



## Electronic Monitoring Terms and Conditions

Offender Name: \_\_\_\_\_

Offender #: \_\_\_\_\_

I understand that my placement on electronic monitoring (EM) may be revoked by the Department of Corrections (DOC). I understand that any violation of EM terms and conditions or conduct or activity that reflects a disregard for the rights of others shall be sufficient cause to terminate my EM participation.

I understand and agree to the following conditions during my participation in EM:

1. I will only reside in my approved residence at: \_\_\_\_\_  
\_\_\_\_\_ (Initial: \_\_\_\_\_)
2. I will obey all state, federal, and local laws, ordinances, orders, and court orders. (Initial: \_\_\_\_\_)
3. I understand that special conditions imposed in Court Order \_\_\_\_\_ may be enforced while on Electronic Monitoring. (Initial: \_\_\_\_\_)
4. I will report to the EM office located at: \_\_\_\_\_  
weekly or otherwise as directed by EM officers. (Initial: \_\_\_\_\_)
5. I shall have no contact with my victim(s). (Initial: \_\_\_\_\_)
6. I will maintain full-time work and/or school during my house arrest confinement period unless otherwise authorized by EM officers. I will notify EM officers of unplanned changes in employment status immediately. (Initial: \_\_\_\_\_)
7. I will obtain prior approval from EM officers before changing my employment, required treatment, and/or my residence. (Initial: \_\_\_\_\_)
8. I will not be the sole guardian, babysitter, or custodian / primary caregiver for any person(s), children, or pets without approval from EM officers. (Initial: \_\_\_\_\_)
9. I will obtain prior approval from EM officers before having visits from friends, family members, and/or associates to my residence with the exception of unannounced visits (i.e., public, and local business persons). (Initial: \_\_\_\_\_)
10. I understand the house arrest confinement restrictions will be enforced by the use of electronic technology to ensure compliance. (Initial: \_\_\_\_\_)
11. I may be required to install and maintain a telephone line, high quality. I understand that caller ID, call waiting, call forwarding, voice mail, and answering machines are strictly forbidden while on EM. (Initial: \_\_\_\_\_)
12. I will not tamper with, disconnect, move, or remove any of the monitoring equipment (including phone and power cords). (Initial: \_\_\_\_\_)



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13. I will abide by all schedules and restrictions placed on me while participating in EM. I agree to remain in my approved residence at all times, except for those hours approved by the EM officers to fulfill employment, school/training, medical/treatment programs, and/or special authorized leave. I agree to go directly to the place(s) authorized and return directly to my approved residence. **(Initial: \_\_\_\_\_)**
14. I understand that an unauthorized deviation from my approved schedule could result in termination from the program. In the event of an emergency (i.e., medical emergency, fire), I will contact EM officers as soon as possible following the emergency situation. I understand I will be required to provide full documentation of the emergency situation. **(Initial: \_\_\_\_\_)**
15. I agree to pay the cost of electronic monitoring. The total cost to be paid per day shall be \$12 / \$14 (*circle one*). The total cost then will be \$84 / \$98 (*circle one*) per week. I understand payments will be made to the Department of Corrections in installments one (1) week in advance and prior to installation. If removed from the program for a violation, I agree to forfeit all funds paid in advance. Money order, certified check, and/or cash must be used to make payments. Personal checks will not be accepted. I agree that any accrued EM payments that remain unpaid at the time of my re-entry into a DOC facility may be deducted from my Offender Trust Account, subject to the provisions of AS 33.30.201. **(Initial: \_\_\_\_\_)**
16. I understand that I will be held responsible for damages (other than normal wear and tear) to the equipment. I further understand that if the equipment is not returned in good condition, I will be charged for replacement on release and hereby agree to pay for it. **(Initial: \_\_\_\_\_)**
17. I will report any problems with the electronic monitoring or alcohol testing equipment immediately to DOC staff. **(Initial: \_\_\_\_\_)**
18. I agree that the Department of Corrections and the vendor providing the electronic monitoring equipment are not liable for any damages and/or injuries as a result of wearing or tampering with the monitoring device. **(Initial: \_\_\_\_\_)**
19. I agree that the Department of Corrections, or its officers, have no responsibility to provide food, shelter, clothing, medical care, or dental care during my house arrest confinement period. **(Initial: \_\_\_\_\_)**
20. I will not drive a motor vehicle of any kind (including but not limited to cars, trucks, 4-wheelers, snow machines, motorcycles, and boats) without prior written approval from EM staff. **(Initial: \_\_\_\_\_)**
21. I agree to have no non-employment related, non-reentry related contact with a convicted felon without the permission of EM officers. I agree to have no contact with, or be in a position of authority over, offenders who are under any kind of DOC supervision without the permission of EM Officers. **(Initial: \_\_\_\_\_)**
22. I will allow DOC staff and/or police to enter my residence to install, maintain, repair, or inspect the monitoring equipment and/or verify compliance with the terms and conditions of EM. **(Initial: \_\_\_\_\_)**
23. I will not consume or possess alcoholic beverages of any kind, nor enter any establishment where alcoholic beverages are sold, stored, or dispensed as the primary business of the establishment. Further, I agree not to use any personal hygiene products such as mouthwash, cologne, etc. that contain alcohol. Also, I will not use cleaning products such as Lysol™ that contain alcohol while enrolled in EM. **(Initial: \_\_\_\_\_)**



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- 24. I will not consume or possess any controlled substances, prescribed or not (to include marijuana), nor possess any drug paraphernalia, nor be in the presence of persons consuming or possessing the same. (Initial: \_\_\_\_\_)
- 25. I will submit to breath and urine tests for analysis for alcohol, drugs, or metabolites of drugs upon request of the EM officers. I understand refusal to submit to a breath or urine test upon request is a violation of the program. Any positive test for alcohol or drugs may result in termination from EM. A negative UA sample must be provided prior to placement on EM. (Initial: \_\_\_\_\_)
- 26. I will, upon request by DOC staff, submit to a search of my person, personal property, residence, or any vehicle which I own or under which I have control for the presence of contraband. (Initial: \_\_\_\_\_)
- 27. I will not possess any firearms, ammunition, explosives, or deadly weapons on my person, within my approved residence, or within my vehicle. (Initial: \_\_\_\_\_)
- 28. I will immediately report all law enforcement contacts to EM officers. (Initial: \_\_\_\_\_)
- 29. I will not enter into any agreement or other arrangement with any law enforcement agency which will place me in the position of violating any law or condition of EM. I understand that Department of Corrections policy prohibits me from working as an informant. (Initial: \_\_\_\_\_)
- 30. I hereby waive any right to an extradition hearing if I leave the State of Alaska while on EM. (Initial: \_\_\_\_\_)
- 31. In accordance with local policy, a home inspection will be completed prior to installation to ensure there are no weapons, alcohol, drugs, or drug paraphernalia. (Initial: \_\_\_\_\_)
- 32. I understand that any violation of the above listed terms and conditions will subject me to disciplinary procedures as stated in DOC P&P 809.04 and DOC P&P 902.16. (Initial: \_\_\_\_\_)
- 33. I understand that I will not earn statutory good time while on EM if I committed the offense or probation/parole violation on or after 07/09/19. (Initial: \_\_\_\_\_)

I, hereby acknowledge that I have read or had read to me the terms and conditions of EM. I further certify that I understand the contents and agree to the terms and conditions of EM:

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Offender Printed Name	Offender Signature	Date