

**CMG TRAC ELECTRONIC MONITORING**

**AGREEMENT TO COMPLY WITH THE RULES OF ELECTRONIC MONITORING**

I, \_\_\_\_\_, have been ordered and have agreed to participate in CMG TRAC Electronic Monitoring Program. I understand and agree to abide by the following rules of the program:

1. \_\_\_\_\_ I must reside at my approved residence \_\_\_\_\_. I will notify my supervising officer in advance or any change in this address immediately.
2. \_\_\_\_\_ I must maintain electrical service at my approved residence and have access to a phone where I can maintain phone contact with my supervising officer. I understand that I must pay for all phone and electrical service cost. My phone number is: \_\_\_\_\_.
3. \_\_\_\_\_ I agree to pay the fees for my electronic monitoring program and to pay for any damages, loss or theft to the monitoring equipment. I understand that criminal charges will be pressed for any monitoring equipment that is intentionally lost or damaged. (Penal Code Section 594-625c)
4. \_\_\_\_\_ I agree that the unauthorized alert of entering an Exclusion Zone, exiting an Inclusion Zone, breaking a Curfew, evidence of a Strap Tamper, Equipment Tamper, or Dead Battery, will constitute evidence that I have violated the rules of the program.
5. \_\_\_\_\_ I agree that I will not violate any terms of probation or parole and/or commit any crimes while enrolled in the electronic monitoring program.
6. \_\_\_\_\_ I agree to indemnify and hold harmless CMG TRAC , and all its employees the injuries or death suffered by any person including myself, any damages to property or the deprivation of any right of any person which may arise out of result from my enrollment in the electronic monitoring program.
7. \_\_\_\_\_ I agree that I will faithfully cooperate with my supervising officer, answer fully and truthfully any inquiry made of me and will comply with the instructions and/or directions given to me during my period of electronic monitoring.
8. \_\_\_\_\_ I shall faithfully obey all the laws of the State of \_\_\_\_\_, the United States and any city laws therein.
9. \_\_\_\_\_ I shall refrain from possessing or consuming intoxicating beverages and any drugs or chemical substances unless prescribed by a licensed physician.
10. \_\_\_\_\_ I shall refrain from carrying or possessing any firearms or other dangerous and deadly weapon.
11. \_\_\_\_\_ I understand they I may not at any time leave the State of \_\_\_\_\_ without prior approved authorization from my supervising officer and/or \_\_\_\_\_ my \_\_\_\_\_.
12. \_\_\_\_\_ I acknowledge that these rules have been fully explained to me to my satisfaction and that I freely and voluntarily desire to participate in the electronic monitoring program.

Enrollee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervising Officer: \_\_\_\_\_ Date: \_\_\_\_\_