

**Burlington Residential Facility  
Furlough Support Information and Expectations Agreement**

All residents at the Burlington Facility must follow established rules and regulations. Infractions of these rules/regulations will result in major violation reports and could potentially lead to the revocation of probation/parole or return to prison for a work release resident. As a person who has signed a "Furlough Support Agreement" it is important for you to be aware of these rules and regulations and to realize that if you in any way aid the resident in the breaking of these rules, you will not be helping him. You will however, be a major part of the reason he will not be successful in this program and therefore at high risk for incarceration.

Our policy requires that the furlough residence must have a working (land line) telephone. You will be required to provide a copy of a recent phone bill to staff to verify that a phone is in operation and is a land line. There can be no alcohol, drugs or weapons of any kind in the residence. The Districts High Risk Unit officers will be coming to your residence unannounced and must be allowed to meet with the Resident and walk through the residence.

We, the Burlington Residential Facility Staff, want \_\_\_\_\_ to successfully complete and receive maximum benefits from the program here at the Burlington Residential Facility. The furlough is a very important part of the program and we want to thank you for helping your friend and/or relative have the opportunity to furlough. We further want to thank you for agreeing to the conditions, which make it possible for a resident to furlough to your home. The staff will be most willing to work with you if there are any problems concerning furlough time and we will appreciate and expect your help if needed.



Patrick Lacy, Residential Manager



Donn Bruess, Probation/Parole Supervisor

If you understand and agree to the above, you need to complete and sign the questionnaire below and personally deliver or have the form mailed to the Resident's assigned Case Manager at one of the below locations. If the form is returned incomplete it will be rejected. Also, the Residents are not allowed to submit these forms and they must be either delivered in person or mailed directly to the assigned Case Manager. The assigned Case Manager will then investigate your application, which will include speaking to you on the phone. If approved, your name and residence will be added to the Resident's approved destinations.

<input type="checkbox"/> Burlington Probation/Parole Office Peterson Bldg., Suite 2A 214 N. 4th Street Burlington, IA 52601	<input type="checkbox"/> Fairfield Probation/Parole Office 1805 W. Jefferson, Suite 1 PO Box 1060 Fairfield, IA 52556	<input type="checkbox"/> Oskaloosa Probation/Parole Office 109 N. Third Oskaloosa, IA 52577
<input type="checkbox"/> Centerville Probation/Parole Office 205 W. Van Buren Centerville, IA 52544	<input type="checkbox"/> Keokuk Probation/Parole Office 1508 Morgan Keokuk, IA 52632	<input type="checkbox"/> Ottumwa Probation/Parole Office 1315 N. Court Street Ottumwa, IA 52501
<input type="checkbox"/> Ft. Madison Probation/Parole Office 811 Avenue G Ft. Madison, IA 52627	<input type="checkbox"/> Mt. Pleasant Probation/Parole Office 1200 East Washington Admin Bldg., 3-A Mt. Pleasant, IA 52641	<input type="checkbox"/> Washington Probation/Parole Office 2175 Lexington Blvd Washington, IA 52353

Resident's Name: \_\_\_\_\_

Assigned Case Manager: \_\_\_\_\_

**FURLOUGH QUESTIONNAIRE**

YOUR NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
(First) (Middle) (Last)

ADDRESS: \_\_\_\_\_ SSN: \_\_\_\_\_  
(House/P.O. Box/Apt. No.) (Street, City & State) (Zip Code)

HOME PHONE (LAND LINE): \_\_\_\_\_

RELATIONSHIP }  Wife  Significant Other  Natural Parent  Step Parent  Child  
TO }  
RESIDENT }  Sister/Brother  Friend Other(describe): \_\_\_\_\_

Name and of ALL persons and their dates of birth living at your residence: \_\_\_\_\_

Are you now or have you ever been under correctional supervision?  YES  NO

(If yes) LIST WHERE/WHY: \_\_\_\_\_

Except for minor traffic violations, have you ever been arrested?  YES  NO

(If yes) LIST DATE(S) OF ARREST WHERE ARRESTED CHARGE DISPOSITION OF CHARGE: \_\_\_\_\_

**I have read and agree to follow the furlough rules and certify that the above information I have provided is true and accurate and that any false statements will result in denial of furlough privileges. My signature indicates that I am giving permission for 8<sup>th</sup> Judicial District staff to conduct a background check through law enforcement agencies or public information sources.**

Signature \_\_\_\_\_ Date: \_\_\_\_\_

(This space for Staff use only)

Approved

Not Approved

Background Check Completed Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_