

# State of Alaska Department of Corrections



## **WILDWOOD CORRECTIONAL CENTER ELECTRONIC MONITORING PROGRAM**

### **WHAT YOU SHOULD KNOW/WHAT IS EXPECTED OF YOU**

#### **PROGRAM OVERVIEW:**

This program was not created for the convenience of inmates except to allow the offender to maintain employment, financial obligations and family ties while repaying their debt to society. It would behoove you, the inmate, to read this entire handout, multiple times if necessary. This handout is designed to act as a guide to your questions now and in the future. It does not cover every possible aspect of the program, but it will resolve most of your inquiries. Please read before you call the office or the officer on-call. **NON-EMERGENCY PHONE CALLS AFTER HOURS WILL NOT BE TOLERATED.** If you are directed to provide any documentation and/or verification for our records, it is **YOUR** responsibility to bring us a duplicate. We **WILL NOT** provide copies of any original paperwork. Again, we **WILL NOT** utilize State resources for this function.

While serving your sentence on the Electronic Monitoring (EM) Program, the following activities will be permitted as scheduled and/or as approved by the EM staff. Your schedule must be approved **IN PERSON** by a staff member prior to any changes. You may not deviate from your approved schedule. Approved schedule changes are made during the office visits only – **NOT** by phone or facsimile. This data must include detailed, chronological movements, which you have made prior to each weekly office visit.

If you deviate from your approved schedule without permission from an EM staff member, you will be in violation of the conditions of the program and risk immediate transfer to jail. Failure to comply with your schedule is a criminal offense. Ultimately, you may be charged with Escape in the 2<sup>nd</sup> Degree, a Class B felony. A resulting jail sentence could be several days to several years in prison. Remember, while on EM you are an inmate with the Department of Corrections – accountability is the prime objective of the EM Program.

**NOTE:** A voice message or fax **WILL NOT** grant you permission to deviate from your approved schedule. Furthermore, a fax, message, or phone call from your employer **WILL NOT** grant you permission to deviate from your approved schedule.

## ELECTRONIC MONITORING PROGRAM

### WHAT YOU SHOULD KNOW

#### **MEDICATIONS:**

You will not be able to use any medication or dietary supplement without the prior consent of the EM Program staff. Also, you will not be admitted to the EM Program if you are taking or must take any prescribed narcotic. These drugs include, but are not limited to, **OXYCODONE, OXYCONTIN, HYDROCODONE, MORPHINE, TYLENOL 3, VICADIN, PERCOCET, etc.** **We DO NOT ALLOW THE USE OF MEDICAL MARIJUANA.** **If it is a case of “terminal” illness applications will be taken on a case by case basis.**

Furthermore, you will not be permitted to ingest energy/diet/cold supplements which include ingredients such as ephedra, ephedrine, pseudophedrine, pseudophed, alcohol, etc.

You cannot ingest any food products that contain poppy seeds.

You cannot ingest any products that contain creatine or related supplements.

#### **ILLICIT DRUG USE:**

Using illicit drugs will result in immediate transfer to jail. These drugs include, but are not limited to **OPIATES, AMPHETAMINES, METHAMPHETAMINES, COCAINE, PCP, THC, ECSTASY, etc.**

#### **SYNTHETIC/DESIGNER DRUG USE:**

Using and/or possessing any form of synthetic/design drugs will result in immediate transfer to jail. These drugs include, but are not limited to **BATH SALTS, K2, SPICE, etc.** These are the commonly marketed names however, they are known under many different street names. Using any synthetic/designer drugs will not be tolerated.

You **ABSOLUTELY** cannot ingest adulterants/flushing agents such as “Golden Seal”, “Triple X”, etc.

**Note:** Flushing agents do not work and the use of such products is highly detectable when a urinalysis is administered.

You are required to submit to urinalysis when asked by EM Program staff while participating in this program. An initial urinalysis is given during orientation. If you give a positive urinalysis while on the EM Program, you will go directly to jail, and you will forfeit all monies paid. Additionally, you may face new criminal charges.

#### **ALCOHOL CONSUMPTION:**

You cannot consume alcohol at any point during your time on the EM Program.

If you are caught drinking, detected to have drunk, or found with alcohol of any type in your possession, you will be escorted to jail immediately.

#### **STAFF MANIPULATION/STAFF “SHOPPING”:**

ELECTRONIC MONITORING PROGRAM  
WHAT YOU SHOULD KNOW

If you do not definitely know whether or not you are allowed to do something – **THEN DO NOT DO IT.** Ignorance of the conditions of the EM Program or the law is not an excuse. You will be held accountable. For your benefit, please do not assume anything. If you are given an answer by an EM staff member to any inquiry with which you are dissatisfied, **DO NOT** present the same question to another staff member in an attempt to manipulate staff authority. If this occurs, you will likely face termination from the EM Program.

**OFFICE VISIT CONDUCT/EXPECTATION:**

1. You must dress appropriately.
2. **DO** come prepared to give a urine sample immediately upon request.
3. **DO** bring your completed weekly schedule and appointment form.
4. **DO NOT** bring friends, family members or children into the office.
5. **DO NOT** bring gifts to the EM Program staff.
6. **DO NOT** bring cell phones or pagers into the office.
7. **DO NOT** bring bicycles or luggage into the office
8. **DO NOT** bring pets into the office.
9. **DO NOT** bring tools, knives, or any type of weapon into the office.
10. **DO NOT** attend your weekly office visit while under the influence of any drug, narcotic, or alcohol.

