JUDICIAL MANAGEMENT SERVICES, LLC

PO BOX 502

MEDIA, PA 19063

610-891-5140

ATTENTION ALL DEFENDANTS SENTENCED TO THE ELECTRONIC MONITORING PROGRAM

YOUR SCHEDULED HOOK UP DATE IS _____ AT _____

YOU MUST REPORT TO THE HOUSE ARREST UNIT LOCATED IN THE BASEMENT OF THE

DELAWARE COUNTY COURTHOUSE IN MEDIA ON THE DAY OR YOUR HOOK UP.

If your house arrest is more than 60 days, you are required to have a landline in your home for the duration of house arrest.

If you, your house or phone is not ready for your scheduled hook up date, a bench warrant will be requested for your arrest.

YOUR MUST BRING THE FOLLOWiNG FOR HOOK UP:

1. Money order for the first and last week in the amount of $210.00 made payable to JMS, LLC. Or pay by credit/debit card in the office (plus a $5 convenience fee)
2. If house arrest is 10 days, payment of $150 due at time of hook up.
3. Copy of your electric bill. Phone/cable bill (if more than 60 days house arrest).
4. Completed EMP packet and copy of a pay stub.
5. Work schedule on a company letterhead. DO NOT SCHEDULE WORK ON THE DAY OF HOOKUP.

Judicial Management Services
PO Box 502
Media PA 19063
610-891-5140
jmshousearrest@gmail.com
jmsbillpay.com

HOUSE ARREST SUITABILITY CHECKLIST

HOUSE SETUP:

The residence is acceptable and ALL occupants of residence are agreeable to House Arrest/Electronic Monitoring being implemented at this address for the designated monitoring period.
Monthly mortgage payments and/or the rental payments are up to date and no danger of foreclosure and/or eviction.
No one may move in or out of the residence during the duration of Electronic Monitoring.
Adult Probation can search the entire residence at any time for the duration of Electronic Monitoring.
The program is **"door to door" only;** no common areas, decks, porches, walkways and garages.
Cohabitating person(s) are responsible for: groceries, trash, mail, yard duties and laundry.
Visitors are limited (for the entire residence): **2 persons per day for a maximum of 2 hours.**
NO alcohol and/or drugs may be in the residence for any reason.
First failed alcohol and/or drug screen **will result** in automatic incarceration and violation.
NO firearms or lethal weapons may be in the residence for any reason.

Miscellaneous:

GPS bracelet must not be tampered with and the GPS bracelet may not be submerged in water.
Offender must take showers, not baths.
Standard reasons to leave residence: Work, Counseling, Medical, Court, or Church Service.
All reasons to leave residence **must be verified in writing.**
NO social reasons to leave residence are permitted (ie: Funerals, Graduations, Birthdays, Holidays)
Standard leave exception is the Emergency Room. ER visits must be verified in writing with documentation. **(emergency only 610-891-5244)**
Working employment hours must be **a set schedule with no daily time extensions. Overtime must be submitted in advance and approved by JMS.**
The offender is responsible for House Arrest/Electronic Monitoring program fees.

I have had the program explained to me and acknowledge the information above (in addition to the rules and regulations.

Defendant Date

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You will be charged $15.00 per day while on house arrest. You must bring $210.00 money order payable to JMS at the time of hook up. Credit /debit card may be used in office only (with a $5.00 convenience fee). Weekly, biweekly, monthly payments in increments of $105.00 can be made on **jmsbillpay.com** website (with a $5.00 convenience fee).

Checks or money orders can be mailed to:

Judicial Management Services, LLC
PO Box 502
Media PA 19063

Number of days on home monitoring:_____

START DATE: _____ END DATE: _____

TOTAL COST:_____

You must agree to wear the non-removable ankle band the entire time you are on home monitoring. You will be charged for any damage to the equipment. The approximate cost is $1,500. Failure to return all equipment will result in criminal charge of Theft by Unlawful Taking being filed against you.

You must report for office appointments at the date and time given to you. No excuses will be accepted. You must also respond immediately if anyone from the Office of Probation and Parole and/or Judicial Management Services attempts to contact you.

You may not have on your person or in your residence alcoholic beverages, controlled substances (as defined in the Controlled Substance, Drug, Device, and Cosmetic Act (35 P.S.S. 780-101 et. Seq., amended to date), drug paraphernalia or weapons. You must have a valid prescription for any medication that you are currently taking. You are responsible for any of these items in your home regardless of who the belong to.

