

## DAKOTA COUNTY JAIL BOOKING FORM

### Tennessen Warning and Data Rights of Subject

**Name:** CONBOY, ANDREW THOMAS **DOB:** 5/16/1988

**Booking Number:** 2208228

You have been arrested by MN0190900 - INVER GROVE HEIGHTS PD

for the charge(s) of

DOMESTIC ABUSE - VIOLATE ORDER FOR PROTECTION-MISDEMEANOR - MS {518B.01.14(B)}

and are being detained at the Dakota County Jail in Hastings, Minnesota.

As part of the intake process, you will be searched, fingerprinted, and photographed. Dakota County is required to complete a booking sheet which will contain information about you. Information which the facility is required to obtain from you include your name and aliases, current address or last known address, health insurance information, gender, age, date of birth, place of birth, race, present or last place of employment, emergency contact, social security number, driver's license number, or state identification number, if available. This information may be used by this department and other criminal justice agencies for identification purposes and for other purposes as explained below. You are required by law to supply this information. Failure to do so could result in contempt charges and extended confinement.

Dakota County will ask you questions about your veteran's status. Answers will be used to verify your veteran's status, and may be shared with organizations that have programs or services for veterans. You do not have to respond to the question about your veteran's status, however if you don't, Dakota County may not be able to alert you to veterans programs or services that you might be eligible for.

Everyone booked into the Dakota County Jail is required to provide detailed information about financial history; medical insurance coverage (provide a policy card and/or policy number, or Medicare card); social security benefits, and information necessary for room and board in the jail facility. This information will be used to determine your ability to pay, and to verify any medical coverage. Information will also be used for collection purposes and may be shared with any agency with which the County might contract. Once verification has taken place and the fees owed to the Room and Board program have been determined, a bill will be given to you upon release from jail.

Your social security number may be shared with third parties to verify your health care coverage, if any.

Answers to the booking form regarding medical screening, and data gathered requesting medical or health insurance information, are private data and may be sent to the Dakota County staff authorized to process health insurance and health care eligibility and access. Medical screening information will be used to evaluate whether medical services are needed during confinement and may be shared with Dakota County staff and medical providers.

Certain corrections and detentions data is collected and used during your stay at the jail because of your lawful confinement and is classified as private or confidential pursuant to Minnesota Statutes, section 13.85. Dakota County may release private or confidential corrections and detention data to any law enforcement agency, if necessary for law enforcement purposes, or to the victim of a criminal act where the data are necessary for the victim to assert the victim's legal right to restitution

Data may be used to evaluate the effectiveness of programs and/or used for administrative purposes related to your stay in the jail.

Data may also be shared with government or nongovernmental entities or vendors that legally contract with Dakota County, persons or entities with your written consent, enforcement agencies with statutory authority, the Minnesota State Auditor, persons authorized under a court order and other entities and persons as required under state or federal law.

Certain information about you may be classified as public, including your name, address, date of birth, gender, charges, bail and court date.

**Consent**

Should I require medical or dental treatment during my stay in this facility, the County may provide my social security number to a vendor under contract with the County who will determine if there is private medical insurance available for payment of all or part of my medical or dental costs.

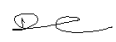


**Inmate Initial:** \_\_\_\_\_

**Telephone and Video Visitation Notice**

The Dakota County Sheriff's Office monitors and records telephone calls and video visitations made by inmates within this facility. Telephone calls and video visitations to attorneys are exempt from the monitoring and recording processes and local calls to attorneys are free to all inmates. In order to maintain the attorney/client confidentiality of these conversations, your attorney's name and number(s) must be entered so that they are identified in our system as a privileged and free local call that will not be monitored or recorded.

**At intake, before placing a call to an attorney, it is your responsibility to notify Jail staff of your attorney's name and number(s) so staff can verify attorney status and that the number(s) is marked as exempt from monitoring and recording.**



**Inmate Initial:** \_\_\_\_\_

**Orientation Check List And Handbook Receipt**

- NO SMOKING IN FACILITY
- NON-CANTEEN FOOD ITEMS ARE NOT ALLOWED IN THE CELLS
- BOTTLES FROM VENDING MACHINES ARE NOT ALLOWED IN THE CELLS
- NO OTHER INMATE IS ALLOWED IN YOUR CELL AND YOU ARE NOT ALLOWED IN ANY OTHER INMATE'S CELL
- NO ALTERATIONS OR DAMAGE TO YOUR CELL, NOTHING ON WALLS
- YOU MUST ASK FOR PERMISSION TO USE THE TELEPHONE
- INMATES ARE TO STAY CLEAR OF THE OFFICER'S DESK AND THE RED TILE ZONES (WORK STATION)
- EXPLAIN LOCKDOWN PROCEDURES



money possessed by the convicted person or any money deposited on the convicted person's behalf. In addition, if these costs/fees are not paid in full before the convicted person is released from the Jail, the Jail may attempt to collect on its own or through other available civil means of debt collection any unpaid amount owed.

Under certain circumstances, the Jail may waive some or all the costs/fees charged to the convicted person. To determine whether a cost/fee may be waived, contact the Jail Administrator; otherwise, upon release from the Jail, a waiver form will be given to each inmate, which will explain the process and requirements to obtain a waiver.

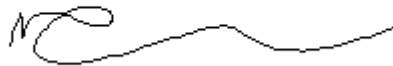
The Jail may require all prisoners, regardless of their conviction status, to pay a co-payment obligation, as determined by the County Board, for medical and dental services. During confinement, the co-payment may be deducted from any money possessed by the prisoner or any money deposited on the prisoner's behalf. In addition, the Jail may seek reimbursement for payment of medical and dental bills to the extent of the prisoner's ability to pay. If there is a disagreement between the Jail and the prisoner concerning the ability to pay, a court shall determine the issue.

**Release of Funds**

The Jail will place into an account for the entire duration of the person's confinement at the Jail all monies possessed by the person at the time of booking and any monies deposited on the person's behalf. The governmental purpose of holding this money for the duration of the person's confinement is to ensure adequate funding is available to pay the costs of confinement and other expenses incurred by the person. The monies held in the account may be used to pay any costs/fees charged to the person, or for the person's purchase of approved personal items. Only under limited circumstances may some or all of the person's monies be released prior to the person's release from Jail. To request release of monies, contact the Jail Administrator.

Upon release, if all costs/fees owed to the Jail are paid in full, the remaining balance will be returned to the person. For any questions or concerns regarding any charges, contact the Jail Administrator.

**Inmate Signature:**



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**Date:** 12/24/2022

**Refused to sign:** False

**Jail Officer:** DENEVE 275