

IN THE DISTRICT/SUPERIOR COURT FOR THE STATE OF ALASKA
AT _____

STATE OF ALASKA)
 _____)
)
) Plaintiff,)
)
vs.)
)
) CASE NO. _____)
)
)
) Defendant.)
)
)

**AFFIDAVIT FOR TIME CREDIT FROM
TREATMENT PROGRAM
(NYGREN CREDIT)**

Upon oath or affirmation, and under penalty of perjury, I state as follows:

1. I am an employee of the following treatment program:

located in *(city, state)*: _____.
2. The defendant entered the program on _____, and left the program on _____.
3. The defendant thus spent a total of _____ full days in the program.
4. This program *[check all that apply]*:
 - places substantial restriction on the defendant's freedom of movement and behavior;
 - furthers reformation and rehabilitation;
 - addresses traits or behaviors that are likely to cause criminal behavior *(e.g., substance abuse, lack of job skills)*;
 - provides measures of progress or completion;
 - requires notification to the prosecution, Pretrial Enforcement, or a probation officer if a defendant is discharged from the program for noncompliance.

[If you do not feel comfortable checking all of these boxes under penalty of perjury, you should stop here and contact the attorney for the person who asked you to complete this affidavit to discuss whether the program qualifies for time credit under Alaska law.]
5. Additional program information.
 - a. Describe how the defendant was enrolled in the program.

 - b. Describe restrictions on the freedom of movement and behavior while in the program *(e.g., any residency requirement; also describe permissible circumstances and duration for approved absences from the facility)*.

c. Explain whether you allow—and if so, whether the defendant was subject to—an electronic monitoring device or any other technology for monitoring movements and behavior.

d. Was there physical custody and supervision of the defendant during the program?

e. Describe any other rules of the program, including rules that the defendant obey orders of persons who have immediate control of the defendant.

f. Were there any sanctions within the program for violations of program rules?

g. Provide any other information that would help the court decide whether the program places a substantial restriction on freedom of movement and behavior and that it furthers the reformation and rehabilitation of the defendant.

SIGNATURE AND NOTARY

I certify under penalty of perjury that the information in this document is true.

Signature (*sign in front of notary or court clerk*)

Subscribed and sworn to or affirmed before me at _____, Alaska on _____

(SEAL)

Clerk of Court, Notary Public or other person
authorized to administer oaths.
My commission expires _____

CERTIFICATION (IF NO NOTARY AVAILABLE)

I certify under penalty of perjury that the information in this document is true, and a notary or other official empowered to administer oaths is not available to administer an oath.

Date

Signature

Place (city or village)

Print Name