I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who will be wiling with the below named person, agree to permit warrantless and random searches of my residence at the request of any probation officer if **{residentName} {mdocNo}** is accepted into the Department of Corrections Supervised Community Confinement Program (SCCP).

I further understand that if I withdraw this permission or withhold or refuse to permit such search on any occasion, my residence will no longer be considered suitable housing in the community for this person or for any other person participating in the Supervised Community Confinement Program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

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Witness Printed Name

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Witness Signature Date