You may not use controlled substances or alcohol. **You will submit to random urine analysis and breathalyzer tests.**

You must agree to allow access by the Delaware County Adult Probation and Parole Department to you and your premises.

I authorize Delaware County Adult Probation and Parole Department to conduct such searches of me and my belongings, premises, and vehicles without a warrant as authorized by Rules and Regulations. I understand that I may refuse to sign this authorization; however, such a refusal would require that I appear before the sentencing judge in order to determine whether my participation in this program is appropriate.

Defendant Date

Homeowner/Lessee (if other than defendant) Date

I herby acknowledge that I have read, or have had read to me, the foregoing conditions of the Electronic Monitoring Program. I fully understand these conditions and agree to follow them. Furthermore, I fully understand that any violation of these conditions could result in my immediate arrest and I will no longer be eligible for monitoring.

Defendant Date

Judicial Management Services Date

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ELECTRONIC MONITORING PROGRAM PACKET

Please fill in the following information as completely as possible by your scheduled hook up date. Be advised: Your home will be searched on that day so there should not be any drugs, alcohol, or weapons on the premises. Make sure you have a single line phone with no extra features and a money order for $210.00 made payable to JMS.

PLEASE PRINT

Name: _____ Indictment # _____

Do you have any difficult reading or writing? _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

RESIDENCE INFORMATION:

During the time you are on house arrest you are to live at:

_____

_____

Name of Homeowner or Lessee: _____

Relationship to you: _____

**If you are not the homeowner or lessee of this residence and he/she is not going to be present on your hookup date, you must have a letter from that person. This letter should indicate that the homeowner (lessee) gives permission for the installation of the Electronic Monitoring equipment and agrees to allow Delaware County Adult Probation and Parole officers to search said residence while you are under house arrest.

Persons living at this address (other than yourself):

Name	Relationship	Age

You must attach a letter from each person living with you indicating his/her support of your participation in the Electronic Monitoring Program and their willingness to comply with the Rules and Regulations.

Do any of the people listed have a criminal record or pending charges? _____
If yes, please identify the individuals(s) and explain:

_____

Do any of the people listed own or possess any firearms or lethal weapons? _____
If yes, that person must sign here indicating he/she will keep the weapon out of the residence the entire time you are on parole:

_____

Signature Date

PERMITTED VISITORS (immediate family)

Name	Relationship	Age

EMPLOYMENT INFORMATION

1. Present Employer: _____

   Address: _____

   Phone: _____

   Supervisor: _____

   Position: _____

   Hours per week: _____ Salary: _____

2. Other Employer: _____

   Address: _____

   Phone: _____

   Supervisor: _____

   Position: _____

   Hours per week: _____ Salary: _____

- You must attach a letter from your present employer(s) ***on company letterhead.*** This letter must include the days and hours you work, your salary, and the willingness of your employer to comply with the restrictions that may be placed upon you while participating in the Electronic Monitoring Program.

DRUG AND ALCOHOL HISTORY:

Please describe your drug history. Have you ever used any of the following?

Substance	Last Used	Frequency of Use
Alcohol		
Marijuana		
Cocaine		
Barbiturate		
Amphetamine		
Heroin		
Solvents		
LSD		

PCP _____

Other _____

TREATMENT HISTORY:

Have you ever had or are you currently seeking any treatment for the following reasons: Psychological, Psychiatric, Drug, or Alcohol? If yes, complete the following information:

Current Program: _____

Address: _____

Name of Counselor or Doctor: _____

Dates of Attendance: _____

Reason for Attending: _____

- If you are currently in treatment or counseling please sign a Release of Information and submit it to your treating professional so that Adult Probation and Parole can monitor your attendance and progress.

Treatment Programs Previously Attended:

Name	Date

MEDICAL HISTORY:

Do you have any medical problems? _____ if yes please explain:

_____

_____

_____

Are you currently under the care of a physician: _____

Doctors Name: _____

Phone Name: _____

Are you currently taking any medication? _____ If yes, please provide valid prescription.

VEHICLE INFORMATION:

Primary Vehicle:

Make: _____ Model: _____

License number: _____ State: _____ Color: _____

Drives License Number: _____ State: _____

Status: _____Active _____Suspended

**If your license is suspended list reason why and estimated date of return to active status:

_____

_____

_____

_____

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EMERGENCY CONTACT FOR EQUIPMENT RETRIEVAL

Print Clearly:

Contact Name:_____

Relationship:_____

Phone #:_____ Cell #:_____

Address: _____

_____

_____

Contact Name:_____

Relationship:_____

Phone #:_____ Cell #:_____

Address:_____

YOUR ARE RESPONSIBLE FOR ALL EQUIPMENT GIVEN TO YOU AT TIME OF HOOK UP. ALL EQUIPMENT MUST BE RETURNED TO JMS WITHIN THREE DAYS OF PROGRAM COMPLETION.

