

Boone County Community Corrections
127 W. Main St., Suite 200
Lebanon, IN 46052
(765) 482-6505
FAX (765) 483-4414

ELECTRONIC MONITORING PROGRAM CONTRACT

NAME: _____ CAUSE #: _____

ADDRESS: _____

PHONE: (HOME) _____ (WORK) _____ D.O.B. _____

SPECIFIC CONDITIONS OF ELECTRONIC MONITORING CONTRACT

- ____ 1. I, _____, agree to comply with the special conditions stated in this contract, in addition to the Conditions of Probation/Court Order/Bond Stipulation. I am signing this contract with the understanding that failure to comply with any of these conditions may result in a violation being filed with the Court and/or Probation Department.
- ____ 2. I understand that in addition to Judicial review, I will also be subject to administrative disciplinary action for failure to follow the Electronic Monitoring Program Rules
- ____ 3. I understand that while on the Electronic Monitoring Program, I will be under the supervision of Boone County Community Corrections and subject to all rules and regulations of that program.
- ____ 4. I will cooperate with and truthfully answer all reasonable inquiries of staff.
- ____ 5. I understand that I am to inform the appropriate personnel of work schedule, meetings and appointments. I understand it is my burden to provide written documentation immediately upon request of confirmation of locations.
- ____ 6. I understand that I must check in as directed on a weekly basis to the specified building. Also, I agree to report immediately upon request to the location requested whether it be verbal or written.
- ____ 7. I understand that Boone County Community Corrections or Court Order are the only agencies that may approve any schedule and/or change in schedule, and that I must seek approval at least 48 hours prior to any change, excluding weekends and holidays. Failure to follow the approved schedule could result in a new charge of Unauthorized Leave from Home Detention a class a misdemeanor.
- ____ 8. I understand that I will be charged an initial fee, a weekly fee, and other fees as approved by Boone County Community Corrections Department. Payments will be made as determined by the Boone County Community Corrections Department. I understand that failure to make payments as scheduled, or departure from the program with a balance of payments in arrears; may result in any or all of the following:

- ____A. A violation may be filed against me with Community Corrections and/or Probation Department.
- ____B. The Court may enter a civil judgment against me in the criminal case for the amount of the arrearage.
- ____C. I may be sued in Civil Court or subject to collection proceedings for the amount of the arrearage, plus costs of the proceedings and attorney fees.
- ____9. I agree to allow the Boone County Community Corrections Department, or anyone acting on their request to enter my residence at any time, without prior notice, and to make reasonable inquiry into my activities and the activities of others in the home. I agree to waive by right against search and seizure, and permit Boone County Community Corrections or any law enforcement officer acting on behalf of the Boone County Community Corrections Department, to search my person, residence, motor vehicle, or any location where my personal property may be found, to insure compliance with my condition of Electronic Monitoring.
- ____10. A. I will not consume, or possess on my person or at my place of residence, any alcohol or drugs unless prescribed by a physician. I will submit to drug and alcohol tests immediately upon request. Failure to submit to a test will be considered an admission of guilt. I understand I have one hour from the time notified to produce a urine specimen for drug testing. I will be responsible for the cost of said tests.
- ____ B. I will not use or consume any illegal drugs, controlled substances, hemp, hemp products, extracts or mood altering substances. I will not take any drugs unless I possess a current and valid prescription from a legally licensed physician. I will provide the Boone County Community Corrections Department with verification of such prescription. I will not take prescriptions other than as directed.
- ____ C. I will not consume anything containing alcohol, including but not limited to an alcoholic beverage. I will not take medication with alcohol in it (i.e., liquid cold medicine, cough syrup, or mediated mouthwashes). I will not introduce into my body by smoking, inhaling, eating, drinking or otherwise ingesting or applying any consumer product, medication or other substance where the act of doing so is contrary to the manufacturer's specifications and/or warnings and/or where the purpose in your doing so is to obtain a high, euphoria, hallucination, or any kind of intoxication.
- ____ D. I will not be in the company of anyone that is using or possessing alcohol or illegal drugs.
- ____ E. By signing this contract I waive any objection to the admissibility of the results of the test as they are received by the Court into evidence at any Revocation Hearing. If screen results return diluted, it will be deemed a violation of the contract. I will be responsible for the payment of the cost of said test.
- ____11. I understand that I am not to possess on my person or at my place of residence or use any firearm, destructive device, or other dangerous weapon unless granted written permission from Boone County Community Corrections Department or by Court Order.
- ____12. You shall not possess obscene matter as defined by IC 35-49-2-1 or child pornography as defined in 18 U.S.C. §2256(8), including but not limited to: videos, magazines, books, DVD's, and material downloaded from the Internet. You shall not visit strip clubs, adult bookstores, motels specifically operated for sexual encounters, peep shows, bars where nude or partially nude or exotic dancers perform, or businesses that sell sexual devices or aids.

