



WASHOE COUNTY
 Department of Alternative Sentencing
 1530 E. 6th Street
 Reno, NV 89512
 (775) 221-8400

PROBATIONER INFORMATION

PERSONAL	Name:		DOB:	SSN:		
	Address:		Apt #	City:	State:	Zip:
	Mailing Address/PO:		Apt #	City:	State:	Zip:
	Phone:		Cell:	Email:		
	Other people living in home:					
	Children in home: Yes No		How Many?	Other Information:		
	Vehicle Make:		Model:	Color:	License Plate:	
	Have you ever been convicted of a felony: Yes No		When:	Charges:		
	Registered as an ex-felon or sex offender: Yes No		Card #:			
	Are you on probation/parole: Yes No		What Agency:			
	Probation officer name:		Telephone:	Email:		
	Are you currently in any specialty court Yes No		Where:			
	Are you currently involved with CPS: Yes No		Case Worker Name:	Phone:		
	Emergency contact:		Relationship:	Phone:		
Current medications:						
Are your pregnant: Yes No		Due Date:				
EMPLOYER	Employer:		Contact:		Phone:	
	Address:		City:		State:	Zip:
	Occupation:		Work Days: S M T W Th F S		Hours Start – End:	
	Name:		Relationship:		Phone:	
	Address:		City:		State:	Zip:
References	Name:		Relationship:		Phone:	
	Address:		City:		State:	Zip:
	Name:		Relationship:		Phone:	
	Address:		City:		State:	Zip:
	Name:		Relationship:		Phone:	
	Address:		City:		State:	Zip:



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AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I, _____ (Name of Client), the undersigned, herby authorize the Department of Alternative Sentencing of Washoe County, Nevada or its authorized representative(s) or employee(s), bearing this release or copy thereof, to obtain any information in your files pertaining to my:

- Employment
- Education Records (including but not limited to academic achievement, attendance, athletic, personal history, and disciplinary records)
- Medical Records (including but not limited to records related alcohol and/or substance abuse)
- Psychological and Psychiatric Records
- Counseling (including but not limited to those related to alcohol and/or substance abuse)
- Agencies pertaining to child custody, such as social services or child protective services
- Any other agency that you are required to report to as a condition of your court order

I hereby direct you to release such information. This release is executed with full knowledge and understanding that the information is the official use of the Department of Alternative Sentencing.

I hereby release you, as custodian of such records, any school, college, or university, or other education institution, hospital or business establishment including its officer, employees, or related personnel both individually and collectively, from any and all liability for damages or whatever kind which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request for information or any other attempt to comply with it.

The information hereby obtained by the aforementioned office is to be used only for the purpose of a Department of Alternative Sentencing investigation and report and, if applicable, for the supervision by said office. If necessary, such information may be available to the Division of Parole and Probation for the purpose of preparing a pre-sentence report and/or our division for a Status Report and/or Violation Report.

Full Name – Printed

Authorized Signature – Full Name

Date

Witness:

Department of Alternative Sentencing

Date



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PAYMENT AGREEMENT

- As a participant of the Department of Alternative Sentencing Program, you are required to pay either a monthly probation fee or drug and alcohol testing fee per test at Sober 24.
- Monthly probation supervision fees are \$40.00 per month and are due no later than the 15th day of each month beginning _____. Probation fees are due every month until you are released from probation and your balance is paid in full. If you are unable to pay these fees, you may complete a **Financial Assistance Application**. If it is approved, you may be able to do community service in lieu of your supervision fees.
- Sober 24 testing fees are \$5.00 for each drug test. Testing fees are due at the time of each testing. If you do not pay, you may be turned away, which will be considered a missed test. Missed tests are a violation of your probation, which may result in your arrest.
 - If you test positive and challenge the result, your sample can be sent to the lab. The cost for this is \$25.00 and is due before the sample will be sent out. This fee is non-refundable regardless of the outcome of the secondary confirmation.
- If you are ordered to Electronic Alcohol Testing, you will be assessed a \$2.00 per day fee. The previous months fees will be assessed on the 1st of each month and will be due by the 15th of each month.
- If you are ordered to Residential Confinement utilizing electronic monitoring, you will be assessed an \$8.00 per day fee. The previous months fees will be assessed on the 1st of each month and will be due by the 15th of each month.
- Failure to pay your fees may result in a violation of your probation and/or a delay of graduation from specialty court. If your account becomes delinquent, you may be referred for collection action. If you have a balance at the time the court closes your case, you will be referred to a collection agency.
- Payments for probation supervision or for testing can be made online at www.govpaynow.com (PLC code 8287). You can mail or deliver your payment to Washoe County Department of Alternative Sentencing. 1530 E. 6th Street, Reno, NV 89512.

