



510 Bidwell, Gunnison, Colorado 81230

## DETENTION DIVISION Split PACKET

**Please take the time to carefully read, fully complete, and sign all forms.**

**This packet contains helpful information on the rules and regulations you must abide by while in the weekender program. If you have a past due account with the jail it must be paid off before you can be granted the weekender program. This is a drug free facility.**

**For any questions regarding the information in this packet, please contact the detention center during regular business hours Monday–Friday, 8am-5pm at (970) 641-1108.**

### **GUNNISON COUNTY DETENTION CENTER WEEKENDER PROCEDURES AND GENERAL INFORMATION**

**Persons who have been authorized by the courts for this program, must also meet the following criteria of the detention center to be eligible to participate. This program is for special circumstances only. Must be granted by the courts and authorized by the Sheriff's office.**

- No active warrants.
- Your Sentence must be 4 days or more to participate in the weekender program.
- Your sentence must be done in no more than six months.
- Any abnormal reading (temperature, the presence of bleach, pH, etc.) or a positive reaction for illicit substances will be considered a failed test.
- You have the option of requesting an evaluation by an independent lab for a second test at your own expense. You will not be allowed to participate in the program until the results of the test are available. This takes approximately 1-2 weeks. The fee to have the lab test performed is \$25 and must be paid before the specimen is sent out.
- Your reporting times are 0800 and 2000.
- You will be required to take and pass a urinalysis and breath test (each weekend that you report in). The cost of the urinalysis is \$20, the cost of the breath test is \$5, the cost for your booking is \$30 and the cost for each day of housing is \$30. A split fee of \$5 will be added for each weekend that you are serving. These fees are due at the time of booking.
- Your medication must be ordered through PDC Pharmacy in Boulder, Colorado. 303-530-1151 Toll-Free Fax: 877-530-1151 Your prescription Must be sent to 510 W. Bidwell Ave Gunnison Co 81230. Your prescription must be sent electronically by your Doctor to PDC of Boulder Colorado. M-F 8am-6:30 pm EST No outside medications will be allowed in the jail. Fill out the form at the end and have your DR. Send it in.
- The court will be notified if you do not show up for any of your weekends and fail a PBT or a UA.
- If you have a medical Marijuana card, you need to get a new sentence date 40 days out to insure you pass a UA.
- No one will be calling you to remind you of your report date or any of your weekends.

This packet needs to be turned in 7 days before your sentence starts. Contact Dep. Reilly (970-641-1108) to set up a pre-meeting.

**A failed urinalysis or breath test will result in removal from the weekender program and you will do straight time. If you have been issued a medical marijuana card you need to get a new sentence date. 40 days out, this is a drug free jail.**

Probation and the Courts will also be notified of your revocation.

The staff at the Gunnison County Detention Center wants your work or school release, or weekender experience to be a successful one. Please do not hesitate to ask any staff member about any questions or concerns you may have.

Revised October 2023

Sign that you have read and understand the above rules

Name:           Last                    First                    Middle                    Date                    

**Remember that you do not have the excuse that you did not know what the rules for the weekender program are by you acknowledging that you have read the rules and understand them.**

**ASP APPLICATION**

Incoming Date: \_\_\_\_\_

Sentencing Date \_\_\_\_\_ #days sentence \_\_\_\_\_ **Today's Date** \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
                    LAST                      FIRST                      MIDDLE

SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ RACE: \_\_\_\_\_ SEX: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

HAIR COLOR: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

CASE # \_\_\_\_\_

CHARGE: \_\_\_\_\_ ARRESTING AGENCY: \_\_\_\_\_

COUNTY: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

CELLPHONE#:(\_\_\_\_\_) \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

MEDICAL CONDITIONS: Yes [ ] No [ ] PRESCRIPTION DRUGS \_\_\_\_\_

Have they been ordered from Pdc by your Doctor: Yes [ ] No [ ]

COMMENTS: \_\_\_\_\_

**Detention Deputy's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## *Weekender Report Date Instructions*

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### **Weekender Guidelines:**

If a defendant calls, review hour to report of **0800 and 2000**. Explain items to bring as listed below numbers.

Ask Defendant, **do you have any medical conditions, or on a special diet?**

- 1.** Defendant must Bring Court paperwork.
- 2.** Defendant must bring proper amount of cash to pay for daily housing, UA, and PBT and splits. You must pay for each weekend stay upon your arrival.
- 3.** All prescription medication must be ordered through PDC Pharmacy. Must be sent to 510 W. Bidwell Ave Gunnison Co 81230 Your medication must be ordered through PDC Pharmacy in Boulder Colorado Fax: 303-530-1151 Toll-Free Fax: 877-530-1151 Must be sent to 510 W. Bidwell Ave Gunnison Co 81230. Your prescription must be sent electronically by your Doctor to PDC of Boulder Colorado. M-F 8am-6:30 pm EST. Fill out the form at the end and have your DR. Send it in.
- 4.** The court will be notified if you do not show up for any of your weekends and fail a PBT or a UA.
- 5.** No outside meds will be allowed in the jail.
- 6.** No reading material will be brought in the facility. Only new books (soft cover) can be ordered and sent to the jail from AMAZON.
- 7.** A PBT and UA will be administered every time a defendant is reentered into the Detention Center. If subject blows hot or fails a UA they will be removed from the program and do straight time and the courts will be notified.
- 8.** If you do not show up, you can be removed from the program.

