

Cause # _____ Defendant Name _____

S.W.A.P.

Sheriff's Weekender Alternative Program (512-854-4186)

Inmate Check-in Procedure

1. **You must call** 512-854-4186 at least **two weeks before scheduled report date** to ensure we have the necessary paperwork **and to schedule an appointment** for your intake processing.
2. Once you have an appointment, you report, on that day and time, to Building #250 at the Travis County Correctional Complex, 3614 Bill Price Rd., Del Valle, TX 78617. Bring a valid government issued photo ID to your processing appointment. **DO NOT BRING CELL PHONES, WEAPONS OR PROHIBITED ITEMS INTO THE FACILITY.**
3. During your processing appointment you will be given the specific date, time and location, where you are required to report to serve your SWAP sentence. Other rules and regulations will also be provided.
4. Spanish speakers will need to bring an interpreter with a valid government photo ID (18 yrs +) who can read and write in English to review all rules, guidelines and legal waivers of the program the day of their appointment.

Program Description

Weekend work detail assignments include, but are not limited to physical labor such as the following:

- Travis County Correctional Complex Garden
- Vehicle Washing
- Building grounds clean-up and maintenance
- General clean-up and maintenance
- Visitation Entry and Parking lot clean-up
- Building entry/exterior clean-up and maintenance
- Power-washing sidewalks, buildings, etc.
- Ditch/Drainage cleaning

*****Warning-Read Carefully*****

You must be physically fit, in good health and fully capable of safely performing physical labor such as that listed above to participate in this program. Failure to appear or complete your S.W.A.P. sentence will result in a straight time jail sentence and a Warrant of Arrest will be issued.

You must report every Saturday and Sunday until your sentence is complete beginning _____.

- **For absences due to medical reasons, you must present medical documentation from a doctor within 24 hours (512-854-5313 fax) or paper work will be filed with the Court, to have you removed from S.W.A.P.**
- **If you are late and not allowed to work, it is a "Failure To Report" and paper work will be filed with the Court, to have you removed from the S.W.A.P.**
- **It is your responsibility to arrange for reliable transportation.**

I hereby certify that I have read the information set out above concerning S.W.A.P. and I agree to each of the conditions and requirements. I further state that, to the best of my knowledge, I have no medical condition, mental or physical or other injury or ailment which would prevent me from fully participating in the program and performing all physical labor required.

Signature: _____ Date: _____

Address: _____

Phone#: _____