

Redondo Beach Police Department

“Fee Paying Court Commitment Program”

CONDITIONS OF CONFINEMENT

The undersigned, having voluntarily accepted the option offered by the respective court to be confined in the Redondo Beach City Jail, in lieu of a county facility, agrees to be bound by each of the following conditions;

1. Prior to the beginning of any period of confinement, I understand that I am restricted to possessing only the items listed on the “Authorized Items Form” contained in the application package.
2. I am responsible for full payment of all fees incurred while enrolled in the “Fee Paying Court Commitment Program.” I agree to make payment in accordance with the terms imposed by the Redondo Beach Police Department. All payments must be either in cash or a cashier’s check.
3. I understand that I may be housed with other voluntary participants in the “Fee Paying Court Commitment Program.” Absent unforeseen circumstances, housing will be as directed by the Jail Staff.
4. During my period(s) of confinement I cannot receive incoming telephone calls or mail. Unlimited collect calls may be made from the jail cell.
5. If I become ill or injured at any time during my confinement, I agree to immediately notify any available Redondo Beach Police Department employee.
6. I agree that should I require medical attention and/or hospitalization at any time during my confinement, I am responsible for payment of any resulting charges.
7. I will be required to present valid identification to any Redondo Beach Police department employee upon demand.
8. I must submit an original copy of a tuberculosis screening certificate issued within the previous week, by a licensed medical doctor to the Redondo Beach Police Department, prior to being accepted into the program. I am responsible for any and all fees associated with such screening. In rare cases, I may also be required to present a proof of health screening at my own expense.
9. I have fully disclosed all medical information, including medication/prescription needs, to the Redondo Beach Police Department.
10. I will not report for confinement under the influence of drugs or alcohol, or with alcohol on my breath. I understand that if drug or alcohol use, or intoxication is suspected, I agree to voluntarily submit to a **Breath Scan or Drug Test** prior to being housed. The \$35 cost of the drug test (urine or blood) will be added to my fees.

11. I understand that I must stay in my assigned cell at all times, unless otherwise directed by Jail Staff.
12. During my period(s) of confinement I will not communicate with, give or receive messages, or articles to anyone, who is not an employee of the Redondo Beach Police Department.
13. During my confinement, I will not handle, examine, or read any unauthorized files or information I may come into contact with.
14. Pursuant to Penal Code Section 4573-4574, I understand that I must not bring into, possess, or acquire any weapons, narcotics, alcoholic beverages or contraband into the Redondo Beach City Jail. Possession of such items may result in new and separate criminal charge(s) being sought.
15. If, during my confinement, I become aware of other inmates who are in possession of contraband or weapons, I must notify Jail Staff as soon as I become aware of the violation.
16. If I am accepted into the "Fee Paying Court Commitment Program," I agree to report at the scheduled time. I understand that I am personally responsible to arrange for changes to my schedule in advance of my scheduled starting time.
17. I understand that failure to notify Jail Staff of an unscheduled (emergency) absence may result in dismissal from the program.
18. I understand that additional rules, as applicable to circumstances, may be stated verbally or provided in writing by Jail Staff or by other members of the Redondo Beach Police Department.
19. I understand that any violation of these rules, or deviation from any instruction provided by any member of the Redondo Beach Police Department, may result in the immediate dismissal from the "Fee Paying Court Commitment Program." Dismissal for violations of these rules may also result in a loss of all fees paid.

I declare that I have read the above listed conditions and have been given the opportunity to review and ask questions about each provision. My signature indicates that I fully understand and agree to each of the above listed conditions

SIGNATURE

DATE