

INMATE GPS ORIENTATION
Guidelines and Procedures

FAILURE TO COMPLY WITH THE FOLLOWING CONDITIONS MAY RESULT IN YOUR TERMINATION FROM THE GPS PROGRAM. THIS COULD RESULT IN YOUR RECLASSIFICATION TO A HIGHER SECURITY FACILITY. PLEASE INITIAL BY EACH OF THE FOLLOWING PARAGRAPHS TO ACKNOWLEDGE THAT YOU HAVE READ AND UNDERSTOOD ITS CONTENT.

1. _____ You will not tamper with the Electronic Monitoring Tracking Device in any manner or for any reason.
2. _____ You will connect your Electronic Monitoring Tracking Device to your charger a minimum of two hours per day.
3. _____ You will contact your officer immediately when you receive a 10 second vibration from the Electronic Monitoring Tracking Device and all three lights are blinking.
4. _____ You will remain current with all payments to the agency (if applicable).
5. _____ You will submit work verification and verified work schedules upon request from your supervising officer. You must obtain authorization for a schedule change a minimum of 12 hours in advance from a supervising officer.
6. _____ You will allow the equipment to be inspected upon request, which could result in missed work, or alteration of your daily schedule.
7. _____ You are responsible for the care and damage to the equipment that is issued to you, other than normal wear and tear at the discretion of your supervising officer. You could be held criminally responsible for any equipment loss or theft.
8. _____ You understand that all movement will be tracked and stored as an official record.
9. _____ You will follow all established home, work, or restricted area rules that have been established. Deviation from said schedule will be grounds for violation.
10. _____ You will respond to all messages that are sent to your MTD as soon as you receive them.

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

My signature confirms my receipt of the following equipment:

Miniature Tracking Device (MTD): _____

Docking Station/Charging Stand: _____

Ankle-Worn Transmitter/Bracelet: _____

(Inmate Signature)

(Date)

(Supervising Officer's Signature)

(Date)