

Electronic Monitoring Program Rules

- 1) The Electronic Monitoring program requires the applicant provide proof of residence, a functioning phone either cellular or house line and maintain electrical service. The applicant may or may not be employed, a student attending school or have a verifiable medical condition. _____Initials
- 2) The participant, once on the program, will be required to wear a transmitter on their ankle and may have a monitoring unit connected in their residence. _____Initials
- 3) The participant agrees to obey all laws and report any police contact to our office while on the program. _____Initials
- 4) There are fees associated with the program. An application fee of fifty dollars (\$50.00) will be paid at the time of the interview. The cost of the program will be determined at the interview; cost is formulated on a sliding scale, based on the applicant's income. Proof of income must be presented at the time of the interview. Proof of income may be check stubs, tax returns, bank statements and/or Social Security statements. _____Initials
- 5) On the booking day into the program, a down payment to cover the initial startup cost will be made. Payment will be made in cash, money order or credit card only. The remaining balance will be paid while participating on the program. Fees are to be paid in full by the completion date. Failure to pay programs fees will result in collections process. _____Initials
- 6) Once on the program, the applicant is allowed to leave their residence on a scheduled basis for the following; work, school, court or probation ordered programs, shopping, laundry, church, and doctor's appointments. All other request not listed requires approval by the program staff. Schedule changes must be approved 24 hours, in advance, by staff, for the change to be made. Failure to return to the residence or contact staff as to reason for a delay may result in removal from the program and the participant may be charged with escape pursuant to section 4532 of the California Penal Code. _____Initials

- 7) While on the program the applicant must not possess, use or consume any kind of illegal drugs or alcohol. The use of prescribed medication is allowed, but must be presented to the staff at the interview and/or booking day, or once the medication is prescribed. The use of methadone or marijuana even with a medicinal card is not allowed while on the program. The applicant must be able to test clean for drugs and alcohol on their booking day and while on the program. _____Initials
- 8) Alternative Sentencing staff will do random checks of the residence, work place or school of the participant. _____Initials
- 9) The participant may be required at any time, while on the program, to submit to a drug and alcohol test. Failure to submit to a test or test positive for drugs or alcohol will result in removal from the program and the participant will be taken into jail custody. The participant agrees to allow any person, designated by the Sheriff's staff, to enter their residence. Participant is subject to search and seizure of their person, property, residence and vehicle without warrant or probable cause for the purpose of verifying compliance with program rules. _____Initials
- 10) All program equipment, once issued, is the responsibility of the participant. If any equipment is damaged, stolen or lost, the participant will be required to pay the actual cost of replacing the equipment. _____Initials
- 11) The ankle strap and transmitter are waterproof, shockproof and lightweight. The transmitter will not be immersed in any liquid such as pools, baths, ocean or jacuzzis. The monitoring unit will be installed as directed by the Sheriff's Alternative Sentencing staff on the participant's booking day. _____Initials
- 12) Upon completion of their jail sentence, the participant will return all electronic monitoring equipment to our office. _____Initials

I have read, understand and received a copy of the rules and regulations and agree to comply with the terms and conditions of the Electronic Monitoring Program.

Participant Signature

Date

Custody Deputy

Date