



ALASKA DEPARTMENT OF CORRECTIONS

Electronic Monitoring/House Arrest Program

630 G Street, Suite 114 Anchorage, Alaska 99501

Main: (907) 269-0927 Fax (907) 222-4699

Application for DOC Electronic Monitoring / House Arrest

Submit a copy of your JUDGMENT with your completed application, terms & conditions.

Your application will not be accepted if you do not have a copy of your judgment attached.

We require 5 to 30 days to process an application. This may be longer if victim notification is required. It is in your best interest to apply as soon as you are sentenced to ensure you are approved. We will not accept applications if you have missed your remand date.

Minimum Requirements

- Release date is less than three (3) years
- No current or prior sex offense or related convictions
- No current domestic violence or related convictions (AS 33.30.061/33.30.065)
- Landline phone with basic service and long distance carrier
- Must be able to provide a "clean" urine sample throughout duration on EM (no prescription narcotics or street drugs on day of enrollment)
- *NO WEAPONS, ALCOHOL, OR CONTROLLED SUBSTANCES IN THE HOME*
- Offenders applying who are currently incarcerated must be classified "Medium" custody or lower

DO NOT APPLY if the minimum requirements cannot be met. The current conviction, prior convictions, success on probation and parole, and involvement in treatment related programs will be considered.

The Electronic Monitoring (EM) program allows inmates who meet certain requirements to serve jail time at home. EM Placement is a designation therefore a privilege based on suitability. Applicants do not have a right to be on EM and there is no appeal for denial. Inmates can maintain employment, access community based treatment, perform CWS, address medical issues and attend religious functions. There is a weekly cost associated with the program. A fee of \$14.00 per day will be assessed plus a \$10.00 urinalysis test fee is required for a weekly fee of \$108.00.

Telephone Requirements

- NO CALLING FEATURES No call waiting, 3-way calling, caller ID or voicemail or computer modems tied into the phone line. You must call your phone provider and have them disconnect the features from *their* end. NO CLEARWIRE/VONAGE or Internet Phones. *Unplugging the computer or telephone will not suffice.*
- MUST have long-distance carrier (no long distance charges will be incurred by EM)
- MUST HAVE ONE CORDED TELEPHONE
- The telephone line must be clear of all electronic equipment - no fax machines, computers, or answering machines, no dial-up internet connections.
- DSL internet connections MUST BE REMOVED!

Payment and Remand Information

- ALL PAYMENTS ARE TO BE MADE IN CASH, MONEY ORDER, OR CASHIER'S CHECK ONLY! No personal checks or debit/credit cards are accepted.
- All installations take place Monday-Friday at 7:45 a.m. **Do not drive.** Be prepared to provide a urine sample and have \$108.00 for the first week's payment.

Alaska Department of Corrections Electronic Monitoring Application

Fill in all information completely and please print very clearly; incomplete and/or illegible applications will be returned. Any false statements made to DOC staff or on this application may result in termination from the Electronic Monitoring Program.

Full legal name: _____ Social Security Number: _____

Current Offense(s): _____ Case Number(s): _____

Sentence Length: _____ (List the actual sentence, i.e., *60 days with 20 days suspended*, etc.)

Number of days or hours already served on this conviction? _____

Court Ordered to report to jail by? _____ Currently on Felony Supervision? Yes ___ No ___

Date of Birth: _____ Age: ___ Sex: ___ Height: ___ Weight: ___ Hair Color: _____

Eye Color: _____ Tattoos: _____

_____ Physical Address: _____

All Telephone #s: _____ Cell #: _____

Emergency Contact: _____ Phone #: _____

List anyone who resides with you, or anyone that may visit overnight.

Full legal name:	Date of Birth:	Gender:	Relationship:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List Pets:

Employment:
Company Name: _____ Work Site: _____ Job Title: _____
Company Address: _____ Telephone #: _____
Supervisor: _____ Telephone #: _____

Work Schedule: Hours and Days of the Week

	MON	TUES	WED	THURS	FRI	SAT	SUN
Start	_____	_____	_____	_____	_____	_____	_____
Start	_____	_____	_____	_____	_____	_____	_____

Treatment:

If your crime involved substance abuse or violence, what steps have been taking to address this issue?

