



# HARRISON COUNTY COMMUNITY CORRECTIONS

HOME INCARCERATION DIVISION

215 SOUTH 3<sup>rd</sup> STREET  
CLARKSBURG, WEST VIRGINIA 26301  
PHONE (304) 624-8754 FAX (304) 423-7790

Defendants Phone #: ( ) -

Written requests for home incarceration shall include a verified financial statement with supporting documentation of the defendant's income, rent/mortgage, utilities, and other expenses for a period of two (2) months preceding the written request, which documentation shall include, but not be limited to W2s/pay stubs/government benefits/1099s, mortgage statements, rent receipts, monthly utility bills, job-related expenses, checking and/or savings account statements, child and/or health care expenses, alimony, child support, receipts for food/cleaning supplies/personal supplies, and bills for any other debt owed by the defendant.

It is further Ordered that the defendant shall provide the following information to the home incarceration office within ten (10) days from today:

1. Copy of the Verified Financial Statement with supporting documentation;
2. Any Family Court order(s) in effect regarding custody and/or visitation that may affect the defendant's home incarceration schedule;
3. Name and address of employer and name and contact information of immediate supervisor;
4. Documented proof of public assistance received, with name(s) of individuals authorized to sign for transactions;
5. West Virginia Department of Health and Human Resources and/or Child Protective Services requirements;
6. Documented proof of enrollment in an educational institution, i.e. course schedule and transcripts;
7. List of physicians and/or psychiatrists or counselors, as well as diagnosis(es) and proof of enrollment in treating programming;
8. Current list of prescribed medications with supporting documentation, i.e. prescription;
9. Letter verifying regular attendance of religious services at a place of worship;
10. Alcoholics Anonymous/Narcotics Anonymous meeting locations and proof of attendance; and
11. List of child care obligations.

I, \_\_\_\_\_, hereby verify this form has been reviewed with me by the Home Incarceration Officer whose signature appears below. I understand it is my responsibility to provide the aforementioned documentation to complete the home investigation process.

\_\_\_\_\_  
Defendant Signature

\_\_\_\_\_  
Home Incarceration Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date