



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 _____

Offender you wish to sponsor: _____ Offender #: _____ 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? ☐ Yes / ☐ No

If so, where _____

What is your relationship to this offender? _____

How long have you known this offender? _____

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

Provide the following information for children under 18 who accompany you and are approved for on center visit only:

Name	Age	Gender	Relationship to You

SPONSOR APPLICATION

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

*Make of Vehicle:	Model:	Color:	Year:
License Plate #:	State:	Registered Owner:	
*Make of Vehicle:	Model:	Color:	Year:
License Plate #:	State:	Registered Owner:	

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 offenders and I will abide by them.
- (3) I will return this offender 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 and Group B conditions provided to me.

Applicant's Signature

FOR OFFICE USE ONLY

☐ Atherton CTC ☐ Bonneville CCC ☐ FTC ☐ Northern Utah CCC ☐ Orange Street CCC ☐ Utah County CCC			
ON CENTER ONLY TRANSPORTATION SHORT/DAY LEAVES (dinner, shopping, etc.) OFF CENTER, BUT NOT TO RESIDENCE EXTENDED/OVERNIGHT LEAVES	☐ DATE APPROVED _____ _____ _____ _____ _____	☐ DATE DENIED _____ _____ _____ _____ _____	☐ DATE AMENDED _____ _____ _____ _____ _____
	SUPERVISOR _____ O-TRACK UPDATED _____		

**COMMUNITY CORRECTION CENTER
SPONSOR APPLICATION – THIS PAGE FOR OFFICE USE ONLY**

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

BCI/Records results: _____
Staff Signature _____ Date _____

Wants/records results: _____
Staff Signature _____ Date _____

O-Track search results: _____
Staff Signature _____ Date _____

2. Parole/Probation Agreement reviewed, and Special Conditions listed below:

Group (please check one): ☐ A ☐ B ☐ N/A ☐ Not Date

☐ No children under 18 ☐ Not visit where children congregate

☐ No contact with (provide specific name): _____

Additional: _____

3. Shift leader review: ☐ Approved / ☐ Denied _____
Signature _____ Date _____

Date disclosure completed: _____ **Comments:** _____

4. Therapist's review (if applicable): ☐ Approved / ☐ Denied _____
Signature _____ Date _____

Date disclosure complete _____ **Comments:** _____

5. Supervisor Review: ☐ Approved / ☐ Denied _____
Signature _____ Date _____

Comments: _____

6. Date treatment team staffed (if applicable): _____

7. Additional notes/comments: _____

UTAH SEX/KIDNAP OFFENDER REGISTRY SECONDARY ADDRESS WAIVER

If the offender 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 offender**. 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/she stays overnight at my residence 10 or more times within a 12-month time period.
(offender name)

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/her to stay overnight at my residence more than 9 times within
(offender name)

a 12-month time period.

Sponsor Signature

Date

This condition is **not applicable**, to my knowledge, for the offender 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, _____, am aware that _____ #: _____
(applicant name) (offender name) (offender #)

is under the supervision of the Utah State Department of Corrections and is an offender at a community correctional center.

I understand center residency is a form of legal custody. Center staff has 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 offender 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. Offenders **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.
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 offender **MUST** remain in the presence of an approved sponsor at all times during leave.
5. An offender may **NOT** change sponsors during leave time without prior approval.
6. No leave period shall exceed 54 continuous hours at any given time.
7. Offenders 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 offender'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. Offenders 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 an offender is visiting. Sponsors and offenders must refrain from drinking alcohol while an offender is on leave from the center.
13. Offenders can **NOT** have narcotic pain medication without prior approval from a supervisor.
14. If requested, offenders must submit to drug and alcohol testing upon return.
15. Sponsors agree to notify the center immediately if offenders 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 an offender is approved for off-center leave; on-center visits are no longer permitted.
18. Offenders are expected to do their personal errands on their leave time.
19. Offenders are prohibited from entering into any financial transactions while on leave.
20. Offenders may **NOT** drive while on leave unless they have prior approval and are structured to drive on their leave application.
21. Offenders are **NOT** to have on their person or in their possession any firearms, or other weapons. Sponsors agree to remove any of these items from their premises while an offender is visiting.
22. Center staff is to be notified immediately of any incident, illness, or death of an offender.
23. If the offender 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. There is to be NO internet use while on leave if the offender is a sex offender.

As offender _____ 's family member/friend, I understand the rules listed above and
(offender's name)

agree to notify the center if there are any violations of any of the rules stated.

Sponsor's Signature

Date

UDC Staff, Witness

Date