
3:00		
4:00		
5:00	Home	
EVENING/ NOCHE		
6:00 pm	Home	
7:00		
8:00		
9:00		
10:00		
11:00	Home	

Weekly Schedule

DO have it approved by your officer prior to the beginning of each week.

Daily Log

OFFENDER SCHEDULE/ ITINERARIO DEL OFENSOR

Schedule Approved By: _____

(Officer's Signature/Date)

Offender/DC# John Smith 123456

Home Address/Dirección Domiciliaria: 1345 Burns Ave. Lake Wales, FL 33853

Telephone/Tele. de Casa: 803-676-0000

Cell Ph/Tele. Celular: _____

Employer/Patrono: Spectrum Staffing

Work Address/Dirección del Trabajo: 322 1st St. S Lake Wales, FL 33853

Work phone/Tele. del Trabajo#: _____

Pager/Buscador # _____

Comments/Instructions/Rules/Restrictions - Comentario/Instrucciones/Reglas/Restricciones:

Job site - Fla. Nat Wal

HOURLY ACCOUNTING/HORARIO

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." "Certifico que este horario es la verdad según tengo entendido y creo."

John Smith 2-23-10
(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

SATURDAY/SABADO 2-20-10

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am	Home	
1:00		
2:00		
3:00		
4:00		
5:00	Home	
MORNING/ MAÑANA		
6:00 am	Home	
7:00	Home	
8:00	03 Left for G.W.	Train Depot Museum
9:00	819 Arrived @	Train Depot Museum
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm	18 Left Train Depot Museum	
1:00	07 Arrived @ Publix	
2:00	07 Left Publix	
3:00	39 Arrived @ Laundry mat	
4:00	09 Left Laundry mat	
5:00	416 Arrived @ Home	
EVENING/ NOCHE		
6:00 pm	Home	
7:00		
8:00		
9:00		
10:00		
11:00	Home	

FRIDAY/VIERNES 2-19-10

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am	Home	
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING / MAÑANA		
6:00 am	469 Left for work	
7:00	659 Arrived @	WORK
8:00		
9:00		
10:00		
11:00	WORK	
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00	WORK	
3:00	01 Left work	
4:00	521 Arrived @	Bank of America
5:00	341 Left bank	
EVENING/ NOCHE		
6:00 pm	401 Arrived @	Home
7:00		
8:00		
9:00		
10:00		
11:00	Home	

SUNDAY/DOMINGO 2-21-10

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am	Home	
1:00		
2:00		
3:00		
4:00		
5:00	Home	
MORNING/ MAÑANA		
6:00 am	Home	
7:00		
8:00		
9:00		
10:00	Home	
11:00	01 Left for church	Burns Ave church
AFTERNOON/TARDE		
12:00 pm	18 Left for Home	
1:00	206 Arrived @	Home
2:00		
3:00		
4:00		
5:00	Home	
EVENING/ NOCHE		
6:00 pm	Home	
7:00		
8:00		
9:00		
10:00		
11:00	Home	

- Account for all **your** activities on an hourly basis using **blue ink**
- Write **your** specific locations (name, address) and travel time.
- Write **your** specific times of arrival and departure to each approved location each time you leave your residence.
- A deviation from your approved schedule or an incomplete or false entry will be a violation and will be reported to the court or the releasing authority.



Unauthorized Absence

- **Unauthorized Absence – YOUR ABSENCE from one of the following places without prior permission from your officer:**
 1. Your approved residence,
 2. Your approved employment site
 3. Your approved scheduled location
- If the absence is determined to be unauthorized, **the officer will report the violation to the court or sentencing authority.**



Emergencies

- What is an “**EMERGENCY**,”:
 1. New Arrest,
 2. Medical Emergency affecting you and requiring you to leave your residence,
 3. Family Medical Emergency requiring you to leave your residence,
 4. Family member death where you are requesting permission to travel to arrange or attend a funeral out of the county or state,
 5. Need to leave the county or state for work purposes,
 6. Employment situation where you are required to deviate from your approved schedule,
 7. Relocation from an approved residence (through eviction or domestic issues)



Emergencies

YOUR RESPONSIBILITY:

- Call your Officer as soon as possible but not later than the following day
- Call the office duty officer if your officer is not available
- Call the 24-hour Emergency Telephone Number after hours: _____
- Under no circumstances will you be permitted to travel out-of-state without first obtaining permission from the sentencing or releasing authority.
- All non-emergency questions should wait until the officer is available in the office during the normal business hours of 8:00 A.M. to 5:00 P.M., Monday through Friday



Follow House Arrest Rules

Community Control is your “second chance”; therefore there can be no excuses for not following house arrest rules, like...

- I didn't know
- I didn't understand
- I wasn't told
- It's not my fault
- My mom / dad didn't tell me, remind me, make the payment
- I forgot
- I just found out about it
- I was busy
- I'm sorry – I won't do it again
- Just give me a break on this one – it won't happen again



Summary

Community Control is a very strict form of supervision, but you can do it!

- Your officer will ask questions to gather information to make decisions
- Your approved residence is where you remain at all times unless you have approval to leave
- Planning by you is needed and expected
- Comply with your schedule
- Record all places you go by name and address when away from residence
- Record all times of arrival and departure to approved locations when away from residence
- Your requests to leave your residence will not always be approved
- Others must handle daily activities for you
- Good communication between you and your officer is necessary
- Work with your officer not against – Don't argue
- Always be prepared to provide a urine sample for drug testing
- Act responsibly
- No Excuses
- Dress for success at all times
- Think about the consequences of your decisions before you act



Conclusion

QUESTIONS?