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## LOCATION MONITORING PROGRAM RADIO FREQUENCY PARTICIPANT AGREEMENT

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1. I, \_\_\_\_\_, PACTS No. \_\_\_\_\_, have been placed in the Location Monitoring Program with the use of radio frequency. 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 will remain at my approved residence at all times, except for activities approved in advance by my supervising officer. Regularly scheduled activities are listed below which remains in effect until modified by my supervising officer. All schedules must be submitted to my supervising officer pursuant to the attached procedure or as instructed by my supervising officer.
  
3. I agree not to deviate from my approved schedule, except in an emergency. In the event of an emergency, I agree to first contact my officer for approval to leave the residence or other location, if possible. If unable to do so, I will call my supervising officer as soon as I am able. I agree to provide proof of the emergency, as requested by my supervising officer. If my supervising officer ( \_\_\_\_\_ ,  
Phone No. \_\_\_\_\_ ) is unavailable, I will contact his/her partner(s),  
  
\_\_\_\_\_, Phone No. \_\_\_\_\_  
\_\_\_\_\_, Phone No. \_\_\_\_\_  
  
or I will contact a duty officer for assistance at the office's main line \_\_\_\_\_.
  
4. In the event of an emergency during non-business hours, I agree to call my supervising officer pursuant to his/her instructions. If unable to reach my officer, I agree to leave a detailed message, to include my name, the date and time, a brief description of the emergency, and my location and/or destination.
  
5. I understand that my activities must be verified, and I agree to submit documentation to verify my activities, as requested by my supervising officer. Failure to submit proper verification may result in a restriction of my leave schedules.
  
6. If deemed appropriate by my supervising officer, I may receive discretionary leave. This leave shall be authorized only for verified activities that my supervising officer approves three (3) business days in advance. Discretionary leave will be granted only if I am in full compliance and have fully provided verification of my movements.
  
7. I agree to maintain electrical service and telephone service (if needed for a landline unit) at my residence at my own expense. I agree that I will not make any changes to the telephone equipment or service at my residence without prior approval of my supervising officer. I agree to notify my supervising officer immediately upon any disruption with either my phone or power service
  
8. I agree to wear a non-removable, waterproof ankle ( *left / right* ) transmitter while being supervised under the location monitoring program. I agree not to remove or tamper with the ankle transmitter, except in a life-threatening emergency or with prior permission from my supervising officer.
  
9. I agree to allow a monitoring device (base unit) to be placed in my residence. I will not move, disconnect, or tamper with the monitoring device. I agree to allow authorized personnel to inspect all equipment used for my monitoring.

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10. I acknowledge receipt of monitoring device number \_\_\_\_\_ and ankle transmitter number \_\_\_\_\_. I understand that I will be held financially responsible for damage, other than normal wear and tear, to the equipment. I also agree to be financially responsible for replacement costs if I fail to return the equipment upon completion of the program.
11. 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 [BI Inc.](#), at 6265 Gun Barrel Ave, Boulder, CO 80301, by cashier's check or money order and shall include your name and device number, or online.

**PERMANENT ONGOING WEEKLY SCHEDULE:**

DAY OF WEEK	LEAVE TIME	RETURN TIME	PURPOSE

**POST CONVICTION ONLY:** Location Monitoring Term: \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_ days

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 an immediate adverse action.

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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## LOCATION MONITORING PROGRAM GPS PARTICIPANT AGREEMENT

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1. I, \_\_\_\_\_, PACTS No. \_\_\_\_\_, have been placed in the Location Monitoring Program with the use of the global positioning system (GPS) program, as ordered by the court, as a condition of my release. I agree to comply with all program rules set forth in this Agreement and to follow 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 will remain at my approved residence at all times, except for activities approved in advance by my supervising officer. Regularly scheduled activities are listed below which remains in effect until modified by my supervising officer. All schedules must be submitted to my supervising officer pursuant to the attached procedure or as instructed by my supervising officer.
3. I agree not to deviate from my approved schedule, except in an emergency. In the event of an emergency, I agree to first contact my officer for approval to leave the residence or other location, if possible. If unable to do so, I will call my supervising officer as soon as I am able. I agree to provide proof of the emergency, as requested by my supervising officer. If my supervising officer ( \_\_\_\_\_, Phone No. \_\_\_\_\_ ) is unavailable, I will contact his/her partner(s),  
\_\_\_\_\_, Phone No. \_\_\_\_\_  
\_\_\_\_\_, Phone No. \_\_\_\_\_  
or I will contact a duty officer for assistance at the office's main line \_\_\_\_\_.
4. In the event of an emergency during non-business hours, I agree to call my supervising officer pursuant to his/her instructions. If unable to reach my officer, I agree to leave a detailed message, to include my name, the date and time, a brief description of the emergency, and my location and/or destination.
5. I understand that my activities must be verified, and I agree to submit documentation to verify my activities, as requested by my supervising officer. Failure to submit proper verification may result in a restriction of my leave schedules.
6. If deemed appropriate by my supervising officer, I may receive discretionary leave. This leave shall be authorized only for verified activities that my supervising officer approves three (3) business days in advance. Discretionary leave will be granted only if I am in full compliance and have fully provided verification of my movements.
7. While supervised using GPS technology, I agree to wear a non-removable GPS tracker, worn on my ( *left / right* ) ankle twenty-four (24) hours a day, seven (7) days a week. I agree not to remove or tamper with the GPS tracker, except in a life-threatening emergency with prior permission from my supervising officer. This GPS tracker will be attached and removed only by my officer or a representative of the U.S. Probation and/or Pretrial Services Office.
8. If provided, I agree to allow a base unit/beacon to be placed within my residence or other location, as determined by my supervising officer. I agree not to move, disconnect, or tamper with the monitoring device.
9. I agree to acknowledge receipt of any messages from my GPS tracker, and I agree to follow the verbal commands. If I am unable to do so, I will contact my supervising officer.

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## LOCATION MONITORING PROGRAM GPS PARTICIPANT AGREEMENT

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10. Supervising Officer Check (X) option:

I agree to charge my GPS tracker for no less than two (2) hours each day to maintain a fully charged battery. (ET1)

I agree to charge my external batteries, as directed by my supervising officer, and to replace my external battery two (2) times a day every morning and night or as directed by my supervising officer. (LOC8)

11. I agree to contact my officer immediately if I have any questions about the rules of the program or if I experience any problems with the equipment.

12. I acknowledge receipt of monitoring GPS tracker number \_\_\_\_\_ and beacon number \_\_\_\_\_. I understand that I will be held financially responsible for damage, other than normal wear and tear, to the equipment. I also agree to be financially responsible for replacement costs if I fail to return the equipment upon completion of the program.

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 [BI Inc.](#), at 6265 Gun Barrel Ave, Boulder, CO 80301, by cashier's check or money order and shall include your name and device number, or online.

### PERMANENT ONGOING WEEKLY SCHEDULE:

DAY OF WEEK	LEAVE TIME	RETURN TIME	PURPOSE

**POST CONVICTION ONLY:** Location Monitoring Term: \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_ days

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 an immediate adverse action.

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date