



Norrie Gregoire, Director
 John Liger, Deputy-Operations
 Keri Weber, Deputy -Administration
 300 W. Alder St., Walla Walla, WA 99362

**DEPARTMENT OF COURT SERVICES
 JUVENILE JUSTICE CENTER
 WALLA WALLA COUNTY**

Norrie Gregoire, Juvenile Court Administrator
 Jon Cassetto, Court Services Manager
 Victor (TJ) James, Detention Manager
 Kayla Zimmer, Admin Services Supervisor

455 W. Rose St., Walla Walla, WA 99362

**WALLA WALLA COUNTY COURT SERVICES
 ELECTRONIC HOME MONITORING (EHM) PROGRAM**

CLIENT APPLICATION AND AGREEMENT TO COMPLY

APPLICANT'S PERSONAL INFORMATION			
Applicant's Name (First, Middle, Last):		DOB:	
Case Number (s)			
Other Names Used:		Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	
Height:	Weight:	Race:	Eye Color:
Home Address:		Apt No.	
City:		State:	Zip:
Cell Phone:	Home Phone:	Email:	
Married/Domestic Partner: <input type="checkbox"/> Yes <input type="checkbox"/> No		Name:	
Residence Type: <input type="checkbox"/> Single Family Dwelling <input type="checkbox"/> Apartment <input type="checkbox"/> Mobile Home <input type="checkbox"/> Other:			
Homeowner/Landlord Name:		Phone No.	
EMERGENCY CONTACT INFORMATION			
Name:		Relationship:	
Address:		Apt No.	
City:		State:	Zip

EMPLOYMENT AND SCHOOL INFORMATION

Are you employed: Yes No

Are you self-employed: Yes No

If yes, identify business name: _____ Occupation: _____

Name of Supervisor: _____ Supervisor Phone #: _____

Business Address: _____

Years/Months Employed: _____ Employer informed of the EHM? Yes No

Address of job site: _____ Phone at work site: _____

Provide weekly work schedule below

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time							
End Time							
Other schedule							

Are you attending school/training program: Yes No

Name of school/training program/Address: _____

Teacher/Contact Person Name: _____ Phone Number: _____

Provide school/training program class schedule and hours

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time							
End Time							

Exclusion Zone(s)- Off-Limits to the offender at all times:
 No Contact Order on file? Yes No N/A

Address: _____ City _____ State _____

Address: _____ City _____ State _____

Comments _____



APPLICANT'S HISTORY		
1	<p>Are you currently on probation?</p> <p>If yes, provide your probation officer's name and number: _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	<p>Do you have scheduled appointments for evaluation or follow up within the next 48 hours? If so: Where _____ Time _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	<p>Deviations from the approved schedule, excluding an emergency, must be requested in writing 48 hours prior to the supervising agency.</p> <p>Supervising Agency: Court Services, 455 W Rose St., Walla Walla, WA 99362 Phone: 509-524-2808 Email address: EHMOfficer@co.walla-walla.wa.us</p> <p>I acknowledge that if I leave my inclusion zone without proper authorization, fail to return to, or abscond from my approved residence or deviate from the approved schedule, tamper with equipment, or violate any rule or term of this <i>EHM Agreement to Comply</i>, including entering an exclusion zone, that I will be considered in probable violation of my Order of Release/Sentencing Order and a warrant for my arrest may be issued.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No Initial _____
APPLICANT AGREEMENT TERMS AND CONDITIONS		
<p>I, Applicant, agree to comply with all federal, state, and local laws, ordinances, EHM procedures, and the terms and conditions of this <i>EHM Program Client Application and Agreement to Comply</i> while on the Court Services EHM Program. I understand, agree, and acknowledge that failure to comply with any of the terms and conditions of this agreement may result in my removal from the EHM Program, a warrant for my arrest being issued, a remand to custody, and/or possible additional criminal charges against me. I understand and agree that I, and all persons living in my home, must comply with the terms and conditions of this agreement to the extent relevant.</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No _____ Initials</p>		
<p><u>EHM Compliance and Reporting</u></p> <p>I understand that I am required to wear the EHM GPS ankle bracelet 24-hours per day, seven (7) days per week while participating in the EHM Program. I understand that my whereabouts will be constantly monitored.</p> <p>a. I understand that I am required to have a power source to keep the EHM device charged; if I allow the device to become inoperable due to lack of charge, I will be considered in violation of the terms and conditions of this agreement.</p>		Continued

