DEPARTMENT OF CORRECTIONS THIRD JUDICIAL DISTRICT FURLOUGH SITE PROVIDER AGREEMENT

Client Name:	<u>_</u>	CON Number:
I understand this client will be spendi approved. The amount of time will be o	. .	
I understand that the client must have planned furlough.	access to the residence at	all times as scheduled on their pre
I understand that the Facility Staff ma via phone at any time of the day or nig	•	d unannounced checks in person o
I understand the Facility Staff has a suspicion exists that the client has residence.	•	•
I understand the client may be subject furlough plan may be verified with per of his/her furlough. You are asked to l home.	sonal visits and phone calls	by staff or agents during the hour
I understand the client is not permitted and I hereby certify no firearms or othe will any be brought into this residence	er weapons will be in this re	sidence while the client is there no
I understand that minors may be prescient to be around my child(ren). It responsible for a minor child during an I understand that no minors may be in	inderstand that the client r y furlough time. If the clien	may not be left as the sole perso t has a sex offense against a mino
I understand the client will not be per certify that no one living at or frequent alcohol will not be consumed at this ac	enting this residence uses	or sells illegal drugs. I agree that
I understand that if staff is unable to refacility staff obtains information that the may return and conduct additional sea to give written testimony regarding any	e client has returned to the harches until the client is loca	nome at a later time, the facility sta ated. Additionally, I may be require
Signature of Provider	Printed Name of Provide	Poto
Signature of Provider		
Address and Phone Number of Provider: _		
Staff Initials:Scanned /	Checked off visitors list by:	