

J. Kevin Stitt
Governor



Justin Farris
Director

AGGRAVATED DRUG TRAFFICKING BOND PROGRAM

Date: _____ Unsupervised DOC Number: _____

Defendant: _____ Case Number: _____ County: _____

On _____ you posted bond on your pending case. As a condition of your bond, you are required to wear a GPS monitoring device, to be monitored by the Oklahoma Department of Corrections (ODOC).

The ODOC will collect a \$1050.00 deposit, in the form of a MONEY ORDER made payable to the Oklahoma Department of Corrections, prior to the monitor being placed and activated. If possible, the monitor will normally be placed on the offender within 24 business hours of payment of deposit. The deposit will be held until you return the monitor. **If you fail to return the monitor, or it is damaged upon return, you will forfeit your deposit.** A request will be placed for your deposit to be returned to the person who made the deposit once the monitor is returned. Please allow 30 days to process your deposit refund request.

If your address or telephone number changes while you are out on bond, you are **REQUIRED to notify the probation officer or the ODOC GPS Coordinator.**

You are required to make a **Monthly Monitoring Fee of \$165.00.** Payments are to be made by money order only, payable to DOC Restitution, PO Box 11400, Oklahoma City, OK. 73136. Include your name and Unsupervised DOC Number on the money order as well. Please include a self-addressed, stamped envelope to obtain a copy of your payment receipt.

You are required to **KEEP THE MONITOR CHARGED** and to maintain a phone line so we may contact you regarding your monitoring services. The court will be notified if you fail to comply, which may result in bond forfeiture and a bench warrant being issued for your arrest.

Probation Office Address and Main Number: _____

Probation Officer and Contact Number: _____

ODOC GPS Coordinator and Contact Number: _____

GPS AGGRAVATED DRUG TRAFFICKING BOND MONITORING PROGRAM

Date: _____ Temporary DOC Number: _____

Last Name: _____ First Name: _____ Middle Name or Initial: _____

Case Number: _____ County: _____

Personal Information		
SSN:	DOB:	Sex:
Race:	Hair Color:	Eye Color:
Height:	Weight:	
Residential and Contact Information		
Street Address:		
City:	State:	Zip Code:
Home Phone:	Cell Phone:	
Spouse Name:	Phone Number	
Name of Nearest Relative:	Phone Number	
Bondsman:	Phone Number	
Attorney:	Phone Number	
Employer:	Phone Number	

Please issue Deposit Refund to:

Name: _____ Address: _____

Defendant Signature and Date: _____ Date: _____

(01/26)