<p>b. I understand that I am required to maintain a working phone at all times while on EHM. I must immediately notify Court Services (509-524-2816) if my phone is shut off, broken, lost, or I change my phone number.</p> <p>c. I understand that I am required to return all telephone calls within 20 minutes of the time of call. I understand that all calls may recorded, and I consent to such recording. I am not allowed to turn off the ringer or unplug the telephone. It is my responsibility to keep my phone charged.</p> <p>d. I understand that I am required to report to Court Services (509-524-2816) any incident at my residence where police, fire or emergency medical units are called to respond, or if my personal safety is in jeopardy. I am to promptly contact Court Services in the event of an emergency.</p> <p>e. I understand that I am required to request clarification from my attorney if I have any questions or problems not covered by this <i>Agreement to Comply</i> or any of its terms and conditions.</p> <p>f. I understand that I am required to travel directly to and from the assigned pre-approved location (e.g. work, school, medical appointment) using the most direct route and remain at that location for the scheduled time period. Any deviations require preapproval from Court Services.</p> <p>g. I understand that I am required to comply with any employment, school, training, health care, and treatment plans that have been approved as a condition of my acceptance into Court Service EHM Program.</p> <p>I have read, or had read to me, and understand all the requirements and conditions in this section and agree to comply.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Initial _____</p>
<p><u>EHM Device</u></p> <p>a. I understand that I am responsible for the care, security, and charging of all EHM equipment issued to me.</p> <p>b. I understand that I may not tamper with, disconnect, move, or remove any of the EHM equipment, (including phone and power cords), assigned to me. I understand that tampering with, moving, disconnecting, or the removal of any monitoring equipment may be considered a basis for additional criminal charges, restitution for repair and/or replacement costs of the EHM equipment, and/or removal from the Court Services EHM Program.</p> <p>c. I understand that if I become aware that any of the EHM equipment assigned to me malfunctions, breaks, or appears damaged or inoperable, that I am responsible for notifying the Court Services (509-524-2816) immediately.</p> <p>➤ I have read, or had read to me, and understand all the requirements in this section and agree to comply.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Initial _____</p>

<p><u>Residence and Routine</u></p> <p>a. I understand that I may not change my residence or my telephone number while on the EHM Program without prior permission from the court.</p> <p>b. I understand that I am required to remain in my residence at all times, except for those hours pre-approved by the court or in the event of a healthcare emergency.</p> <p>c. I understand that any routine changes to my schedule require prior approval from Court Services. Routine changes include, without limitation, schedule changes due to working overtime, medical/dental appointments, change of work hours/days, etc.</p> <p>d. I understand that I may be restricted from certain areas of my residence or building if I cannot be monitored in those areas. Failure to keep out of these areas may be the basis for removal from the Court Services EHM Program.</p> <p>e. I understand that I cannot reside with anyone identified as a victim in a case pending against me or identified as a protected person in an order in which I am named.</p> <p>➤ I have read, or have been read, and understand all the requirements in this section and agree to comply.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Initial _____</p>
<p><u>Employment</u></p> <p>a. I understand that I must travel to and from my work location using the most direct route.</p> <p>b. I understand that I must remain at my work location during all work hours unless I have received prior permission from the court.</p> <p>c. I understand that if I need to leave my place of employment as part of my duties, I must notify Court Services of the destination address and estimated time of return prior to leaving.</p> <p>d. I understand that if I finish the workday early, I must return to my residence and notify Court Services. I understand that if I am laid off, have a change in my work schedule, or change employers, I must immediately notify my attorney and Court Services.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Initial _____</p>
<p><u>Law Enforcement Contact</u></p> <p>a. I understand that if I am stopped by, have contact with or am detained by any law enforcement officer, I am to immediately notify the officer that “I am on the Walla Walla County Department of Court Services Electronic Home Monitoring Program” and immediately notify Court Services.</p> <p>b. I understand that if Court Services attempts to contact me by sending a message through my ankle monitor, that I am obligated to respond immediately.</p> <p>I have read, or have been read, and understand all the requirements in this section and agree to comply.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Initial _____</p>

<p>Financial Obligations (Sentenced Individuals ONLY)</p> <p>Sentenced individuals will be required to pay the amount of \$5.00 per day while enrolled in the Walla Walla County Department of Court Services Electronic Home Monitoring Program. A \$150.00 deposit for the first month must be made prior to enrollment in the program. Any amount due subsequently beyond the first 30 days is due by the 5th of each month and is an average of \$150.00 (\$5.00 per day @ 30 days). Failure to pay may result in a summons to court for removal from the program and the balance owed turned over to a collection agency.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No Initial _____
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SIGNATURE AND DECLARATION

By signing below, I agree that I have read, or had read to me, understand, and agree to comply with all terms, conditions and requirements of this *Agreement to Comply*. I understand that any violation of any federal, state, or local law while enrolled in the Court Service EHM Program may result in the revocation of my participation in the EHM Program, return to jail, and additional criminal charges. I declare under penalty of perjury under the laws of Washington State that the information provided above is true and correct to the best of my knowledge.

I understand that providing insufficient, inaccurate, or false information on my application or to Court Services during EHM Program participation is cause for my ineligibility, denial and/or removal from the EHM Program.

Applicant's Signature: X _____ Printed Name:	Date:
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Defense Attorney's Signature: X _____ Printed Name:	Date:
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FOR CORR/JIC USE ONLY

Date Application Received:	Fees Paid: \$	Date paid:
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Court Order Authorizing EHM: Yes No

Signature of Approving Court Services Officer: x _____ Printed name:	Date:
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Reviewed and Approved by Supervisor x _____ Printed name:	Date:
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