UTAH DEPARTMENT OF CORRECTIONS

COMMUNITY CORRECTIONAL CENTER

SPONSOR APPLICATION

SPONSOR/APPLICANT INTENT

PLEASE CHECK **ALL** THAT APPLY

_____ ON CENTER ONLY
_____ TRANSPORTATION
_____ SHORT / DAY LEAVES (dinner, shopping, etc.)
_____ OFF CENTER, BUT NOT TO RESIDENCE
_____ EXTENDED/OVERNIGHT LEAVES

For office use only

Program_____

Shift leader_____

Resident you wish to sponsor:_____ Today's date:_____

Name of applicant:_____ Date of birth:_____

List aliases, maiden names, and any other names used:_____

Social Security Number (REQUIRED):_____Driver's License Number/State:_____

Address:_____City:_____State:_____Zip:_____

Home Phone #:_____Cell #:_____Work Phone #:_____

Employer:_____Are you currently enrolled in school? Y N If so, where_____

What is your relationship to this resident?_____

How long have you known this resident?_____

What is your present marital status? ( ) Married* ( ) Separated ( ) Never Married
( ) Divorced** ( ) Widowed ( ) Common Law

*If married and you are applying to sponsor a resident of the opposite sex, will your spouse be a sponsor for the resident? Yes No
If not, you must provide a notarized letter from your spouse agreeing to your sponsorship of the resident unless you are an immediate relative.

**If divorced, you much provide a copy of your divorce decree with this application unless you are an immediate relative.

Provide the following information for children under 18 who reside with you:

Name	Age	Gender	Relationship to You

Provide the following information for children under 18 who visit in your residence:

Name	Age	Gender	Days, Frequency, and / or Nature of Visits

Please provide the following information related to the transportation you will be using when sponsoring the resident.
NOTE: This information may be forwarded to law enforcement agencies.

*Make of vehicle:_____Model:_____Color:_____Year:_____

License plate number:_____State:_____Registered to:_____

*Make of vehicle:_____Model:_____Color:_____Year:_____

License plate number:_____State:_____Registered to:_____

Have you **EVER** been on probation or parole? Yes No Are you **currently** on probation or parole? Yes No

If yes to either question, who was / is your last or current probation or parole officer: _____

Have you **EVER** been cited, arrested, or charged with a crime? ( ) Yes ( ) No

****Failure to disclose this information ACCURATELY will result in denial of sponsorship.*** **If you were arrested and never charged or charges were dismissed or you were charged but never arrested, you must disclose that information as well.**

If yes, when, where, and what were the charges?

_____

_____

_____

_____

_____

I certify that:

(1) The information provided on this application is accurate.

(2) I have been informed of the rules pertaining to sponsoring and visiting residents and I will abide by them.

(3) I will return this resident to the center on the date and time indicated on the documents I sign when acting as a sponsor.

(4) I understand the risk their behavior may present to any children with whom I reside or have contact.

(5) If applicable, I have read and understand the Group A or Group B conditions provided to me.

_____
Applicant's Signature

FOR OFFICE USE ONLY

	☐ DATE APPROVED	☐ DATE DENIED	☐ DATE AMENDED
ON CENTER ONLY	_____	_____	_____
TRANSPORTATION	_____	_____	_____
SHORT/DAY LEAVES (dinner, shopping, etc.)	_____	_____	_____
OFF CENTER, BUT NOT TO RESIDENCE	_____	_____	_____
EXTENDED/OVERNIGHT LEAVES	_____	_____	_____

SUPERVISOR_____

F-TRACK UPDATED_____ C-TRACK UPDATED_____

THIS PAGE FOR OFFICE USE ONLY:

1. **Copy of applicant's identification provided:** _____ _____
   Staff Signature Date

2. **BCI/records results:**_____ _____ _____
   Staff Signature Date

   Wants/Warrants results:_____ _____ _____
   Staff Signature Date

3. **Shift leader review:**
   Approved:_____ **Denied:**_____ _____ _____
   Signature Date
   Comments:_____

4. **Therapist's review, if applicable:**
   Approved:_____ **Denied:**_____ _____ _____
   Signature Date
   Comments:_____

5. **Supervisor review:**
   Approved:_____ **Denied:**_____ _____ _____
   Signature Date
   Comments:_____

6. **Investigation completed by:** _____ **Date:**_____
   F-track search completed by: _____ **Date:**_____

7. **Parole/Probation Agreement reviewed and Special Conditions listed below:**
   Group(circle one): A B N/A _____**Not Date**
   _____**No children under 18** _____**Not visit where children congregate**
   _____**No contact with (provide specific name):**_____
   Additional:_____

8. **Date disclosure completed:**_____ **Date treatment team staffed:**_____

9. **Additional Notes/Comments:** _____

UTAH SEX/KIDNAP OFFENDER REGISTRY SECONDARY ADDRESS WAIVER

If the resident you are sponsoring is required to register with the Utah Sex/Kidnap Offender Registry and will be staying overnight at your residence **10 or more times**, within a 12 month time period, it is required **your address be listed on the Utah Sex/Kidnap Offender Registry as a Secondary address for that resident**. Please sign appropriate section.

