Enrollee Profile Report

Rules

The following rules apply to the Global Positioning Satellite System (GPS) Electronic Monitoring (EM) Equipment. Failure to comply with the following conditions would constitute a violation of your parole/probation/supervised release and subject you to possible revocation.

1. You will wear an ankle bracelet at all times and will not remove the bracelet yourself for any reason.

2. You will charge the GPS equipment twice daily for a minimum of (1) hour each time.

3. You will respond to any and all efforts to communicate with you initiated by your Supervisory Officer or other representative of this agency.

4. You will report any perceived defects, damage or malfunctions of the equipment immediately to your Supervisory Officer or other representative of this agency.

5. You will return the GPS equipment in good working order once this agency determines that it is time for you to be removed from the system.

6. You will allow any representative of this agency to inspect the equipment assigned to you upon request.

7. You are responsible for the care of the equipment issued to you. You may be held financially responsible for any malicious damage to the equipment and be criminally prosecuted for equipment theft.

Other Instructions

1. You understand that all movement will be tracked and stored as an official record.

2. You will follow all established home, work, etc. rules. Deviation from your schedule and/or approved travel routes is a violation.

3. You will not enter areas that are defined as off limits.

4. You will notify your Community Supervision Officer of all court proceedings and the outcomes of such proceedings while you are being electronically monitored.

Signatures

The rules of the Electronic Monitoring Program have been provided to me. I fully understand what is expected of me, and the possible consequences of my failure to comply with these rules.

My signature confirms the above, as well as my receipt of the Electronic Monitoring Equipment.

Enrollee Name	Enrollee Signature	Date
	_____	_____

Supervisor Name	Supervisor Signature	Date
_____	_____	_____