Signature

Printed Name

Date

DAS Signature

Printed Name

Date



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PROBATION GUIDELINES AND CONTRACT

The Department of Alternative Sentencing (DAS) gives you an opportunity to make life changes and personal improvements to prevent future violations and arrests. Participation in the DAS program is an alternative to serving the jail time imposed by the court.

You must obey all laws. You must notify DAS immediately if you have contact with any other law enforcement agency or are arrested or cited. Keep in mind that all staff members are representatives of the court. Any inappropriate and/or disrespectful behavior will be reported to your supervising officer as well as the Judge assigned to your case. Failure to follow these conditions or failure to cooperate with DAS can lead to more restrictive supervision, immediate arrest, jail days for contempt, additional community service hours, modification of your court conditions, extended length of time you are on probation, a warrant for your arrest and/or revocation of your suspended sentence or pretrial release.

(Initial _____)

DAS

DAS shall be responsible for monitoring and documenting your progress. If you are having trouble meeting your responsibilities in the program, it is important that you inform DAS immediately. DAS is committed to helping you succeed in the program and will provide whatever assistance we can when problems arise. You are required to give DAS permission to contact employers, counselors, friends and family members, to verify and monitor your activities and progress.

(Initial _____)

Checking-In With Probation

You will be required to report in person to DAS according to a specific schedule. Office hours are between 8:00 AM and 5:00 PM Monday through Friday. If you are not employed or not in school, you are required to check in no later than noon. If you arrive late, you will not be permitted to check in and will be in violation of your probation. Failure to report in with DAS is a violation of your probation.

Cell phones, sunglasses and hoodies or any object obstructing your face are prohibited during the time you are conducting business with staff. If you are unable to check in on your scheduled date and/or time, you must call the office immediately and bring proof of the reason you missed your check-in to DAS on the next required check in day.

(Initial _____)

Housing and Telephone

You must have a verifiable physical address or be willing to work with your DAS Officer to acquire stable housing in order to participate in the program. You must have a phone number or contact phone number where DAS can reach you. You must immediately notify DAS of any change in residence or phone number. You must obtain permission in advance before considering moving to another county.

(Initial _____)



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Travel

You must receive written permission from DAS when leaving Washoe County for any reason.

(Initial _____)

Home Visits (Search and Seizure)

While on probation, you must submit yourself, your residence, any vehicle, and any property under your control to random search and seizure for alcohol and/or controlled substances, or indicia of the commission of new crimes, by any peace officer, at any time, day or night, without a search warrant.

If you own a firearm and/or there are any weapons located on the premises where officers may visit, you must notify DAS immediately. If you fail to do so and a weapon is found during a search of your residence, you may be treated as a possible threat or officer safety hazard. All persons charged with Domestic Battery or Battery and all persons currently listed as a Defendant (or Respondent) on any type of protection order are not permitted to possess a firearm.

If you have dogs at your place of residency, you must notify DAS and provide information regarding the dogs. You may be asked to secure your dogs while officers are visiting. If you are residing with other people such as family, friends, roommates, it is your responsibility to advise them that the residence is subject to search and seizure whether you are on the lease or not.

(Initial _____)

Employment and/or School

Employment may be a requirement for your supervision. If you do not obtain and maintain employment, you may be assigned to serve community service. Employment must be verified by paycheck stub and/or contact with your employer. It is your responsibility to notify DAS of changes in work location, hour or employer. If you are disabled or cannot work for any reason or are a full-time student, you must inform DAS.

(Initial _____)

Alcohol and Drug Testing at Sober 24

It is your responsibility to prove that you are refraining from the use of alcohol and drugs. Some over the counter substances are forbidden without prior permission from DAS or the Court, to include CBD, Kratom or any medication containing alcohol. If ordered as a condition of your suspended sentence or pretrial release, you must agree to submit to alcohol and drug testing. You will be required to test daily or randomly, which can be between 0 to 7 times per week. You may be required to test with a substance abuse counseling program. You must submit yourself to random search and seizure for alcohol and/or controlled substances, by any peace officer, at any time, day or night, without a search warrant.

Failure to appear for scheduled tests or to provide a sample for testing is a violation of your probation.



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If you believe a test shows a false positive, the test can be sent to a secondary laboratory for LC/MS confirmation. This will be at your expense and is due prior to the sample being sent to the lab. No subsequent testing of the sample can be conducted once the sample has been tested by the confirmation lab. All results received from the confirmation laboratory will be considered final and no refunds will be given regardless of the result from the confirmation laboratory.

If you relapse, use drugs or drink alcohol while in the program, you must report it to DAS or Sober 24. Relapse is a violation of the terms of your suspended sentence or pretrial release. In order to continue with the program, you must demonstrate a sincere effort to address drug and alcohol problems through counseling, lifestyle changes, and participation in self-help groups such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Rational Recovery or church-based programs.

If you are signed up for Sober 24 and are taken into custody for any reason, you must report back to the Sober 24 program within 24 hours of release.