Lynnie Einerson, Probation Officer III  
Supervisor, Electronic Monitoring Program

By signing this form below, you are agreeing to the fact that you have read this form and will adhere to the requirements of the EM Program.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



**ALASKA DEPARTMENT OF CORRECTIONS  
WILDWOOD CORRECTIONAL CENTER  
ELECTRONIC MONITORING PROGRAM**

**11 Chugach Avenue  
Kenai, Alaska 99611  
Phone: 260-7212 / 260-7262  
Fax: 260-7296**

**ELECTRONIC MONITORING PROGRAM APPLICATION**

**Fill in all information completely and please print very clearly. If the application is sloppy, unclear, or if any spaces are left blank, it will not be processed. 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 Numbers: \_\_\_\_\_

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: \_\_\_\_\_ Zip: \_\_\_\_\_

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	_____	_____	_____	_____	_____	_____	_____
Stop	_____	_____	_____	_____	_____	_____	_____

*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: Lynnne Einerson, P.O. III, Wildwood Correctional Center, #10 Chugach Ave., Kenai, AK 99611. Telephone: 260-7250, Fax: 260-7296**



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WILDWOOD CORRECTIONAL CENTER  
ELECTRONIC MONITORING PROGRAM**

**11 Chugach Avenue  
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Phone: 260-7212 / 260-7262  
Fax: 260-7296**

**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: \_\_\_\_\_
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 Wildwood Correctional Center (5 Chugach Avenue, **Bldg. #1**) 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 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 that the house arrest confinement restrictions will be enforced by the use of electronic technology. To insure 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, etc.) 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 of repair 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). **(Initial)** \_\_\_\_\_
18. I agree to have no non-employment related contact with a convicted felon 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., which 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 substance, legal or illegal, 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 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 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)** \_\_\_\_\_
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. A home inspection will be completed prior to installation to insure there are no weapons, alcohol, drugs, or drug paraphernalia. In addition, the home must be neat and 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



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**PERMISSION TO ENTER AND SEARCH  
(INMATE)**

I, \_\_\_\_\_, have been informed by \_\_\_\_\_, who made proper identification as (an) authorized correctional/probation/parole officer and/or law enforcement officer of my constitutional right not to have an entry made into/onto the premises and property owned by me and/or under my care, custody and control, without a warrant. I understand that my waiver of this right is a condition of my placement in the Electronic Monitoring Program.

Knowing my lawful right to refuse to consent to such entry, I willingly give my permission to the above named officer(s), and any other officer(s) appointed to assist, to complete an entry and search of the premises, property, including all guidelines, and vehicles within my custody and control, both inside and outside of the property located at: \_\_\_\_\_

In the event D.O.C. personnel who are supervising my placement determine that I have violated conditions of the placement, the above officer(s) have my permission to enter my premises to remove me from my premises for transfer to an appropriate correctional facility/community residential center.

This written permission to enter and search without a warrant is given by me to the above officer(s) voluntarily and without any threat or promises of any kind, at \_\_\_\_\_(a.m.) (p.m.) on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and shall last throughout the duration of my Electronic Monitoring period.

Signed: \_\_\_\_\_  
Printed Name: \_\_\_\_\_



**WITNESSED BY:**

Signature: \_\_\_\_\_  
Printed Name/Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name/Title: \_\_\_\_\_

Address: Wildwood Correctional Center  
10 Chugach Avenue  
Kenai, AK 99611

Address: Wildwood Correctional Center  
10 Chugach Avenue  
Kenai, AK 99611

Phone: (907) 260-7212

Phone: (907) 260-7212



**ALASKA DEPARTMENT OF CORRECTIONS  
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Phone: 260-7212 / 260-7227  
Fax: 260-7289 / 260-7229**

**PERMISSION TO ENTER AND SEARCH  
(CO-HABITANT)**

I have been informed by \_\_\_\_\_ and \_\_\_\_\_ who made proper identification as (an) authorized correctional/probation/parole officer(s) and/or law enforcement officer(s) of my constitutional right not to have an entry made into/onto the premises and property owned by me and/or under my care, custody and control, without a warrant. I understand that my waiver of this right is a condition of \_\_\_\_\_ (my cohabitant's) Electronic Monitoring Program.

Knowing it is my lawful right to refuse to consent to such entry, I willingly give my permission to the above named officer(s) and any other officer(s) appointed to assist, to complete an entry and search of the premises, property, including all buildings and vehicles within my custody and control, both inside and outside of the property located at:

\_\_\_\_\_  
In the event D.O.C. personnel, who are supervising my cohabitant's placement, determine that he/she has violated conditions of the placement, the above officer(s) have my permission to enter my premises and remove \_\_\_\_\_ (cohabitant) from the premises for transfer to an appropriate Correctional Facility/Community Residential Center.

This written permission to enter and search, without a warrant is given by me to the above officer(s) voluntarily and without any threat or promises of any kind, at \_\_\_\_\_ (am)(pm) on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_ and shall last throughout the duration of my cohabitant's Electronic Monitoring period.

Signed: \_\_\_\_\_  
(Print Name and Sign)

Signed \_\_\_\_\_  
(Print Name and Sign)

Witnessed: \_\_\_\_\_  
(Print Name and Sign)

Witnessed: \_\_\_\_\_  
(Print Name and Sign)

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