If you are currently in treatment, list the name, address, and telephone number of the provider and your treatment schedule:

Treatment provider:

Treatment Schedule:

	MON	TUES	WED	THURS	FRI	SAT	SUN
Start	_____	_____	_____	_____	_____	_____	_____
Start	_____	_____	_____	_____	_____	_____	_____

A clean UA sample must be provided prior to placement on EM. Can you do this now? Yes_____No_____

Medical:

List all medications you take (prescription and over the counter):_____

Have you or are you currently seeing a mental health professional? Yes_____No_____ If yes, please explain:

Telephone: _____

You may not have any of the following: voice dialing, 3-way calling, call waiting, call forwarding, answering machine, voice mail, long distance block, 900 blocks, dial-up modem, caller ID, or cordless phone. Circle the ones that apply.

I certify that the above statements are true and correct to the best of my knowledge.

Signature

Date

Submit Application to: Electronic Monitoring Supervisor
EM Application.doc

Alaska Department of Corrections

Electronic Monitoring Terms and Conditions

Offender Name: _____

I understand that my placement on Electronic Monitoring (EM) is a privilege which 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 will report to the EM office located at _____
Weekly or otherwise as directed by EM officers. (Initial) _____
4. 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) _____
5. I will obtain prior approval from EM officers before changing my employment, required treatment, and/or my residence. (Initial) _____
6. 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) _____
7. I understand the house arrest confinement restrictions will be enforced by the use of electronic technology. To ensure compliance, I understand I will be required to wear an ankle bracelet 24 hours a day for the entire length of my participation in EM. (Initial) _____
8. I will install and maintain a telephone line, high quality telephone, and a 110-volt current at my expense and further agree to keep said service and equipment in proper working order. I understand that caller ID, call waiting, call forwarding, voice mail and answering machines are strictly forbidden while on EM. (Initial) _____
9. I will not tamper with, disconnect, move or remove any of the monitoring equipment (including phone and power cords). (Initial) _____
10. 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) _____

- 11.. I understand that 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) _____
12. I agree to pay the cost of electronic monitoring. The total cost to be paid per day shall be \$12 if alcohol is not a factor in your crime and \$14 if it is, plus \$10 per week for drug testing. The total cost then will be either \$94 or \$108 per week. I understand payments will be made to the Department of Corrections in installments one 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. (Initial)_____
13. 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)_____
14. I will report any problems with the electronic monitoring or alcohol testing equipment immediately to DOC staff. (Initial)_____
15. 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)_____
16. 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)_____
17. I will not drive a motor vehicle of any kind (includes cars, trucks, 4-wheelers, snow machines, motorcycles and boats) without prior written approval from EM staff. (Initial)_____
18. I agree to have no non-employment-related contact with convicted felons without the permission of EM officers. I agree to have no contact with prisoners who are in custody or on furlough or electronic monitoring without the permission of EM officers. (Initial)_____
19. 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)_____
20. 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)_____
21. I will not consume or possess any controlled substances, prescribed or not, nor possess any drug paraphernalia, nor be in the presence of persons consuming or possessing the same. (Initial)_____
22. 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 that I am responsible for the cost of the drug screening. I understand a refusal to submit to a breath or urine test upon request is a violation of the program. Any positive test for alcohol or drugs will result in termination from EM. A negative UA sample must be provided prior to placement on EM. (Initial)_____
23. I will, upon requests 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) _____
24. I will not possess any firearms, ammunition, explosives, or deadly weapons on my person, within my approved residence, or within my vehicle. I certify that all these items have been removed from those areas before beginning EM, including home inspection. (Initial)_____

25. I will immediately report all law enforcement contacts to EM officers. (Initial)_____
26. 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)_____
27. I understand any false information given to EM officers or law enforcement officers will result in immediate termination from the program. (Initial)_____
28. I understand that giving or offering any program staff a bribe or anything of value for a service or favor will result in immediate termination from the program. (Initial)_____
29. I understand that my failure to successfully complete EM will result in my return to a correctional center for the remainder of my sentence. (Initial) _____
30. I hereby waive any right to an extradition hearing if I leave the State of Alaska while on EM. (Initial) __
31. I agree that there will be no smoking while EM officers are in my residence. (Initial)_____
32. In accordance with local policy, a home inspection will be completed prior to installation to insure there are no weapons, alcohol, drugs, and drug paraphernalia. In addition, the home must be neat, clean, and not pose any officer safety concerns.
(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.

Offender Signature

Date

