

**LA VERNE POLICE DEPARTMENT**  
2061 Third Street, La Verne, CA 91750 - Telephone (909) 596-1913

**AUTHORIZED ITEMS**  
**STRAIGHT TIME OR WORK FURLOUGH INMATE WORKER**

BE HERE ON (DATE) \_\_\_\_\_

AT THIS TIME \_\_\_\_\_

**You MUST bring:**

- ▶ One (1) pair of plain black tennis shoes
- ▶ Three (3) pair of clean white crew neck t-shirts
- ▶ Three (3) pair of clean underwear
- ▶ Three (3) pair of clean white crew socks

**You may bring:**

- ▶ One (1) sleeping bag
- ▶ One (1) blanket
- ▶ One (1) bath towel
- ▶ You may bring one pair of flip-flops for wearing in and from jail shower.
- ▶ One (1) regular clear plastic grocery type / size bag or gym bag of snacks, foods, soups, etc.
- ▶ One (1) regular clear plastic grocery type / size bag toiletries.
- ▶ Small amount of money (recommend no more than \$20.00)  
We are not responsible for your money  
Bring money at your own risk  
We carry no change

**You may NOT bring, or possess or use:**

- ▶ Any cell phone or other phone
- ▶ Any pager or pager device
- ▶ Any computer, laptop, palm pilot or other computer device
- ▶ Any drugs or medications

Currently, your visitation day is Sundays. The watch commander will tell you the time. Your visitor may bring new snacks, limited money and clean clothes in the amount and in the size of containers as indicated above. All items are subject to search, approval and rejection by police personnel.

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Any violation of law, these rules, the rules and regulations form you will sign upon booking (you will receive a copy) or any instructions / orders given to you by police personnel will result in your rejection and removal from the City of La Verne Police Department Inmate Worker Program, in addition to prosecution for any crimes committed. Payment of booking fees or other inmate fees does not guarantee you are allowed to remain in the Inmate Worker Program if you violate jail / trusty rules or laws.

I have read, been given the opportunity to review and ask questions about each item listed on this form. My signature indicates that I fully understand each of the above listed conditions and my signature indicates my agreement to follow the listed restrictions.

I understand that any violation of these restrictions may subject me to disqualification from the La Verne Police Department's Inmate Worker Program and loss of fees paid up to the day of disqualification.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Witness / ID # \_\_\_\_\_