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**Location Monitoring Program  
Participant Agreement**

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1. I, \_\_\_\_\_, have been placed in the Location Monitoring Program. I agree to comply with all program rules set forth in this Agreement and the instructions of my probation or pretrial services officer. Failure to comply with this Agreement or the instructions of my officer will be considered a violation of my supervision and may result in an adverse action. I agree to call my officer immediately if I have any questions about these rules or if I experience any problems with the monitoring equipment.
2. I will remain at my approved residence everyday from \_to\_. **(Curfew)**
3. I will remain at my approved residence at all times, except for activities approved in advance by my probation or pretrial services officer. Regularly occurring activities will be provided for in a written weekly schedule that will remain in effect until modified by my officer. I must obtain my officer's advance permission for any absences away from home that are not included in my written schedule. **(Home Detention and Home Incarceration).**
4. I agree to maintain telephone and electrical service in my residence at my own expense. I agree that I will not make any changes in the telephone equipment or services at my residence without prior approval of my officer. I agree to provide copies of my monthly telephone and electric bill when requested by my officer.
5. I understand that my officer will use telephone calls and personal visits to monitor my compliance. When I am at home, I agree to promptly answer my telephone or door. If I fail to answer my telephone or door when I am supposed to be at home, my officer will conclude that I am absent and in violation of my home confinement restrictions.
6. I understand that my officer must be able to locate me at all times when I am away from home. If I do not have a job with a fixed location, my officer must be able to locate me by calling my employer. I also understand that jobs that do not meet these requirements are not permitted while I am in the home confinement program. I understand that all job changes require advance approval from my officer.
7. I will not deviate from my approved schedule except in an emergency. I first will try to get the permission of my officer. If this is not possible, I will call my officer as soon as I am able to do so. If I call during non-business hours, I will leave a message on my officer's voice mail, including my name, the date, the time, a brief description of the emergency, and my location or destination. I agree to provide proof of the emergency as requested by my officer.

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**LOCATION MONITORING TECHNOLOGY (RF and GPS)**

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8. While in the location monitoring program I agree to wear a non-removable ankle bracelet that will be attached by my officer.
9. I agree to allow a monitoring device (receiver/dialer) to be connected to the telephone and the telephone outlet at my residence.
10. I acknowledge receipt of RF Home Monitoring Unit # , Transmitter # , Cellular HMU # , GPS Tracker #. I understand that I will be held responsible for damage, other than normal wear, to the equipment. I also understand that I must return the equipment in good condition. I may be charged for replacement or repair of the equipment and I agree to pay these costs.
11. On the telephone line to which the monitoring equipment is connected, I agree not to have party lines,

answering machines, voice mail, cordless telephones, call forwarding, caller ID, call waiting, call block, or other devices or services that may interfere with the functioning of the location monitoring equipment.

12. I agree that I will not attempt to use my telephone for ten minutes following my return home.
13. I agree not to move, disconnect, or tamper with the monitoring devices.
14. I agree not to remove or tamper with the transmitter except in a life-threatening emergency or with the prior permission of my officer.
15. I agree to allow authorized personnel to inspect and maintain the ankle transmitter and other location monitoring equipment.
16. I agree to notify my officer immediately if I lose electrical power at my residence, if I have to remove the ankle bracelet because of an emergency, or if I experience any problems with the monitoring equipment. During non-business hours, I agree to call my officer and leave a message including my name, the date, the time, and the nature of my problem and your location or destination. If there is a power problem, I agree that I will call and leave another message when the power is restored. I also agree to notify my officer of any problems with my telephone service as soon as I am able to do so.
17. I understand that I may be ordered to pay all or part of the daily cost of my location monitoring. If so ordered, I agree, as directed by my officer, to pay monitoring costs of \$ per day on a schedule set forth in a separate payment agreement. I will submit payments directly to the monitoring contractor.
18. I agree to follow all the attached rules specific to my equipment (**GPS only**).

#### **LOCAL RULES**

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19. I agree that I must give at least 48 hours notice for leave requests. I may not leave without permission of my officer or authorized person. I must talk personally with my officer or authorized person before leaving, unless it is a life or death emergency.

Leaves outside of your regular permanent schedule will be rare and must be necessary. Necessity will be determined by your officer. It is your responsibility to provide verification for all allowable leaves.

I will be eligible for Discretionary Leave, after 4 weeks, if I remain in compliance with all of my conditions of Home Confinement and supervision including payment of costs. Earned Leave is a privilege which can be denied by my officer. (**Post Conviction Only**)

I acknowledge that I have received a copy of these rules and that they have been explained to me. I understand that I must comply with these rules until otherwise notified by my officer. I further understand that any violations of these rules will constitute a violation of supervision and may cause immediate adverse action.

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(PARTICIPANT)

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(DATE)

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(OFFICER)

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(DATE)