

**WASHTENAW COUNTY TRIAL COURT, COMMUNITY CORRECTIONS DIVISION
ALCOHOL MONITORING SYSTEM AGREEMENT**

Name _____

Number _____
(Docket Number)

The SCRAM Alcohol Monitoring System provides a level of surveillance for your presence within your residence to monitor alcohol within your system. Failure to comply with the rules of the program may result in termination from the program and return to custody at the Washtenaw County Jail.

1. You must only go to work or a destination authorized by your Supervision Agent when you leave home.
2. You must maintain electrical and compatible telephone services at your residence at your own expense. You are responsible for telephone charges incurred from normal use of the monitoring equipment. You will provide copies of your telephone bill when requested by your Supervision Agent.
3. You must not have any options on the telephone line to which the equipment is connected. This includes any external devices used to forward telephone calls such as caller ID, call waiting, 'call forwarding,' answering machines, voicemail, or any blocks on your telephone.
4. You must not consume ANY products that contain alcohol. This includes such products as Nyquil, cough syrup, and any products that contain alcohol. You must not use any products that contain alcohol such as hairspray or cologne.
5. You will follow download procedures at times required. You will not use the telephone for 15 minutes following a download.
6. When the court releases you from the tether program, DO NOT cut the straps on the tether or attempt to remove the tether unit. You must return to Community Corrections to have the tether removed.
7. Do not submerge the tether bracelet in water. You must dry the tether bracelet off with a towel if it becomes wet and after showering.
8. You must reimburse Washtenaw County Community Corrections for all program costs at a rate of \$15.00 per day. The schedule for your payments will be on your assigned report day. You will also be charged a one-time \$100.00 enrollment fee.
9. You must reimburse Washtenaw County Community Corrections for all repairs to or replacement of equipment that is damaged or lost, if it has been determined by your Supervision Agent or Community Corrections Director to be your responsibility. You will be prosecuted for equipment that is not returned.
10. You must contact your Supervision Agent if you suspect problems with the Alcohol Monitoring System equipment. During non-business hours you will call your Supervision Agent and leave a message including your name, date, time, and the nature of your problem.

11. You must make a truthful report to your Supervision Agent as often as s/he requires.
12. You must attend all scheduled court appointments and comply with conditions of probation or bond.
13. Not violate any criminal law of any unit of government.
14. Remain within the State of Michigan unless granted permission by the Court in the form of a travel pass.
15. Do not possess or use alcohol, illegal drugs or drug paraphernalia. You may be required to submit to random drug testing and/or Breathalyzer tests as a condition of electronic monitoring. You will be responsible for reimbursement of these fees.
16. You must secure and maintain employment within 15 days after installation of Alcohol Monitoring System.
17. Participate in any substance abuse treatment, educational, or employment programs as directed by your Supervision Agent. Must provide proof of attendance to your Supervision Agent as requested.
18. I understand that I am to be held responsible for the Alcohol Monitoring System equipment B#_____. I will not tamper with or attempt to fix, nor will I allow anyone else to tamper with or attempt to fix the equipment. All equipment will be returned to Washtenaw County Community Corrections upon termination from the program. The equipment is valued at \$3,000.00.
19. Additional Conditions: You will be charged an additional \$100 enrollment fee should you be switched to a different electronic monitoring system.

I hereby acknowledge that I have read, or had read to me, the above conditions. I understand that failure to comply with these conditions may result in a violation of my bond, probation, or conditional (early) jail release.

Participant's Signature

Date

Supervision Agent's Signature

Date