

INTENSIVE SUPERVISION & ALCOHOL PROGRAM (ISAP)

ISAP Office 763-324-4625

The Court has given you the following options:

1. You can post bail as stipulated by the Court.
2. You can participate in the Intensive Supervision & Alcohol Program (ISAP).
3. You can stay in jail until your next Court appearance.

In order to get out of the jail and on ISAP, you or your representative must meet the following requirements and do the following:

1. You must have a permanent residence and remain at that residence while on the program. You cannot stay overnight at another residence while on ISAP.
2. You must pay a \$252.00 payment to the Anoka County Corrections office located on the first floor of the Courthouse, unless the Court has deferred your fees (if fees are deferred without a due date, fees will be deferred for two weeks from court date). **THIS MUST BE PAID IN CASH ONLY.** This payment will be for the first and last week while on the program. You will be charged an \$18.00 daily rate while on the program and will be required to make weekly payments thereafter. The maximum you will pay while on ISAP is \$900.00 for a Gross Misdemeanor, and \$1,200.00 for a Felony. Any payments after the initial payment must be made in a money order or cashier's check at the ISAP office at Building 10.

If the client decides later to post bail/bond rather than continue on the ISAP program, any remaining balance of fees will first be applied to any Corrections Fees that the client receives at sentencing. Remaining fees can be refunded to the client, upon client request. The refund process must be initiated by the client through the ISAP office. The client is responsible for every day that the equipment is leased to them (\$18.00).

3. Prior to release from the jail, you must read, understand and agree to abide by and sign the ISAP Contract. The Anoka County Jail Booking Office will review the contract with you.
4. Immediately upon release from the Anoka County Jail, you will report to the ISAP Office at Building 10 Rum River Human Service Center for orientation and placement on the cell remote electronic alcohol testing equipment. Failure to report within one (1) hour will result in a Warrant being issued, and you are no longer eligible for the Intensive Supervision Alcohol Program.

The following rules must be complied with in order to stay on ISAP:

1. No use of alcohol or drugs, unless prescribed. You will be tested for alcohol three (3) times a day and will be required to participate in random urinalysis testing. You must be available for scheduled tests, take all tests and cooperate in the testing program.
 2. You will be subject to random home and work visits by the ISAP staff. You will be required to follow all ISAP staff direction concerning ISAP rules and program requirements.
 3. You must remain law abiding and of good behavior and follow all other conditions set by the Court.
 4. You must make payments on time and maintain your ISAP account in a positive balance at all times.
- Failure to follow ISAP rules will result in your return to jail.
 - Please email the application to: RS-ISAP-ProjectSAVE@anokacountymn.gov

ANOKA COUNTY COMMUNITY CORRECTIONS

ISAP RESIDENCE VERIFICATION INFORMATION

****PLEASE PRINT ALL REQUIRED INFORMATION LEGIBLY****

Date: _____

Full Name		Date of Birth		
Address	City	County	State	Zip Code
Type of residence (single family, townhouse, duplex, mobile home, etc.)			Apartment # or Duplex Up/Down	
Garage – Attached or Detached		Apartment Call System (bell/buzzer/call & number/name)		
Phone Number		Email Address		

RESIDENCE INFORMATION

Number of Adults	Number of Children	Number of Pets
Names of Adults and Relationship (husband/wife/brother/sister/roommate, etc.)		

GENERAL INFORMATION

Name of property owner or renter and a contact phone number. Verification of residence must be made before release.
NAME:
PHONE NUMBER:

I have completed the above information and verify that it is all current and correct.

Signature

Date