OFFICE USE ONLY

MUNICIPALITY: _____

REPORT DAY: _____

CASE #: _____

PHOTO: ☐

UNION COUNTY - SHERIFF'S LABOR ASSISTANCE PROGRAM (S.L.A.P.)

PROGRAMA DE ASISTENCIA LABORAL DEL ALGUACIL (S.L.A.P.)

DATE: _____
FECHA

I UNDERSTAND THAT IF I DO NOT COMPLY WITH THE RULES AND REGULATIONS OF THIS PROGRAM, I MAY BE REMOVED FROM SAID PROGRAM AND COMPLETE THE SENTENCE IN THE UNION COUNTY JAIL.

SÉ QUE SI NO CUMPLO CON LAS REGLAS Y REGULACIONES DEL PROGRAMA SE ME PUEDE SUSPENDER DEL MISMO Y QUE TENDRÍA QUE CUMPLIR EL RESTO DE LA SENTENCIA EN LA CARCEL DEL CONDADO DE UNION.

PLEASE NEATLY PRINT ALL INFORMATION

ESCRIBA TODA LA INFORMACIÓN EN LETRA DE MOLDE

NAME: _____
NOMBRE FIRST (PRIMER NOMBRE) LAST (APELLIDO) MIDDLE (SEGUNDO NOMBRE)

PHONE: _____ ADDRESS: _____
Número de Teléfono Dirección STREET (Calle) APT. #

CITY: _____ STATE: _____ ZIP CODE: _____
Ciudad Estado Código Postal

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____
Número de Seguro Social Fecha de Nacimiento

MARITAL STATUS: _____ RACE: _____ GENDER: _____ HEIGHT: _____ WEIGHT: _____
Estado Civil Raza Género Estatura Peso

HAIR: _____ EYES: _____ SCARS/ MARKS/ TATTOOS: _____
Color del cabello Color de los ojos Cicatrices/marcas/tatuajes

IN CASE OF EMERGENCY NOTIFY:

EN CASO DE EMERGENCIA AVISE A:

NAME: _____ RELATIONSHIP: _____
Nombre Relación con ud.

PHONE: _____ ADDRESS: _____
Número de teléfono Dirección STREET (calle) APT. #

CITY: _____ STATE: _____ ZIP CODE: _____
Ciudad Estado Código Postal

EMPLOYMENT HISTORY
HISTORIAL DE EMPLEO

CURRENTLY EMPLOYED: YES: _____ NO_____
¿Tiene empleo en estos momentos? Si_____ No_____

EMPLOYER: _____
Nombre de la compañía donde trabaja

ADDRESS: _____
Dirección STREET (Calle) CITY (Ciudad) STATE (Estado)

TELEPHONE: _____ SUPERVISOR: _____
Número de teléfono Supervisor

ARE YOU ON PROBATION YES: _____ NO: _____ IF SO, PROBATION OFFICER'S NAME: _____
¿Está Ud. cumpliendo libertad condicional? Si____ No_____ Y si es así, escriba el nombre del funcionario de libertad condicional.

UNION COUNTY
SHERIFF'S LABOR ASSISTANCE PROGRAM

Tel # (908) 558-6919 Fax # (908) 558-6679

Rules & Regulations

Print Name _____

(Please place initials after each statement)

There is an administrative fee of ~~$50.00~~ $25.00 payable your first day on the S.L.A.P. program. Cash, money orders or certified bank funds only. **No personal checks accepted.** _____

1. The S.L.A.P. reporting schedule is as follows:
   Individuals must report to SLAP Office at 114 Acme Street, Elizabeth, before 8:00am. No late arrivals will be tolerated. S.L.A.P. hours are 8:00am to 4:00pm. S.L.A.P. is open Monday through Friday only. There is no weekend S.L.A.P. You must report a minimum of one day per week. Your sentence is to be served on the same day each week. This day will be determined on your initial processing day. No change in your scheduled reporting day is permitted without permission from the S.L.A.P. administration. _____

2. No unauthorized absences are permitted. If you are too ill to report to S.L.A.P. as scheduled, you must contact the S.L.A.P. office at (908) 558-6919 between 8:30am and 8:45am. You must produce official medical documentation of your illness ***before*** your next scheduled reporting day. Failure to notify the S.L.A.P. office of your absence is considered a program violation. Failure to provide the proper medical documentation in the timeframe stated is considered a program violation. These program violations are considered unexcused absences and will subject you to the actions stated below in #4.
   _____

3. Any medical documentation you wish to produce to excuse you from your S.L.A.P. responsibilities ***must*** state a date you will be able to return to S.L.A.P. Any injury or illness which may keep you out of S.L.A.P. for more than two weeks will result in either your file being returned to Municipal Court or a hearing with a Superior Court Judge, depending on the origin of the sentence. _____

4. If it is determined by the S.L.A.P. administration that you have accumulated too many medical excuses, your case will either be returned to Municipal Court or you will be given a date to appear in Superior Court. If you are issued a date to appear in Court, your medical conditions will be explained to a Superior Court Judge. _____

5. Failure to report for S.L.A.P. has the following consequences:

For Municipal Court Sentences:

- You will be issued a warning for your first unexcused absence. Any further unexcused absences may result in your file being returned to Municipal Court. _____

- If for any reason your file is returned to Municipal Court, you ***may*** be entitled to **one** reinstatement to the S.L.A.P. program. This will be determined by the S.L.A.P. administration. Upon reinstatement to the S.L.A.P. program, any unexcused absence may result in the immediate return of your file to Municipal Court. _____

For Superior Court Sentences:

- You will be issued a warning for your first unexcused absence. Any further unexcused absences will result in a hearing with a Superior Court Judge. You will be issued a notice with a date and time to appear. Failure to appear at this hearing will result in a warrant being issued for your arrest. At this hearing, the Superior Court Judge will determine whether or not you will be reinstated into the S.L.A.P. program, or if you will complete your sentence in the Union County Jail. If you are reinstated into the S.L.A.P. program, any further absences will result in the immediate issuance of a new court date. _____

* Please note that **ALL** reinstatements require an **ADDITIONAL $50** administrative fee.

