RULES AND CONDITIONS FOR ELECTRONIC MONITORING PROGRAM FOR DUI OFFENDERS

- 1. I will report as directed to the orientation scheduled on the date, time and place directed.
- 2. I will obey all city, state and federal laws. I will not own or possess a firearm or travel in a vehicle containing a firearm belonging to me or anybody else. I understand that at any time or place, I am subject to search. In addition, my vehicle and any property under my control are subject to search.
- 3. I will not, under any circumstances, leave the State of Oklahoma. I must obtain permission before leaving the county of my approved residence.
- 4. I will report as directed by my officer in person and in writing on the forms provided by my officer. I understand that my officer will visit me at home, work, or any other place without restriction to time. I also understand that I will be required to wear an electronic security-monitoring device and that I may be required to have installed, at my expense, a device that restricts use of any automobile to which I have access (ignition interlock device).
- I will not use or possess drugs other than those legally prescribed by a physician. I will report to my officer any medications that I may be prescribed. I will not use alcohol and will avoid the use of products containing alcohol nor go onto the premises of places where alcoholic beverages is served as the major item, i.e., beer parlors, taverns, clubs, nor will I attend group meetings or parties where alcoholic beverages are served. I will submit to urinalysis, breathalyzer, or other forms of drug detection.
- 6. I will not lie or misrepresent the truth to any member of law enforcement, any employee of the Department of Corrections or any official of the government.
- 7. I understand that I am required to maintain full-time employment or provide documentation of an approved source of income. If unemployed, I will be required to be actively searching for employment and provide verification of search to my officer.
- 8. I will pay program support fees not to exceed \$300 per month. Payment shall be by cashier's check or money order only and shall be payable to the Department of Corrections.
- 9. I will not apply for any public, private or governmental assistance without prior written approval from my officer. I will not enter into any charge accounts or credit applications for loans other than for educational expenses.
- 10. I understand that I am subject to curfew restrictions which shall be determined by my officer. If required, I will carry on my person at all times an itinerary approved by my officer in advance.
- 11. I will comply with all lawful directives issued by my supervising officer or any member of DOC.
- 12. I understand that if I cannot be located by my officers or if I fail to report as directed by my officer, I will be considered to have escaped custody of the Department of Corrections. I hereby waive all extradition rights and agree to return to the State of Oklahoma and the Department of Corrections when directed.
- 13. I understand that I cannot waive parole while assigned to the Electronic Monitoring Program for DUI Offenders.
- 14. I will actively participate in the developed transition plan and any subsequent amendments to the plan. Programs may include by are not limited to:
 - a. Substance Abuse Treatment
 b. Employment
 c. Education
 d. Financial
 e. Mental Health
 f. Cognitive
- 15. I will not associate with any persons actively under any form of Department of Corrections' supervision or with persons who have a criminal record unless I receive permission from the Department of Corrections. I will not communicate with any offenders of any penal institution, including county jails, except members of my immediate family, unless my officer gives me permission to do so.
- 16. I will comply with any directives issued to me pertaining to use and care of all electronic monitoring equipment to avoid certain restricted activities and comply with all directives contained in the "Offender Orientation" Guidelines and Procedures.
- I will maintain an approved residence and must maintain phone service. I must have my officer's approval prior to changing residences.
 I will not operate a motor vehicle unless approved by my officer.

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Offender/DOC Number	Date

Witness/Position Date