IF YOU ARE UNBLE TO RETURN YOUR EQUIPMENT WE WILL CONTACT ABOVE CONTACTS TO RETRIEVE/RETURN OUR EQUIPMENT.

FAILURE TO RETURN ALL EQUIPMENT AFTER THREE DAYS, YOU WILL BE BILLED THE FULL PURCHASE PRICE OF THE EQUIPMENT AND BE PROSECUTED TO THE FULLEST EXTENT OF THE LAW.

FAILURE TO RETURN ALL EQUIPMENT MAY RESULT IN A CONSTABLE BEING SENT TO YOUR RESIDENCE TO RETRIEVE EQUIPMENT.

_____

DEFENDANT DATE JMS

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Defendants Duties/Responsibilities

Pay first two weeks EMP supervision fees at the time of hook up. Remaining balance of what is owed to be paid thereafter on a weekly basis. Payment may be mailed or paid by credit/debit card in the office (with a $5.00 convenience fee).

Leave and enter residence according to agreed upon schedule

Contact JMS regarding any deviation from agreed upon schedule. Examples of deviation of schedule include early or late at or departure from residence, unscheduled leaves for emergencies and appointments and remaining at residence when scheduled to be out of the residence. (Emergency ONLY 610-891-5244)

Remain drug and alcohol free.

Insure unauthorized visitors, alcoholic beverages, controlled substances, drugs paraphernalia, and weapons do not enter residence.

Insure monitoring equipment is not damaged.

Respond to all contacts from JMS, probation/parole departments and/or Court.

Attend any court-ordered and/or court approved treatment programs.

Provide verification of all work hours upon demand of supervising officer or JMS.

Comply with all rules and regulations of the Electronic Monitoring Program

Violation of Electronic Monitoring Program

1. Example of violation of EMP are, but not limited to:

    Tampering with the equipment

    Failure to keep GPS unit on self when required

    Unexplained schedule deviation

    Possession of or having in residence alcoholic beverages, controlled substances, drug paraphernalia, or weapons

    Testing positive for use of controlled substances and/or alcoholic beverages

Having unauthorized visitors in the residence

Engaging in unapproved activity while outside of residence

Refusing probation staff access to residence

Refusing to submit to urinalysis and/or breath analysis

Missing office appointment without legitimate explanation

Failure to meet financial obligation to JMs and Court

2. Action to be Taken When Violation Occurs – when defendant does not adhere to rules/regulations of EMP, a violation has occurred. JMS will:

Advise supervisor concerning the violation. At that time it may be determined that the violation can be handled with a warning slip. If it is determined that the violation is severe then a bench warrant is requested from the sentencing judge. The supervisor will obtain two certified copies of the warrant and contact the Sheriff's Office so that they may arrest the defendant and transport him/her to the prison.

If the violation occurs after regular office hours, JMS will contact the on-call supervisor. It will then be determined if the defendant should be immediately incarcerated. If immediate incarceration is deemed necessary, a 72 hour detainer is filled out and given to a PA State Constable who arrest the defendant and transports him/her to the prison. On the first business day following the event, the probation officer will request a bench warrant from the sentencing judge.

If the defendant was serving EMP as part of a 'Min/Max' sentence, he/she will serve the remainder of time left on the minimum sentence in prison. The probation officer is responsible for requesting a rescission at the end of the minimum. If the defendant was serving EMP as part of an Intermediate Punishment sentence or if it was ordered at a Gagnon hearing, the appropriate violation hearing will be requested by the probation officer.

Defendants Successful Completion of the Electronic Monitoring Program

When a defendant has successfully completed his/her term of participation in EMP, the defendant will return all equipment to JMS.
The defendant will have the ankle bracelet removed by JMS staff.
The defendant will pay any balance due.

Probation and Parole will be notified by JMS of successful completion of program by the defendant.

I hereby acknowledge that I have read, or had read to me, the foregoing conditions of the Electronic Monitoring Program. I fully understand these conditions and agree to follow them. Furthermore, I fully understand that any violation of these

conditions could result in my immediate arrest and I will no longer be eligible for home monitoring.

Defendant Date

Judicial Management Services Date