



Roseville Police Department
1051 Junction Blvd.
Roseville, Ca 95678

Daniel Hahn, Chief of Police

Roseville City Jail Sentenced Prisoner Program Imprisonment Conditions

I _____, having accepted the option offered by the Placer County Superior Court to be imprisoned in the Roseville City Jail, agree to abide by each of the following conditions while enrolled in and serving my sentenced time:

1. When I arrive at the Roseville City Jail to serve time on my sentence, I will pay the correctional officer with cash, a debit or credit card, a cashier's check or a money order.
2. I will be confined to a jail cell the entire time I am serving my time; no smoking is allowed in the jail.
3. The cell I am imprisoned in may also be occupied by another Sentenced Prisoner Program participant.
4. I will not be allowed to receive any telephone calls after entering the facility. If I use the telephone located in the cell, I understand they are collect calls and will be at my expense or my called party's expense.
5. If I become ill or injured at any time during my stay, I will immediately notify the on-duty correctional officer(s).
6. If I require or request treatment and/or hospitalization, I am solely responsible for any and all charges incurred.
7. At any time during my imprisonment, I will if directed by the correctional officer, surrender my cell space to another prisoner. I also understand I will have to return at a later date to complete the remaining time on my stay, at no additional cost to me.
8. I will present legal picture identification when I arrive at the Roseville City Jail, and failure to do so will result in the denial of staying in the facility.
9. I have truthfully disclosed any and all medical information, and understand that not doing so may result in my dismissal from the Sentenced Prisoner Program.
10. I will not report for commitment with the odor of alcohol on my breath or be in an intoxicated state. I understand and agree that the correctional officer(s) suspecting intoxication can require me to complete a breath test to determine the level of intoxication or lack thereof.
11. I will not, prior to arriving or during my stay, use, ingest, or demonstrate objective signs of being under the influence of any medication(s) or illegal drugs. I will only take my own properly prescribed prescription medication, which has been cleared by the jail supervisor, during any stay in the Roseville City Jail.
12. If I violate any of these conditions, I understand that I will be removed from the program.
13. I shall report at the scheduled time for my commitment. Failure to do so will result in my removal from the Sentenced Prisoner Program.
14. I understand that the Court has allowed me the option of alternative sentencing by completing my jail sentence at the Roseville City Jail.
15. I understand that according to Title 15, Minimum Standards for Local Detention Facilities, section 1006, I am allowed to serve my sentence at the Roseville City Jail by Court Order for my own safekeeping. I understand that my time served will be computed on a two for one basis.
16. I understand I must complete my sentenced time within the time constraints given to me by the Court, and I will need to complete my time in the Roseville City Jail no later than 7 a.m. _____. If it is determined that I will not be able to complete my sentence in the given timeframe, the Courts will be notified and I understand a warrant may then be issued for my arrest.
17. I have read, understand and agree to all the above conditions.

Inmate's Name (printed): _____

Signature: _____ Date: _____

Witnessed by: _____