

IN THE CIRCUIT COURT OF THE TWELFTH JUDICIAL CIRCUIT

WILL COUNTY, ILLINOIS

PEOPLE OF THE STATE OF ILLINOIS)
PLAINTIFF)
VS.) Case NO.
)
)
Defendant)

OFFENDER'S CONSENT TO IMPACT INCARCERATION

I, _____, do hereby voluntarily agree and consent to participate in the Impact Incarceration Program of the Department of Corrections. My consent is made after having received the advice and consent of my attorney, _____.

I understand and agree to the following terms and conditions of the Impact Incarceration program, including, but not limited to, mandatory physical training and labor, military formation and drills, regimented activities, uniformity of dress and appearance, including the removal of all facial hair, and crew cut hair styles, education and counseling, including the possibility of drug counselling.

I understand that I will be required to follow all the rules and regulations of the Department of Corrections, regarding the Impact Incarceration program, and that my privilege of visitation, commissary, receipt and retention of property and publications, television, reading and library use, may be suspended or restricted by the personnel of the Department of Corrections at any time.

I understand that my commitment to the Impact Incarceration Program is entirely dependent upon the decision of the Department of Corrections.

I understand that I have been recommended by the Court for this program but may not be accepted by the Department of Corrections for participation in the Impact Incarceration Program.

I understand that if accepted, my sentence is not subject to and will not be reduced by credit for good time. I also understand that my participation in the Impact Incarceration Program will be for not less than 120 days and may be up to 180 days in duration.

I understand that the Impact Incarceration Program may be terminated by the Department of Corrections at any time. I also understand that if I violate any terms and conditions of the program, or if, for any reason, I am unable to participate in the program, I will be returned to the adult correctional facility of the Department of Corrections to serve the balance of my sentence in this case, that being _____ years in the Department of Corrections.

I am _____ years of age, on this date. I am physically fit and able to undergo strenuous labor and exercise. I do not suffer from any mental disorder or disability. I have never been previously committed to an adult correctional facility for a felony offense.

I understand that if I am not accepted into the Impact Incarceration Program, I will serve a sentence of _____ years in an adult correctional facility of the Department of Corrections.

I have read the foregoing language and understand the terms and conditions set forth above.

Defendant

Attorney for the Defendant

Subscribed and sworn to me
This ____ day of _____),), 20 ____

JUDGE