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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.  
**Officer:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_
2. I will remain at my approved residence every day from \_\_\_\_\_ to \_\_\_\_\_. (Curfew)
3. I will remain inside my approved residence at all times, except for activities approved in advance by my probation officer. I must personally obtain my officer's advance permission for any special activities (such as counseling and doctor's appointments) that are not included in my written schedule three (3) working business days in advance. I agree not to leave my residence until my officer approves my request. For any activities, I agree to provide verification documentation to my officer verifying my attendance to that activity. For any travel, I agree to go directly to and from the approved location in the most direct route possible with no unauthorized stops in-between. (Home Detention & 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. Wireless phone systems are not compatible. All phone systems need to be preapproved by U.S. Probation.
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/time, a contact number, 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 I must maintain an alternative form of verbal communication (home phone, cell phone) and update U.S. Probation with any changes immediately.
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, B.L. Inc.
14. In the event of a catastrophic event or a natural disaster, I will reach out to my officer and notify them of my location.
15. Local Rules (as needed)

### EARNED LEAVE

To be eligible for earned leave, the participant must be in full compliance with all supervision conditions, be making co-pay payments as required, and be gainfully employed, unless special circumstances exist. *Home incarceration, curfew, BOP and sanction cases (first sixty (60) days) are not eligible.* Earned leave cannot be used to go to a bar or other location where the primary function involves the sale of or consumption of alcohol. Should any violations occur, earned leave may be taken away at the discretion of the probation officer.

Earned Leave time may be allocated as follows:

TIME IN HCP	HOURS OF E.L.
0 - 4 weeks	Not eligible
5 - 8 weeks	4 hours per week
9 - 11 weeks	6 hours per week
12 weeks or more	8 hours per week

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)

**LOCATION MONITORING  
PROGRAM DAILY ACTIVITY FORM**

**PARTICIPANT:** \_\_\_\_\_ **EFFECTIVE DATE:** \_\_\_\_\_  
**MONITORING UNIT:** \_\_\_\_\_

<b>Days</b>	<b>Depart Time</b>	<b>Return Time</b>	<b>Activity (e.g., employment, counseling, religious activities)</b>

**PARTICIPANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**LOCATION MONITORING PARTICIPANT AGREEMENT  
MONITORING CALL CENTER**

1. I, \_\_\_\_\_, PACTS No. \_\_\_\_\_, have been placed in the Location Monitoring Program. I agree to comply with all program rules set forth in this Agreement and with the instructions of my supervising 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 adverse action.
2. I understand that I may be contacted via telephone by monitoring center staff. I understand these conversations are recorded. I agree to appropriately respond to all questions asked and answer to the best of my knowledge. I agree to follow any directions provided relating to my monitoring equipment and/or supervision.
3. I acknowledge the monitoring center phone number will display as 765-111-1111 or an unknown number, depending on my cellular or home phone service provider. I understand I may save the 765-111-1111 number as a cellular contact to avoid potential spam blocking features from my service provider or mobile phone applications. Additionally, I understand returning an outgoing call to this phone number will be invalid and the call will not be able to be completed.
4. I understand monitoring that center staff may direct me to contact my supervising officer for follow-up or additional questions. I agree to contact my supervising officer as directed.

I acknowledge that I have received a copy of this agreement and that it has been explained to me. I understand that I must comply with this agreement until I am discharged from the location monitoring program. I further understand that any violation of this agreement will constitute a violation of my supervision and may result in adverse action.

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
U.S. Probation/Pretrial Services Officer

\_\_\_\_\_  
Date