

Self-Surrender Definitions

Flat (Straight) Time: A confinement order that orders the individual to Self-Surrender to serve a specified sentence, without the ability to shorten it. The individual is not eligible to receive double time credit (2 for 1) when ordered to serve their sentence as flat or straight time.

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 sentence, 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.

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.
- A government issued picture identification, such as a driver's license, passport, or state ID.
- If you have prescription medication(s) that you must take, it must be in the original pharmacy container with your name on it and only a quantity sufficient for your stay in jail.
- Any necessary medical device(s), such as a C-PAP machine, prosthesis, etc. (see **Prohibited Items** in Self-Surrender Packet)
- The Health Care Provider's Certification Form must be completed for all individuals serving a **Work Release** sentence. 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 will cause you to be denied acceptance into the jail.

Instructions for Reporting to Self-Surrender

Where to Report: All Self-Surrenders will 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 30th 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 -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 -OR- fax: 602-455-6147 at least two (2) weeks before the date of confinement for advanced approval.

Disqualified Conditions for Work Release status: Illicit drug use within the past year, use of sedative medications, including some psychiatric medications, 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 only for the number of sentenced days. For work release 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 Work Release sentences. If you do NOT bring the completed form -OR- your physician states that you do NOT meet the medical eligibility criteria, you may be refused or housed in full custody and ineligible for Work Release.**

Prohibited Items:

- **Work Release:** CPAP, walkers, canes, wheelchairs, braces, casts, splints, other mobility assistive devices, oxygen tanks/concentrators, and any medical devices that require the use of a cellphone app, internet access, or electrical power.
- **Full-Custody:** Any medical devices that require the use of a cellphone app, internet access, or electrical power (Walkers, canes, wheelchairs, braces, casts, splints, oxygen tanks/concentrators, and 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 that includes questions about your health status 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 sentences.
- 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/narcotic pain medicines, benzodiazepines, injectable medications, and some mental health medications, for example: Adderall, Hydrocodone, Oxycodone, Xanax, Ativan, Klonopin, injectable Insulin, etcetera.
- 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 -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.

☐ MD ☐ DO ☐ NP ☐ PA

Signature of Healthcare Provider

Printed Name: _____ Phone: (____) ____ - _____

Address: _____ City: _____ State: _____ Zip: _____