

Washburn County Sheriff's Office - Jail

421 Highway 63, P.O. Box 429, Shell Lake, Wisconsin 54871

Phone: (715) 468-4720

Fax: (715) 468-4729

Dennis Stuart
Sheriff

Steve Pank
Chief Deputy

Capt. Gretchen Nielsen
Jail Administrator

Electronic Monitor Participant Agreement

Participant Name _____

Agency _____

Agent Name _____

Date Placed on Program _____

I, _____, have been placed on Electronic Monitoring. As a condition of being allowed to participate in this Program, I agree to comply with all Program requirements set forth in this Agreement and to strictly follow the instructions of my assigned Agent. I understand that any failure by me to comply with this Agreement or the instructions of my agent will be considered a violation of my supervision and may result in adverse legal consequences.

As a condition of my participation in the Program, I agree to properly use and maintain the Electronic Monitoring device assigned to me by my agent. I agree to not intentionally damage or attempt to remove said device.

I acknowledge receipt of:

Device Number _____
1 charger

Initial Here _____

I understand that I may be required to pay the daily cost of my Electronic Monitoring. If so ordered, I agree to pay the following cost per day on a schedule set forth in a separate payment agreement and will submit payments as directed by my agent:

Daily Monitoring Cost \$20.00

Initial Here _____

I understand that I will be held responsible for damage to Electronic Monitoring device. I am aware that any efforts to disable the device will be reported to my agent which will result in a violation of this agreement. I also understand that if I do not return the equipment in good working condition, I will be charged for the repair or replacement of the device as follows:

Full replacement of the Electronic Monitoring Bracelet \$ 800.00

Initial Here _____

Charger \$ 100.00

Initial Here _____

I understand it is my responsibility to keep the device assigned to me charged on a daily basis. This will require me to be stationary and charging for 2 hours a day. I agree and understand that this is not to take place while I am sleeping as to prevent damage to the unit/charger.

Initial Here _____

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I acknowledge that I have received a copy of the Agreement and that it has been explained to me before signing. I understand that I must comply with the requirements of this Agreement until notified otherwise by my agent. I agree to call my agent immediately if I have any questions about this Agreement or if I experience any issues with Electronic Monitoring device. I further understand that any violation of the Agreement will constitute a violation of the Program and may cause immediate adverse legal action to be taken against me.

Participant Signature

Date

Parent/Guardian if Participant is a Minor

Date

Agent/Title

Date