



BEAVER COUNTY SHERIFF'S OFFICE
ELECTRONIC MONITORING PROGRAM
 Participant Agreement



COURT CASE #: _____

NAME: _____
First Middle Last

ADDRESS: _____
Street P.O. Box City State Zip

MAIN PHONE: _____ WORK PHONE: _____

I, the above mentioned individual, have been ordered to be placed on the Electronically Monitored Home Detention Program. I agree to comply with all the rules in this agreement and with the instructions given to me by the Beaver County Correctional Officer regarding this program. Failure to comply with the conditions of the program will be considered a violation of the conditions of this agreement and could result in my removal from the program.

I agree to pay a one hundred dollar (\$100.00) installation fee and I also agree to pay fourteen dollars (\$14.00) per day per tracking unit while I am on standard electronic monitoring. A car charger is also available for an additional charge of seventy five dollars (\$75.00) The installation fee, as well as a minimum of the first week's fee is to be paid prior to the electronic monitoring program being set up, with each additional week's fee being due on or before Friday of each week thereafter or as instructed by the Beaver County Correctional Staff. Failure to pay on or before the due date each week will constitute a violation of this agreement and could result in my immediate removal from the program. In the event my account should become one (1) week delinquent, my case will be referred to the court for violation.

I agree to remain at my approved residence, listed above, at all times, except for employment and other activities approved by the ordering authority and/or the Beaver County Attorney's Office. Regularly occurring activities, such as work or school, are provided for in my weekly schedule which remains in effect until changed by the ordering authority and/or the Beaver County Attorney's Office. I must obtain approval, in advance, for any special activity, such as a medical appointment or an appointment with an attorney, not included in my written schedule. If I must leave my home due to a life threatening emergency, I will provide proof that the emergency occurred. Failure to adhere to the approved schedule will constitute a violation of this agreement and could result in my immediate removal from the program.

During each scheduled reporting period I agree to provide to the Beaver County Sheriff's Office all requested documentation pertaining to the previous week's daily activities. Approved documentation shall be in the form of payroll check stubs, employment documentation forms, job search forms, appointment verification forms and any other documentation requested by the Beaver County Sheriff's Office. Failure to provide such documentation or discrepancies will constitute a violation of this agreement and could result in my immediate removal from the program.



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I understand that Electronically Monitored Home Detention will be enforced by the use of computer technology. I will be monitored by a tamper-proof, non-removable ankle bracelet that I agree to wear 24 hours a day during the period of Electronically Monitored Home Detention. Removal of or an attempt to remove the bracelet will constitute a violation of this agreement and could result in my immediate removal from the program. If I am ordered to use the SoberTrack Device I will be required to submit to regular or random tests.

I agree to provide and maintain a telephone and electrical service at the above listed residence at my own expense. In the event of a loss of telephone service I agree that failure to either re-establish service at my residence or to secure service at an alternative residence within 24 hours shall be deemed a violation of this agreement and shall result in my case being referred to court.

I acknowledge receipt of the Electronic Monitoring Device as well as the transmitter listed above. I agree that I will be financially responsible for any damage to or loss of the equipment in my possession and understand that failure to return the equipment, upon demand, in good condition is a violation of this agreement and could result in my immediate removal from the program as well as my being charged criminally. **Equipment Replacement Costs: Charger \$75.00, Ankle Monitor \$250.00, SoberTrack Unit \$500.00, SoberTrack Charger, \$25.00 and Ankle Car Charger \$75.00.**

I will within twenty four (24) hours, schedule a time at their earliest convenience to meet an officer at the Beaver County Sheriff's Office for installation and removal.

I agree to allow the Beaver County Sheriff's Office to inspect and maintain equipment and to enter my residence at any time to inspect or remove the monitoring equipment.

If ordered, I agree to submit to random urinalysis testing and agree to pay \$30.00 for each test administered to help compensate for the costs of the tests.

All compliance and/or non-compliance records will be kept and I agree that the printouts may be forwarded to the appropriate authorities and that they may be used as evidence to indicate whether or not I have followed the instructions of my agreement regarding this program.

I agree to immediately notify the Beaver County Sheriff's Office if my telephone is disconnected or if I lose electrical power at my residence. I will also immediately notify the Officer if I experience any problems with the monitoring equipment.

I am leasing the following equipment:

- | | |
|---|--|
| <input type="checkbox"/> <u>Ankle Monitor</u> | <input type="checkbox"/> <u>SoberTrack Monitor</u> |
| <input type="checkbox"/> <u>Ankle Monitor Charger</u> | <input type="checkbox"/> <u>SoberTrack Charger</u> |
| <input type="checkbox"/> <u>Ankle Monitor Car Charger</u> | |



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Acknowledgment:

I acknowledge that I have receive a copy of this agreement and that the terms of the agreement have been explained to me. I understand that I must comply with these rules and that violation of this agreement could result in the immediate removal from the program.

Dated this ____ day of _____, 20__.

 Participant Signature

 Witness

The undersigned represents that he or she is the owner or tenant of the above identified residence and has voluntarily signed this consent to allow Beaver County Sheriff's Office to enter the residence to install, maintain or collect the above identified monitoring equipment. The Undersigned also understands that the participant must comply with all terms of this agreement. This consent may not be revoked until Beaver County Sheriff's Office regains possession of said equipment.

Dated this ____ day of _____, 20__.

 Owner/Tenant Signatures

 Witness



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Pre Installation Care and Use Instructions

1. Attach the charging cup by clipping it to both sides of the monitor.
2. Remove the charger by gently detaching its clips from monitor.
3. Charge all devices twice a day, once every 12 hours, for 30 minutes.
4. If a charge is skipped, the monitor must be charged for 60 minutes.
5. Do not charge the device while sleeping or driving.
6. BluTag is hypoallergenic and cannot overheat.
7. A sock can be worn over and/or under the device
8. Do not tamper with the device (no pulling, striking, and/or attempt to open).
9. Do not force a boot over the device.
10. Do not expose to extreme temperatures.
11. Notify the officer if a medical procedure requires removal of the tag.
12. Do not submerge the device in water (baths, pools, large bodies of water).
13. Do not press "status call button" unless instructed by the officer.
14. If the tag vibrates or beeps, contact the officer.
15. If the light shines or blinks when off the charger, contact the officer.



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Charging Chart

Sunday Ex. 0800 - 0900	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday



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Contact Sheet

Offender Name: _____
 Location: _____
 Date: _____
 Arrival Time: _____ Departure Time: _____
 Deputy/Officer/Agent: _____

 Deputy/Officer/Agent Signature

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