

### **Self-Surrender Definitions**

**Flat (Straight) Time:** A confinement order that allows the individual to Self-Surrender to serve a specified sentence, which is considered full custody.

**Full-Custody:** Continuous custody until the inmate is judicially released on all charges, holds, or sentences. Inmates, who have been temporarily released into the community and return, such as those serving a Work Release and are not considered full custody.

**Self-Surrender:** A person who is not in custody and is ordered by the court to deliver himself or herself to the Maricopa County Sheriff's Office (MCSO) for confinement to serve a full and complete sentence over consecutive days as ordered by the court.

**Work Release Sentence:** A sentence which stipulates the confinement of an inmate only during specified hours or specified days, thereby allowing the inmate unescorted release into the community during non-confinement hours or days then returning to the jail on subsequent dates until a full and complete sentence is cumulatively served. This term will include overnight sentences.

### **Required Items to Bring when you Report to Self-Surrender**

- **The Confinement Order as issued by the Court:** If you fail to bring your confinement order or proper identification you may be refused entry. You will be required to return to the Court for an amended order of confinement for a later date/time. Do not confuse the Court minute entries for the Confinement Order, they are not the same.
- **Healthcare Provider's Certification:** The Health Care Provider's Certification Form must be completed for all individuals serving Work Release or Flat (Straight Time) sentences for more than 24 hours. Additionally, it must be completed less than 45 days before incarceration to assess whether the person is medically fit to serve time in the Maricopa County jails. This form will be given to you by the Court at the time of your sentencing; also, a "TB test" is required to be completed and takes a minimum of two (2) days to complete. Failure to complete any portion of the form or failure to bring the form with you may cause you to be denied acceptance into the jail or removed from the Work Release program and you will be kept in full custody for the duration of your sentence.
- **Government Issued Picture Identification:** A driver's license, passport, or state ID.
- **Prescription Medication:** If you have prescription medication(s) that you must take, it must be in the original pharmacy container with your name on it and a quantity sufficient for your stay in jail.
- **Any Necessary Medical Device(s):** CPAP machine, prosthesis, etc. (see **Prohibited Items** on next page)

### **Instructions for Reporting to Self-Surrender**

**Location to Report:** All Self-Surrenders report to the Intake, Transfer, Release (ITR) facility at 2670 S. 28th Drive, Phoenix, AZ 85009 on the date and time specified on your court order.

**Parking:** Daytime parking is in the "Public Parking" designated area located in front of ITR and accessible from Watkins Street and South 28th Drive. Overnight parking is in the "Work Release" dirt parking lot located south of Watkins Street, near South 30<sup>th</sup> Drive.

**Additional Information:** Review the Maricopa County Sheriff's Office (MCSO) Self-Surrender website: <https://www.mcso.org/i-want-to/self-surrender> -OR- call MCSO Jail Information: 602-876-0322.

## Healthcare Instructions: Preparing for Confinement

**Advanced Notification of Healthcare Issues:** Notify Correctional Health Services (CHS) in advance of healthcare issues via email: [CHSSelfSurrender@maricopa.gov](mailto:CHSSelfSurrender@maricopa.gov) -OR- phone: 602-876-6884. Messages are retrieved daily. Contact CHS with any questions regarding your healthcare eligibility.

**Healthcare Information/Records:** Send healthcare information/records to support your serious chronic health condition -OR- dependence on oxygen/CPAP machine to CHS via email: [CHSSelfSurrender@maricopa.gov](mailto:CHSSelfSurrender@maricopa.gov) -OR- fax: 602-455-6147 at least two (2) weeks before the date of confinement for advanced approval.

**Disqualified Conditions for Work Release:** Illicit drug use within the past year, use of sedative medications, including some psychiatric medications, muscle relaxants, narcotic pain medications, other controlled substances, and/or injectable medications.

