

Huntington County Home Detention/Electronic Monitoring Program

201 North Jefferson Street, Room 209, Huntington, Indiana 46750

(260) 358-4841

Fax: (260) 358-4853

Home Detention/Electronic Monitoring Conditions

NAME: _____ CAUSE#: _____

OFFENSE: _____

BEGIN DATE: _____ END DATE: _____ TOTAL DAYS: _____

DATE OF BIRTH: _____ SSN: _____ MALE/FEMALE _____

HOME PHONE#:() _____ - _____ CELL PHONE #: () _____ - _____

ADDRESS: _____ CITY: _____ ZIP: _____

EMPLOYER: _____

Electronic Monitoring is a privilege the court has granted me in lieu of detention and/or as a term of probation. I realize this privilege may be revoked by the Court if it is determined I have violated any rules or conditions of this program. Therefore, I agree to abide by the following stipulations:

A. Electronic Monitoring Fees

1. At a later date, the judge will determine Electronic Monitoring Fees and I will be responsible for any and all cost associated with Electronic Monitoring Fees.

Parent _____ Juvenile _____

B. EM Equipment

1. I shall maintain the monitoring equipment in my home, on my person, and/or both when ordered by the Court. I will not disconnect, rearrange, or tamper with the EM equipment. Furthermore, if the equipment is lost or stolen, I understand I may be charged with the offense of "Theft" under the I.C. 35-43-4-2. I shall contact the Probation Office immediately if any of my equipment is lost, stolen, or damaged.
2. I will contact the Probation Office as soon as possible if I should lose power at my residence for more than an hour.
3. **I will not** attempt to repair any equipment.

a.) By signing this contract, I am agreeing to the following conditions regarding repayment of damaged/lost/stolen equipment.

- Should any damage or loss occur to any of the monitoring equipment given to me by the Huntington Probation Department Electronic Monitoring/Home Detention Program, I will be held financially liable and will be assessed the full cost for replacement or repair. Replacement costs will be commensurate with current market value (which are as follows):

GPS Bracelet	\$725
Cut Strap on GPS unit	\$75
GPS Power Supply	\$25

- I may be prosecuted under applicable criminal law in the event the equipment is not returned to Huntington County Probation.
- Damage to any electronic monitoring equipment assigned may also warrant Court action.
- I also agree to abide by the conditions set forth by the Huntington County Superior/Circuit Court – Probation Department Electronic Monitoring/Home Detention Program rules and regulations.
- I understand if I violate any conditions of the program I will be referred back to the sentencing Court for further disposition.

1. I understand the ankle transmitter must be worn 24 hours per day and will not be removed. If I choose to do so I will subject to the prosecution for the “Crime of Escape”, a level 5 Felony if committed by an adult under the I.C. 35-44-3-5.

2. I understand I may not swim, or use a hot tub during the period of Electronic Monitoring/Home Detention. Showering and regular bathing is permissible

3. I understand that I must answer and respond to any messages sent to me via my ankle bracelet.

4. I understand that I must keep my ankle bracelet battery charged. I also understand that I may be violated for letting my bracelet battery die.

5. I understand that any negligent tampering with my ankle bracelet is a direct violation of the program and can also lead to felony escape charges.

Parent _____ Juvenile _____

C. Employment

1. If employed, I will ensure to complete a weekly EM schedule. It is my responsibility to submit a weekly schedule regarding employment. Failure to submit a schedule, will result in remaining in the home.

Parent _____ Juvenile _____

D. Scheduled Time Outs

1. I will submit my weekly schedule to my EM Officer **Thursday of each week; no later than 12:00 pm (NOON)**. My schedule will include counseling appointments, school, work (if applicable), and legal services.
2. Scheduling issues are to be only discussed with my EM Officer only **during business hours** (see last sheet for business hours).
3. I agree to provide written proof of all appointments and scheduled out times. I understand providing false information or going to unauthorized appointments/destinations is a direct violation of the rules of Electronic Monitoring/Home Detention and a violation will be filed.
4. I may attend religious service accompanied by a parent or legal guardian, at all times.
5. If a scheduled out is approved, I will be accompanied by a parent or legal guardian, at all times.
6. Doctor's appointments may be scheduled any work day providing the EM Officer is available
7. When permitted to leave home I will take the most direct route to and from any authorized destinations. I will return to my residence immediately upon completion of my scheduled out. I realize I **cannot** stop anywhere on my way to or from said appointments without prior authorization from my EM Officer. This includes drive through restaurants. Also, note the speed at which you travel will be recorded.
8. I understand I must obtain permission to attend a funeral of an immediate family member or to visit an immediate family who is hospitalized with a serious illness (This only includes: spouse, children, and parents). The length of this visit will be determined by my EM Officer.
9. **I will remain in my home unless I have a scheduled out or an Emergency Room visit.**
10. I will remain in the confines of my home during the period of Electronic Monitoring. If I attend school, I must ride the school bus to and from or have my parents transport me to and from school. I understand that I am not allowed to walk to school or have my friends transport me to any location.
11. If approved to leave my house, I must be with my parents or legal guardian, at all times.
12. I will not be late, tardy, or be unexcused from school attendance. Further, I will abide by all school rules and regulations.