6. There is **NO LIGHT DUTY ON S.L.A.P.** You must be able to perform physical labor, both indoors and outdoors. If you cannot perform physical labor, your file will be returned to Municipal Court or you will be given a court date for a hearing in Superior Court where your eligibility for the S.L.A.P. program will be determined by a Superior Court Judge. _____

7. All non-compliant behavior, including failure to perform work assignments, will have the following consequences:

For Municipal Court Sentences:

- You may be issued a warning for any non-compliant and / or disruptive behavior and you will be sent home without credit. Any further acts of this nature will result in your file being returned to Municipal Court. _____

For Superior Court Sentences:

- You may be issued a warning for any non-compliant and / or disruptive behavior and you will be sent home without credit. Any further acts of this nature will result in a hearing with a Superior Court Judge where your continued participation in the S.L.A.P. program will be determined. _____

8. Weapons of any type are not permitted. If you are in possession of any weapon, it will be confiscated and you may be arrested. _____

9. The following is a list of some of the items that are not permitted: cell phones, radios, i-pods, any other type of electronic or communication device, cameras, any recording equipment, handbags, backpacks, reading material, food and beverages. Possession of these materials is considered a violation of program rules. _____

10. Alcohol and illegal drugs are not permitted. If you are in possession of illegal drugs when you report to S.L.A.P. you will be arrested. Possessing alcoholic beverages while at S.L.A.P. is considered a program violation. _____

11. You will be subject to breathalyzer and/or urinalysis testing on a random basis. Refusing to submit to breathalyzer and/or urinalysis is considered a program violation. If you are found to be under the influence of alcohol and/or narcotics you will have your S.L.A.P. privileges rescinded. You may also be subject to additional sanctions by the court and prosecution for the violation. _____

12. Abusive, obscene, or harassing language will not be tolerated, and is considered a program violation. _____

13. Lying to, providing a false statement to, and/or failing to obey an order from any officer or other staff member or hampering the on site supervision of S.L.A.P. will not be tolerated. Such conduct is considered a program violation. _____

14. Engaging in or encouraging any group demonstration or work slow-down or stoppage is considered a program violation. _____

15. Failure to perform assigned tasks, to follow safety precautions, or use equipment properly is considered a program violation. Purposely damaging or destroying equipment is considered a program violation & may be subject to restitution enforcement. _____

16. Being in an unauthorized area is considered a program violation. _____

17. Committing or attempting to commit any other act or transgression that would harm or endanger anyone, affect public safety, or undermine program administration is considered a program violation. _____

18. Visitors are not permitted at any time. There will be no fraternizing/socializing and any such behavior will be considered a program violation. _____

19. You are required to dress appropriately. Long pants, sleeved shirts, and closed toed shoes or boots must be worn. Shorts, cutoff pants, tank tops, sleeveless shirts, sandals, open toed shoes, or any revealing clothing is prohibited. Any clothing deemed offensive or inappropriate by S.L.A.P. administration is prohibited. Dress appropriately for the weather. You are responsible for providing your **own gloves and raingear**. Work gloves are recommended. Heavy coats, hats and gloves are recommended for winter weather. Raingear is recommended for rainy weather. Umbrellas are NOT ALLOWED. _____

20. **S.L.A.P. DOES NOT CLOSE DUE TO INCLEMENT WEATHER**

21. All changes in address, phone number, and employment must be updated with the S.L.A.P. office immediately. If you are issued a date to appear in Superior Court, you will be notified by certified and regular mail. Failure to receive court dates through the U.S. Postal Service due to your failure to notify the S.L.A.P. office of your change in address will not excuse you from appearing in court. It is your responsibility to notify the S.L.A.P. office with any changes. _____

22. Parking in any county parking lot by a S.L.A.P. participant is prohibited. If you park in a county parking lot, your vehicle will be ticketed and towed. _____

23. If you are injured on the S.L.A.P. program, you must report the injury to the officer. _____

24. All applicable state and local laws shall be enforced. Violation of any applicable law will result in immediate recision of S.L.A.P. privileges and possible incarceration and additional prosecution. _____

25. If it is determined that you have violated any of the rules and regulations of the S.L.A.P. program, you will be issued either a warning or a court date by the supervisor or your file will be returned to Municipal Court. You will be dismissed without credit. Failure to report to a court date will result in a warrant for your arrest. _____

I have read the rules and regulations of the S.L.A.P. program and I understand them. A copy of these rules and regulations have been given to me, and all my questions concerning the rules and regulations governing the S.L.A.P. program have been answered.

SIGNATURE:_____ DATE: ____/____/____

OFFICER/WITNESS:_____ DATE: ____/____/____

DIRECTIONS TO UNION COUNTY SHERIFF I.D. SUBSTATION

- From S.L.A.P. make a right onto Acme St.
- Make a left onto Linden Ave.
- Continue on Linden ave until it merges with Jersey ave
- Make slight right onto Jersey ave.
- Continue on Jersey until you get to the train bridge
- Immediately after bridge make a right onto Elizabethtown Plaza.
- continue on Elizabeth town plaza past Caldwell Pl.
- Annex building will be second building on your left
- Sheriff's I.D. unit is located in the basement.