



**PARTICIPANT RULES AND  
AGREEMENT**

\_\_\_\_\_ I am participating voluntarily.

\_\_\_\_\_ I have a stable residence in which to live.

\_\_\_\_\_ I understand that my participation in the Alnur Electronic Monitoring Program is Court Ordered and any violation with AEMP will be reported to the Court.

\_\_\_\_\_ I additionally understand that a violation of the home detention order or agreement may be considered an escape and subject to prosecution and imprisonment.

\_\_\_\_\_ I agree that I will be careful in wearing the transmitter and using the equipment while it is in my possession and not perform any activity that would be unsafe to me because I am wearing this equipment.

\_\_\_\_\_ I understand that if I notice the equipment is not working properly, or in the case of a natural disaster (fire, flood, storm, etc.), I will contact my AEMP case manager immediately.

\_\_\_\_\_ I will be connected to a one-piece GPS monitoring device and I agree to wear a transmitter device that is installed on my ankle, twenty-four (24) hours a day for as long as I am involved in the program. I will only allow a member of AEMP to remove it.

\_\_\_\_\_ I will be given complete instructions on the proper operation of the equipment, and will be expected to comply at all times, including charging the equipment daily.

\_\_\_\_\_ I agree that I will not submerge the transmitter in water. While bathing I must have my leg over the side of the bath tub, out of the water. While showering, I understand that I must thoroughly cleanse the area around the transmitter with soap and water, and dry underneath. I understand the transmitter, straps, and all parts of the equipment are hypoallergenic and will not cause any type of harm to my body.

\_\_\_\_\_ If the alcohol breath testing equipment is required by the courts I will not submerged this equipment since this can cause damage.

\_\_\_\_\_ I will be held civilly and criminally liable for the cost of repair or replacement of any of the equipment if tamper with or damaged in any way. **All clients are required to have a co signer who guarantees that if the client is unable to pay for the cost of repair or replacement of any of the above listed equipment, they will be held legally responsible as well.**

RESPONSIBLE PARTY \_\_\_\_\_

\_\_\_\_\_ I must provide the following to verify my identity; in possession of Court Documents, MVA issued driver's license or age of majority (Photo ID) card, employment or any other type of Photo ID card. Copies of these documents will be placed in my file at the time of enrollment.

\_\_\_\_\_ I understand that I must provide AEMP with a copy of a current phone bill and Lease/Mortgage/Renters Agreement within fourteen (14) days of my enrollment in the program. Copies will be placed in my file. If I want to move from where I am living to a new residence, I must have permission from the courts. There is a \$100 fee for moving.

\_\_\_\_\_ I agree to keep my phone and phone service working. If I do not have a working phone or if I lose phone service, I will not continue in the program.

\_\_\_\_\_ I will keep my phone ringer on all of the time. There are no excuses for having the ringer off or the phone unplugged.

\_\_\_\_\_ If my phone is not working or the phone service stops, I must contact the case manager within thirty (30) minutes. If no contact is made, AEMP will follow the procedures for a breach of curfew which may result in termination of the program.

\_\_\_\_\_ I agree and understand that AEMP, its Agents, and Employees are forever held harmless and blameless from any liability whatsoever arising from the use of the Home Detention Monitoring Systems. I give this release without any reservation of any kind.

\_\_\_\_\_ I am aware that if I have a complaint about AEMP or one of its case managers. I will submit this in writing to case manager supervisor.

\_\_\_\_\_ I agree and understand that my sentence requires me to be confined to my residence subject to the curfew schedule set by AEMP and the Court. Residence is defined as the physical building in which the client lives, and as far as the monitoring equipment allows inside of this building. It does not include basements, attics, outbuildings, garages, sheds, and land surrounding the residence.

\_\_\_\_\_ I understand that if I have a medical emergency, I must contact an AEMP case manager immediately and provide valid verification within 24 hours of leaving my residence.

\_\_\_\_\_ I agree that I will not use alcoholic beverages or drugs of controlled / uncontrolled substances unless my doctor prescribes them for me. I must provide copies of all prescriptions to AEMP.

\_\_\_\_\_ I understand that I am required to submit to random drug/ alcohol tests (urine samples and / or breath alcohol tests and such) at my own expense, at the discretion of a member of AEMP and the Court.

\_\_\_\_\_ I agree and understand that AEMP its agents, and employees will not provide me with food, clothing, shelter, medical, and / or dental care while I am participating in the program.

\_\_\_\_\_ I understand that AEMP does not discriminate against Race, Religion, Gender, Sexual Orientation, Economic Status, Origin, Etc.

RESPONSIBLE PARTY \_\_\_\_\_

\_\_\_\_\_ I irrevocably authorize AEMP its agents, and employees to communicate with and report (written and verbal) to the Court, my probation officer, and my attorney, any information pertaining to my participation in the Alnur Electronic Monitoring Program. I additionally authorize the person(s) that I have listed to have access to my file at the time of my hook-up, to be able to obtain this information.

\_\_\_\_\_ I understand that if I, or any of the above listed parties would like access to my case records, they can be obtained by submitting a written request to the AEMP office. Records are subject to a fee of \$.10 per page.

\_\_\_\_\_ I agree to provide to AEMP a copy of all correspondence related to my case that is prepared by myself or counsel directed to my court of record. (Correspondence shall include letter, Court Order or modifications thereto.) If such correspondence results in a court appearance, AEMP must be notified at least ten days prior to the court date.

\_\_\_\_\_ If an AEMP case manager is needed to appear in Court for any reason, there will be a \$100 fee for this service.

\_\_\_\_\_ I agree to submit schedules in writing by fax or email, no later than 3PM the day prior to my requested leave, or by 3PM Friday for weekend leaves. No exceptions, and no verbal requests will be accepted. I am required to call 15 minutes after submission to confirm approval.

\_\_\_\_\_ I agree to submit written verification of all activities that are performed outside of my home.

**ALL ACTIVITIES MUST BE ALLOWED BY COURT ORDER.**

\_\_\_\_\_ I agree to submit verification of weekly work hours. Verification should be originals or copies of pay stubs. Verification of employment must be from an independent source. I must notify AEMP immediately of any change in employment.

\_\_\_\_\_ I agree that all activities outside of home or work that are permitted and pre- approved must be verified:

\_\_\_\_\_ Religious Service: Get a bulletin with the name, address, and phone number of the place of worship. Have the service officiant sign next to the date. **Only if allowed by Court**

\_\_\_\_\_ AA/NA meetings/counseling: Name, Location, Telephone Number, Date and Time, Stamped attendance record. Only stamped meetings permitted.

\_\_\_\_\_ Personal time for activities necessary to maintain the household and/or personal hygiene: Receipts with Date and Time, Signed and Dated Business cards. **Only if allowed by Court.**

RESPONSIBLE PARTY \_\_\_\_\_