Parent _____ Juvenile _____

E. General Rules

1. I will abide by all laws of the United States and the State of Indiana. I will also abide by the terms of probation that this Court or any other Court has placed upon me. Furthermore, I agree not to associate with anyone violating a criminal law or any person on probation or Electronic Monitoring/Home Detention, Parole, Work Release, is incarcerated, has criminal charges pending, or has been convicted of a felony. If any person is found in my residence that has been restricted from visiting me, it will be considered to be a violation of my terms of Electronic Monitoring Home Detention.
2. I hereby waive my rights against search and seizure as provided for in the Constitution of the United States. I give my consent for my residence, vehicle, and/or outbuildings, locker, designated storage space where my belongings are kept at my place of employment, to be searched by EM Officer, Probation Staff, or any law enforcement officer acting on EM Officer's behalf. Any items considered contraband, evidence of a crime, or violation will be seized. I further understand a K-9 unit may be utilized during a search. My refusal to allow said searches will result in termination from the program.
3. I will permit my EM Officer and Probation staff to visit me at any time at my residence, my place of employment, or school. I also permit my EM Officer and Probation staff to contact me and/or my employer by phone at anytime for supervision purposes. **I understand I will activate my voicemail for my EM Officer and Probation staff to contact me at anytime.** I understand if I choose to not answer the door when I am at home may be considered to be a violation.
4. I will be courteous, cooperative, and respectful with the Probation staff and any other law enforcement officers while I am on Electronic Monitoring/Home Detention program.
5. I understand I will not be allowed to leave the State of Indiana during the duration of my Electronic Monitoring/Home Detention unless approved by the sentencing Judge.
6. I will **not** call the Probation cell phone after office hours *unless* it is a **REAL EMERGENCY**. A **REAL EMERGENCY** requires an ambulance, and/or fire department, and/or law enforcement at the time of the call. All other calls are considered "important." Important calls are **not** emergencies. Call the office voice mail to leave "important" messages.
7. I will not have any friends over to my house for any reason.
8. I understand that I shall be subject to a house check by a Probation Officer or Police Officer at any time to ensure compliance of Electronic Monitoring Home Detention.
9. I will not have any contact (direct or indirect) with any co-defendants or any person on Probation or Parole supervision.

Parent _____ Juvenile _____

F. Alcohol, Drugs, & Firearms

1. I agree to submit to a breath, blood, and/or urine sample when requested to do so by the Court and/or Probation Staff. I also understand I may be responsible for paying any costs associated with said tests and the results of such tests can be used against me in Court. Failing to provide a sample when requested is a violation. Providing a diluted specimen, or attempting to use someone else’s urine, purporting it to be your own, shall be deemed a violation.
2. I will not consume and/or possess alcoholic beverages, Hemp products, or any illegal substances. I will not be in the company of anyone who is using and/or possessing alcohol and/or illegal substances.
3. I will remove all firearms and weapons from my residence.

Parent _____ Juvenile _____

G. Parents or Legal Guardians

1. Parents or legal guardians are required to ensure that the juvenile follows all terms of Electronic Monitoring Home Detention. The Parents are responsible to report any violations immediately to the Probation Department.
2. Parents or legal guardians are responsible for providing (24) hour supervision of the juvenile on Electronic Monitoring Home Detention.

Parent _____ Juvenile _____

By your signature and initials, you acknowledge the above rules have been read and explained to you. You understand the rules. You have also received information explaining the equipment and your responsibility to properly use and maintain it. I also understand anyone, over eighteen (18) years of age, who resides in my residence during the time I am on EM will be required to sign this contract stating they have read the conditions of your Electronic Monitoring/Home Detention.

EM Participant

Date

Parent or Legal Guardian

Date

Sarah Witta
EM Officer

Date

Household Members

<u>Name</u>	<u>Age</u>	<u>Relationship/Signature</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional names, ages, relationship and signatures may be written on the backside of this page.

Contact Information: Probation Office (260)-358-4841
After Hours Cell Phone: (260) 224-1088 (**EMERGENCY ONLY**)
Business Hours: Monday thru Friday, 8:00 a.m. – 4:30 p.m. Closed noon – 1:00 p.m.
Email: sarah.witta@huntington.in.us

AUTHORIZATION TO RELEASE INFORMATION

To whom it may concern:

I, _____, the undersigned, hereby authorize the Huntington County Probation Department, Huntington, Indiana or its authorized representative(s) or employee(s), bearing this release or copy thereof, to obtain any information in your files pertaining to my employment, credit, medical, mental health, military or educational records including, but not limited to academic, achievement, attendance, athletic, personal history and disciplinary records, medical records, mental health counseling records and credit records, juvenile crime records and pre-sentence and pre-dispositional reports. I hereby direct you to release such information upon request of bearer. This release is executed with full knowledge and understanding that the information is for the official use of the aforementioned Huntington County Probation Department.

I hereby release you, as the custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institutions, consumer reporting agency, or retail business establishment including its officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt.

The information hereby obtained by the aforementioned probation office is to be used for the purpose of the Pre-Sentence Investigation and Report or probation/electronic monitoring supervision.

I hereby release information concerning my probation records for counseling purposes or any condition of probation/electronic monitoring of which I am to follow.

Date

Signature (full name)

Witness: Probation Officer

Full Name (printed or typed)

Parents or Guardian (if required)