



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 must 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: _____

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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			
	<input type="checkbox"/> DATE APPROVED	<input type="checkbox"/> DATE DENIED	<input type="checkbox"/> 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 _____	

**NORTHERN UTAH COMMUNITY CORRECTIONAL 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/Warrants results: _____
Staff Signature _____ Date _____

F-track search results: _____
Staff Signature _____ Date _____
2. 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: _____
3. Shift leader review:
Approved: _____ Denied: _____
Signature _____ Date _____

Address Investigation completed by: _____ Date: _____

Date disclosure completed: _____

Comments: _____

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

Date disclosure completed: _____

Comments: _____

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

Comments: _____

6. Date treatment team staffed: _____
7. 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 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 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.
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.

SPONSOR AGREEMENT

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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 is 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. 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