

HOME DETENTION SCHEDULE FOR THE WEEK OF _____

NAME _____ OWES _____ LEVEL _____

	TIME OUT THE DOOR	WHERE / REASON	START TIME	END TIME	TIME IN THE DOOR
MONDAY	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
TUESDAY	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
WEDNESDAY	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
THURSDAY	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
FRIDAY	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
SATURDAY	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
SUNDAY	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
MONDAY	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
TUESDAY	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

ERRANDS 3 HOURS - ONLY ALLOWED IF LIVES ALONE
 SCHEDULES DUE BY MONDAY OF EACH WEEK
 ONCE SCHEDULE IS SUBMITTED IT CANNOT BE CHANGED

HD **EMERGENCY** CELL PHONE (812) 828-7660

BE ADVISED:

THIS PHONE IS ROTATED THROUGH STAFF.
 THEY CANNOT MAKE SCHEDULE CHANGES.

paula.wood@owencounty.in.gov
 text #: (812) 508-8016

tim.hall@owencounty.in.gov
 text #: (765) 323-4571