### Items to Bring to Self-Surrender:

- **Prescription medications** must be in their original containers and in an amount to be kept at the facility that will last for the number of sentenced days. For sentences greater than 30 days, refills will be allowed to be brought into custody when needed. Comply with all prescribed medications before arrival, as any unstable, acute, or chronic conditions could result in refusal or placement into full custody.
- **A completed Healthcare Provider's Certification Form is required for sentences over 24 hours. If you do NOT bring the completed form -OR- your physician states that you do NOT meet the medical eligibility criteria, you may be housed in full custody and ineligible for Work Release.**

### Prohibited Items:

- **Work Release:** Walkers, canes, wheelchairs, braces, casts, splints, other mobility assistive devices, and any medical devices that require the use of a cellphone app, internet access, or electrical power.
- **Flat (Straight Time):** Any medical devices that require the use of a cellphone app, internet access, or electrical power (Walkers, canes, wheelchairs, braces, casts, splints, other mobility assistive devices may be approved on a case-by-case basis with approval two weeks in advance)

**Impairment:** Do not report to Self-Surrender impaired in any way, as this will cause you to be placed into full custody and to be ineligible for Work Release status.

**Verification of Health Status:** Upon arrival at the jail, you will undergo a Receiving Screening and Health Assessment that includes questions about your health status and a physical exam conducted by a CHS healthcare professional. If you have current medical problems that indicate the need for emergency evaluation, intervention, and/or hospitalization, you will not be accepted for booking.

**Ongoing Healthcare:** Only emergency care is provided during time spent on Work Release status. Arrange for any follow-up healthcare with your primary care provider to be conducted during your times out of custody. CHS will provide your follow-up healthcare and medications if you are placed in full custody.

## **Healthcare Provider's Certification Instructions**

### **The Healthcare Provider's Certification Form (next page) must:**

- Be completed for all individuals serving Work Release Flat (Straight) Time sentences for more than twenty-four (24) hours
- Be completed less than 45 days before incarceration to assess whether the individual is medically eligible to serve time in the Maricopa County jails.
- Include current Tuberculosis (TB) results at a minimum of six months before incarceration as evidenced by at least one of the following:
  - Tuberculin Skin Test (TST)/Purified Protein Derivative (PPD).
  - Interferon Gamma Release Assay (IGRA): QuantiFERON®-TB Gold In-Tube test (QFT-GIT) -OR- T-SPOT® TB test (T-Spot).
  - Negative Chest X-Ray with a Negative Symptom Assessment.

### **Medical Eligibility:**

The following are examples of conditions that may make an individual ineligible for Work Release programs. Individuals with:

- Medications that may cause alterations in mental status or alertness, such as any controlled substances and some mental health medications.
- Uncontrolled chronic or acute illnesses, complicated wound care, or abnormal vital signs.
- A seizure within the last 90 days.
- Chronic oxygen use.
- High risk or late term pregnancy.
- Recent alcohol or substance abuse at risk for withdrawal.
- Assistive devices such as crutches, wheelchairs, prostheses, canes, walking boots, etc.
- Any medical devices that require the use of a cellphone app, internet access, or electrical power.

If you have additional questions regarding healthcare services available in the jail facilities or medical eligibility, please contact Correctional Health Services (CHS) via email:

[CHSSelfSurrender@maricopa.gov](mailto:CHSSelfSurrender@maricopa.gov) -OR- phone: 602-876-6884. Messages are retrieved daily.

**Healthcare Provider's Certification Form (See Instructions)**

Patient Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Phone: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Required Tuberculosis (TB) Results**

Tuberculin Skin Test (TST)/Purified Protein Derivative (PPD) Results: \_\_\_\_\_ mm

Date Placed: \_\_\_/\_\_\_/\_\_\_ Date Read: \_\_\_/\_\_\_/\_\_\_

-OR-

Interferon Gamma Release Assay (IGRA): QuantiFERON®-TB Gold In-Tube test (QFT-GIT) -OR- T-SPOT®.TB test (T-Spot) Results: \_\_\_\_\_

Date Drawn: \_\_\_/\_\_\_/\_\_\_ Date Read: \_\_\_/\_\_\_/\_\_\_

-OR-

Negative Chest X-Ray with Negative Symptom Assessment Date: \_\_\_/\_\_\_/\_\_\_

Patient meets eligibility qualifications:  YES  NO

By signing, I confirm that this patient appears to be free from active Tuberculosis or any other contagious disease at this time. I find no other medical condition that would preclude incarceration at the present time.

\_\_\_\_\_  
Signature of Healthcare Provider  MD  DO  NP  PA

Printed Name: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_