- ____13. I understand that I must have a permanent place of residence and must have approval from Boone County Community Correction Department at least two (2) weeks prior to any change of residence. Further, I understand that no more than two non-relatives may visit at one time.
- ____14. I understand that I must reside in _____ County for the entire term of my placement on Electronic Monitoring.
- ____15. I understand that while on Electronic Monitoring, I will have no contact at my home with anyone on probation or parole, unless granted permission by Boone County Community Corrections Department.
- ____16. I understand that I must wear the ankle monitor at all times.
- ____17. I understand that I am responsible for any damage to the Electronic monitoring equipment; I will not tamper with, attempt to fix, or allow anyone else to tamper with or attempt to fix the equipment. All equipment must be returned to Boone County Community Corrections Department upon termination from the Electronic Monitoring Program. If I damage the equipment or fail to return the equipment in good condition, the Boone County Corrections Department can charge me with theft and/or criminal mischief.
- ____18. I understand that if there are any problems with the equipment, I will contact the Boone County Community Corrections Department during regular office hours.
- ____19. I agree to sign a release of information for Boone County Community Corrections Department.
- ____20. I understand that I will not work more than two (2) jobs or not more than sixty (60) hours in any one week, unless approved by the sentencing Court. I will also be limited to working no more than six (6) days a week and twelve (12) hours a day. I understand employment must be in Boone County or one of its connecting counties.
- ____21. I agree to allow the Electronic Monitoring Staff to monitor my employment hours by examining my time cards, contacting my supervisor, and conducting work site visits. I understand that I am required to provide verification of work hours upon request. Failure to do so may result in termination from the program.
- ____22. I shall authorize my employer to release all records and information requested concerning my hours of employment, attendance on the job, duties of employment, reporting and dismissal times, and such other information as may be requested by Boone County Community Corrections Department.
- ____23. I understand that if a medical emergency arises I must contact the Boone County Community Corrections Department as soon as possible as to the nature and extent of the problem. Failure to notify this office may result in a violation being filed with Boone County Community Corrections and/or Probation Department.
- ____24. I understand that if during the term of Electronic Monitoring, my employment is terminated for reasons beyond my control, I may continue on the Boone County Community Corrections Department as long as I begin an intensive job searching and continue in court and/or community corrections mandated treatment.
- ____25. I understand that if I lose my job due to poor attendance (unexcused absences), use of drugs, alcohol, or misconduct, a violation will be filed with the Court and/or Probation Department.
- ____26. I understand that I will abide by all the laws of any city, state and federal government and that I am not to commit any law violations resulting in a new arrest or summons to Court while on

Electronic Monitoring, I understand that I am not to violate any term of a license suspension and/or any restriction of a license. I understand that I am to identify myself as an Electronic Monitoring Program Participant to law enforcement officers.

- ____ 27. I understand that violation of the order for Electronic Monitoring may subject me to prosecution for the crime of Escape under IC 35-44-3-5.
- ____ 28. I understand that Boone County Community Corrections can terminate my participation in this program without notice, if I have any violations of the above conditions.
- ____ 29. If I leave the State of Indiana, with or without permission of Boone County Community Corrections Department, I understand that I waive (give up) my extradition rights and will voluntarily return to Indiana.
- ____ 30. I understand that Boone County Community Corrections has the authority to direct me to substance abuse treatment, school (if I don't have a high school diploma or GED), counseling, or any other program that Boone County Community Corrections has determined to be appropriate for me to attend. Failure on my part to follow through on such directives may result in a violation being filed with the Court and/or Probation Department.
- ____ 31. Special Orders: _____
- _____
- _____

____ During my term of Electronic Monitoring, if a determination is made that there is probable cause to believe that I have violated any of these conditions, I may be removed from participation in this program and may be incarcerated pending further Court determination. I further acknowledge that if the Court finds that I have violated any one of these conditions, the Court may, without notice to you, revoke the suspended sentence and impose any sentence it may have originally imposed, issue a warrant for my arrest, modify my conditions, or continue placement.

____ This contract has been read and explained to me, and my signature below acknowledges that I have fully read and fully understand all the terms and conditions of this contract. I further acknowledge that I have initialed each and every term of this Electronic Monitoring contract as I have read and understood each term. I hereby agree to comply with all of the above rules and regulations of the Electronic Monitoring Program. I further acknowledge that I have read and understood the Boone County Community Corrections Electronic Monitoring Program Handbook and agree to comply with all the rules and procedures set forth in it.

Program Participant

Date

Staff Member

Date