

## LOCATION MONITORING PROGRAM PARTICIPANT AGREEMENT

---

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 which 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.
5. 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, 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.
6. I understand that I will be held responsible for damage, other than normal wear, to the assigned equipment. I also understand that if I do not return the equipment, or do not return it in good condition, I may be charged for replacement or the repair of the equipment, and I agree to pay these costs.
7. 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 electronic monitoring equipment.
8. I agree that I will relinquish my telephone line when the monitoring unit is making its call, and I will hang up the telephone when the monitoring unit initiates its call. I will not answer the telephone on the first ring, and I will not use the telephone for the first 10 minutes after arriving home.
9. I agree not to move, disconnect or tamper with the monitoring unit or place any objects on top of it. I agree to allow a monitoring device to be connected to the telephone and the telephone outlet at my residence.
10. I agree not to remove or tamper with the transmitter device except in a life-threatening emergency or with the prior permission of my officer. While in the Location Monitoring Program, I agree to wear a non-removable transmitter that my officer will attach either to my wrist or ankle.
11. I agree to notify my officer immediately, or as directed, if I lose electrical power or telephone service at my residence for more than 24 continuous hours.
12. I understand and agree that all telephone calls from the monitoring center to my residence will be recorded by the monitoring center. I will follow all directives from monitoring personnel when they call.

13. I understand that I may be ordered to pay all or part of the daily cost of my electronic 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 services provider.
14. Local Rules (as needed)

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 \_\_\_\_\_ or until otherwise notified by my probation/pretrial services officer. I further understand that any violations of these rules will constitute a violation of supervision and may cause immediate adverse action.

\_\_\_\_\_  
(PARTICIPANT)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(OFFICER)

\_\_\_\_\_  
(DATE)

---

**AUTHORIZATION TO RELEASE INFORMATION  
ON TELEPHONE SUBSCRIBER SERVICE  
AND TO DENY OR TERMINATE  
SPECIAL TELEPHONE SERVICE**

---

TO:

\_\_\_\_\_  
(TELEPHONE COMPANY)

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_

---

FROM:

\_\_\_\_\_  
(SUBSCRIBER)

\_\_\_\_\_  
(TELEPHONE NUMBER)

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_

---

I, \_\_\_\_\_, the subscriber of the telephone number listed hereby authorize the telephone company listed above to **release any and all telephone service subscriber information** to representatives of the United States Probation Office or United States Pretrial Services Office of the \_\_\_\_\_.

I further authorize the telephone company to **terminate** any or all of the following special services: CALL FORWARDING, CALL WAITING, CALLER ID, or (specify) \_\_\_\_\_. I further authorize the telephone company to **deny** any request to provide the above special services during the effective term of this authorization.

This authorization will become effective on \_\_\_\_\_ and will terminate on \_\_\_\_\_. Early termination of this authorization will occur only upon written authorization from the United States Probation Office or United States Pretrial Services Office.

\_\_\_\_\_  
(SUBSCRIBER)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(WITNESS)

\_\_\_\_\_  
(DATE)

---

**HOME CONFINEMENT PROGRAM  
DAILY ACTIVITY FORM**

---

EFFECTIVE DATE: \_\_\_\_\_

PARTICIPANT: \_\_\_\_\_

MONITORING UNIT #: \_\_\_\_\_

<b>Days</b> ( <i>e.g., Mon-Fri or Week 1</i> )	<b>Leave Time</b>	<b>Enter Time</b>	<b>Activity</b> ( <i>e.g., employment, counseling, religious activities</i> )

PARTICIPANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_