(Initial _____)

Supervision and Testing Fees

As a participant in the DAS program, you will be required to pay monthly supervision fees or drug and alcohol testing fees at Sober 24.

If you miss or are late for your required phone call to determine testing, you must come in and test that same day and pay for the extra test.

Failure to stay current on any fees will be considered a violation of your probation or testing contract and will be reported to the court.

(Initial _____)

Court Appearances

You must inform DAS of all scheduled court appearances. DAS reports regularly to the Courts on your progress and they are notified immediately of any violations.

(Initial _____)

Counseling and Evaluations

You are required to attend and cooperate with all counseling and evaluations per the terms of your court order. You may be required to undergo a substance abuse or mental health evaluation. You will be required to participate in the level of counseling recommended in the evaluation. DAS can give you a list of counselors that are certified for your requirements.

It is up to you to choose a certified counselor and make arrangements with them. You must give permission for your counselors to report to DAS by signing the necessary release forms. You are required to pay your counselor as agreed. You cannot complete the terms of your court conditions until you have finished your required counseling and paid in full all associated fees. (Initial _____)



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Providing Proof

You are responsible for providing DAS with proof of participation and completion of all court-ordered conditions, including but not limited to counseling reports, enrollments, VIP certificates, community service time sheets, and AA meeting attendance logs. You are also responsible for providing proof of any prescription medications you are taking.

(Initial _____)

Financial Management

As a participant in DAS, you are expected to take full responsibility for your financial obligations. You are required to pay all restitution and/or fines as ordered by the court as well as counseling fees and supervision and drug testing fees.

(Initial _____)

Program Completion

Your DAS Officer may recommend terminating your participation in the program if you fail to comply with the terms of your suspended sentence or cooperate with the DAS Officer. If DAS recommends your participation to end prior to a successful completion, you will be afforded a hearing to contest that recommendation. If the recommendation is followed, the Court may enforce the full jail time stipulated in your original sentence or revoke your pretrial release status.

Successful completion of the program shall be achieved when the terms of DAS contract are met. DAS will then provide the court with a status report and a recommendation for closure of your case.

(Initial _____)

I have read and understand the above guidelines and agree to abide by these conditions of my suspended sentence or pretrial release.

Signature

Printed Name

Date



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Participant Short Form

1. Are you working or attending school: Yes No
2. What are the days and hours of work or school? _____
3. ____ You must test between 5:00 AM and 8:00 PM, or you will not be tested.
4. ____ You must bring a valid, state identification card or you will not be tested.
5. ____ You are required to pay all fees not paid by your agency. You are required to pay at time of testing or you will not be tested.
6. ____ Electronic Alcohol Monitoring and House Arrest will be charged monthly. It is best to pay as you go.
7. ____ If you take any prescription medication, you must have the physician who wrote the prescription complete the **MEDICATION VERIFICATION LETTER** enclosed in your packet. You will need to provide proof of prescribed medication.
8. ____ Taking a prescription in a manner other than how prescribed (such as taking more than prescribed), that is not intended for your, is expired, or is no longer valid is illegal. Medical marijuana cards are only honored with the court's approval and your primary care physician's written authorization.
9. ____ It is your responsibility to make sure you do not eat, smoke, inject, or otherwise consume anything that will imitate the effects of or cause you to produce a positive drug or alcohol test. That includes substances that are legal, such as alcohol, marijuana, over the counter medications, mouthwash, wine vinegar, energy drinks, Kratom, and many other items. Call a pharmacist if you have questions.
10. ____ If at any time you miss or fail to pass a test, the court will be notified and you will be subject to sanctions for a violation.
11. ____ If arrested, you are required to check in with DAS or Sober 24 within 24 hours of being released from jail.
12. ____ You are to follow these requirements until you are provided with a written order releasing you from the program from a Judge.

I hereby acknowledge I have read this contract and I understand every requirement listed above.

Date _____ Participant Signature _____

Witness Name _____ Signature _____

OFFICE USE ONLY

Proof of Scripts Provided: Yes No

Payment Amount: _____

Test Administered: Yes No

Receipt No. : _____

Comments: _____



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MEDICATION VERIFICATION LETTER

Dear Medical Provider,

The patient you have prescribed or are prescribing medication for is currently on probation with the Department of Alternative Sentencing. As a condition of his/her probation, he/she is not permitted to consume in any manner, any substance which contains a substance that would indicate a positive use of illegal drugs on a urinalysis test. We appreciate your cooperation in making available substitutions if possible.

Justin Roper, Chief

Probationer Full Name

Date of Birth

I have read and acknowledge the Medication Verification Letter and agree to cooperate with the request of the Department of Alternative Sentencing to make substitutions if possible. Signing this letter will protect my patient from the consequences of a probation violation in the event he/she should test positive for an illegal substance directly related to medication I have prescribed.

Signature of Medical Provider

Date of Signature

Printed Name/Credentials

Verification Telephone