I understand my residence will be listed on the Utah Sex/Kidnap Offender Registry as a secondary address for _____,if he stays overnight at my residence 10 or more times within a 12 month time period.

_____

Sponsor Signature Date

I **do not** agree to have my residence listed as a secondary address on the Utah Sex/Kidnap Offender Registry for _____ and will not allow him to stay overnight at my residence more than 9 times within a 12 month time period.

_____

Sponsor Signature Date

This condition is **not applicable**, to my knowledge, for the resident I am sponsoring.

_____

Sponsor Signature Date

77-27-21.5. Sex and kidnap offenders -- Registration -- Information system -- Law enforcement and courts to report -- Penalty -- Effect of expungement.

(A) a Utah resident;

(m) **"Secondary residence"** means any real property that the offender owns or has a financial interest in, or any location where, **in any 12 month period, the offender stays overnight a total of 10 or more nights when not staying at the offender's primary residence.**

COMMUNITY CORRECTIONAL CENTER

SPONSOR AGREEMENT

I, _____(applicant name), am aware that _____ (resident's name) is under the supervision of the Utah State Department of Corrections and is a resident of a community correctional center.

I understand center residency is a form of legal custody. Center staff have the authority and responsibility to supervise and control the activities, whereabouts, and personal associates of an offender.

I understand all sponsors, with the exception of a legal spouse, must be at least 18 years of age.

I understand if information on my sponsor application changes, I am to notify staff before sponsoring the offender again.

I understand the above named center resident is required to abide by the rules of the community correctional center.

1. Acceptance or rejection of applicants for sponsorship will be at the discretion of center staff and, if the applicant is under probation or parole supervision, the applicant's supervising agent. Sponsors previously approved may be denied at any time for cause.

2. Residents **MUST** remain accountable at all times while on leave and must call the center prior to changing locations or every 3 hours, whichever occurs first. Calls **MUST** be from a land line unless the resident has obtained center approval to do otherwise.

3. All leave applications will be specific regarding locations, sponsors, times, and activities. Leave structure may not be changed once the leave application has been approved. The leave application must include the address and phone number of all locations and activities.

4. The resident **MUST** remain in the presence of an approved sponsor at all times during leave.

5. A resident may **NOT** change sponsors during leave time without prior approval.

6. No leave period shall exceed 54 continuous hours at any given time.

7. Residents are to notify center staff immediately upon knowing they will be late for any reason.

8. Sponsors must be willing to prove their identity by showing picture I.D. to any staff member who requests to see it.

9. Center staff may deny or cancel leave time for cause and it is the resident's responsibility to notify you if this occurs.

10. Leave shall not begin earlier than 6 a.m. or terminate later than center curfew, 10 p.m..

11. Residents may not use or have in their possession any medication unless it has been prescribed by a licensed physician. Over-the-counter medications should be cleared through center staff prior to use, and the original seal should not be broken when bringing medication into the center.

12. Sponsors shall **NOT** have any alcohol on their person or at their premises during the time a resident is visiting. Sponsors and residents must refrain from drinking alcohol while a resident is on leave from the center.

13. Residents can **NOT** have narcotic pain medication without prior approval from a supervisor!

14. If requested, residents must submit to drug and alcohol testing upon return.

15. Sponsors agree to notify the center immediately if residents break their structure, leave the sponsor's company, or engage in any other inappropriate behavior.

16. Sponsors and visitors to the center must enter through approved doors and report to the control center.

17. Once a resident is approved for off-center leave; on-center visits are no longer permitted.

18. Residents are expected to do their personal errands on their leave time.

19. Residents are prohibited from entering into any financial transactions while on leave.

20. Residents may **NOT** drive while on leave unless they have prior approval and are structured to drive on their leave application.

21. Residents are **NOT** to have on their person or in their possession any firearms, infernal devices, or other weapons. Sponsors agree to remove any of these items from their premises while a resident is visiting.

22. Center staff are to be notified immediately of any incident, illness, or death of a resident.

23. If the resident is a sex offender with Group A conditions, they may **NOT** have contact with children under the age of 18 unless approved by the treatment team.

24. Residents shall **NOT** use a cell phone for accountability purposes without obtaining prior permission to do so. If a resident is going on leave to a sponsor's residence, there must be a land line phone at the new location.

25. There is to be **NO** internet use while on leave if the resident is a sex offender.

As resident _____'s (resident's name) family member/friend, I understand the rules listed above and agree to notify the center if there are any violations of any of the rules stated.

_____ _____
Sponsor's Signature Date

_____ _____
UDC Staff, Witness Date