Advise defendant that the court will be notified of his/her report date; also, the court will be notified if they do not show up for any of their weekends. Advise the defendant that no one will be calling them to remind them of their report date or any of their weekends.

**Maintaining the Weekender Program**  
**(To be filled out by detention staff)**

1. If a new weekender applicant re-schedules or is excused by the Courts, please make the appropriate changes to the Mitt Log in Jail Share.
2. Maintain Weekender Applications:
  - a) Fill out application,
  - b) Get a criminal history and state court information
3. **Weekender Reassigned**: When a weekender inmate is reassigned to general population complete all necessary paperwork and computer entries, type a **“Removal”** letter, enter reasons for removal, send probation and the court the letter. Send the original letter to the court. Update computer.
4. **Weekender fails to return**: If a weekender inmate fails to return, complete all necessary paperwork and computer entries, type a **“No Return”** letter. Send probation and the court the letter. Send the original letter along with mittimus to the court. Write *“failed to return to the weekender program with the date”* on the mitt in **red ink**.
5. **Weekender No Show**: If a weekender applicant fails to report for their initial booking process to begin serving their weekends type a **“No Show”** letter, send the letter to probation and the court. Write on the mitt *“No Show”* in **red ink**. Send the original letter along with mittimus to the court.
6. **Weekender denials**: Notify defendant of denial status. Send the reason for denial to the court and probation. Write on the mitt *“Denied the Weekender Program”* **in red ink** then send mitt back to the court.

# Gunnison County Sheriff's Office Alternative Sentencing Programs

## ASP Paperwork

### CHECK LIST PROCEDURE

#### PRIOR TO PLACEMENT ON A PROGRAM

1. \_\_\_\_\_ COURT APPROVED WR VERIFIED PER MITTTIMUS
2. \_\_\_\_\_ CRIMINAL HISTORY COMPLETED AND REVIEWED
3. \_\_\_\_\_ RETREIVE AND REVIEW COURT RECORDS (STATE COURT DATA BASE)
4. \_\_\_\_\_ POLICE/PROBATION REPORTS RECEIVED AND REVIEWED IF APPLICABLE
5. \_\_\_\_\_ REQUIRED FUNDS IN JAIL ACCOUNT (**\$265.00 FOR WR**)

#### PROGRAM PLACEMENT

1. \_\_\_\_\_ PROPERTY COLLECTED, BAGGED AND SIGNED FOR
2. \_\_\_\_\_ URINE SAMPLE COLLECTED AND VERIFIED
3. \_\_\_\_\_ BREATHILYZER TEST TAKEN. READING \_\_\_\_\_ DATE \_\_\_\_\_ INMATES INITIALS \_\_\_\_\_
4. \_\_\_\_\_ ALL FORMS COMPLETED AND SIGNED
5. \_\_\_\_\_ ORIENTATION COMPLETED
6. \_\_\_\_\_ EMPLOYMENT VERIFIED
7. \_\_\_\_\_ INMATE ENTERED INTO ITI
8. \_\_\_\_\_ FEES ENTERED INTO COBRA

1. \_\_\_\_\_ OUTGOING CLEARANCE DONE BOTH CCIC/NCIC AND IN HOUSE
2. \_\_\_\_\_ COBRA ACCOUNT RELEASED
3. \_\_\_\_\_ FILE SCANNED AND PLACED IN SGT. CHECK OFF

#### REASSIGNED FROM PROGRAM

1. \_\_\_\_\_ PROPERTY INVENTORIED, BAGGED
2. \_\_\_\_\_ INCIDENT/DICLIPLINARY REPORT DONE AND COPIES DISTRIBUTED
3. \_\_\_\_\_ BREATH OR URINE SAMPLE COLLECTED
4. \_\_\_\_\_ REASSIGNMENT LETTER DONE, COPY PLACED IN FILE, & ORIGINAL TO THE COURT
5. \_\_\_\_\_ COPY OF INCIDENT REPORT & REASSIGNMENT LETTER TO THE COURT AND PROBATION

### **PDC PHARMACY COLORADO INFORMATION NEEDED FOR NEW INDIVIDUAL**

#### **Individual Specific Information**

Agency: \_\_\_\_\_

Full Name of Resident: \_\_\_\_\_

Address of the Individual: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Sex: Male \_\_\_ Female \_\_\_ Date-of-Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**Primary Care Physician Information:**

First and Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Allergy Information: \_\_\_\_\_

Diet Information: \_\_\_\_\_

Agency is Representative Payee (Guarantor): Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please provide the Name, Address, and Phone Number of the responsible person:

First and Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Does the resident attend a day program? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please select the days of the week attended and enter the times of attendance:

Monday ( \_\_ - \_\_ )  Tuesday ( \_\_ - \_\_ )  Wednesday ( \_\_ - \_\_ )  Thursday ( \_\_ - \_\_ )  Friday ( \_\_ - \_\_ )

• Please note any religious beliefs or cultural background that impact the patient's lifestyle and/or view of healthcare that will need to be considered by PDC Pharmacy when providing care

Please attach Copies of all Insurance Cards (Include Medicare Card if applicable)

Please include a copy of the current MAR for the individual.

Per the State of Colorado, Board of Pharmacy Rule 23.00.60, PDC Pharmacy is required to provide notice that we report mandatory prescription information to the Prescription Drug Monitoring Program (PDMP) for patients receiving controlled substances. This prescription information may be queried by specific individuals for a limited number of purposes authorized by statute. *Rev. 7.11.18*

**Comments, Questions, concerns:**

