

GPS Program Participant Agreement

Participant Name: _____

Participant Address: _____

Agency: _____

Agent Name: _____

Date Placed on Program: _____ (based on original placement date)

During a recent court hearing, I was ordered by a Judge/Magistrate to comply with additional conditions of release or probation which includes GPS monitoring. I was released from custody on the condition that I comply with that court order and the conditions of the GPS monitoring program, as set forth below:

1. I was given a **curfew** as part of my court ordered release. I understand that I must: Initial Here

- Live at the address listed above unless a change of address is authorized by the courts or supervising agency. _____
- Remain inside my residence during the curfew hours. **Curfew Hours** _____ **until** _____.
- Appear before the Probation Officer or Pre-trial Services Agency when requested to verify compliance with the curfew.
- If the courts approve my curfew hours being adjusted for work purposes, I agree to provide my officer or agent with my weekly work schedule. I understand that when I am not working, my original curfew hours remain in effect.

2. I was given a **territorial restriction** as part of my court order. I understand and acknowledge that I: Initial Here

- Am familiar with the boundaries of the area that I am prohibited from entering.
- Am not to physically enter into the area designated as a territorial restriction in the court order. _____
- Am not to leave the state (Connecticut) without permission

3. I acknowledge that I have received the GPS monitoring device and charging equipment issued by Initial Here

Liza Davis Bail Bonds
Service Provider or Agency _____

4. I acknowledge receipt of: Initial Here

GPS Device Serial Number _____
1 Charger _____
1 Power Cord _____

5. I understand that I may be required to pay the daily cost of my GPS 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 officer or agent:

Daily Monitoring Cost \$ _____

6. I agree to immediately return all assigned equipment upon request by my agent and understand that Initial Here

I will continue to be charged the amount of the daily fee until all equipment is returned. If Assigned equipment isn't returned within 72 hours, you will be charged \$1300.00 for the cost of the equipment _____

7. I agree to keep the device charged as directed, and to immediately comply with any requests to charge the device. I agree to charge the device daily until the device displays a solid green light. I understand that I must not charge my monitor while sleeping.

8. I understand that I will be held responsible for damage to the GPS Bracelet. I am aware that any efforts to disable the device will be reported to my Probation Officer or Pre-trial Services Agent as an attempt to defeat the device in 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 Cost of the GPS Bracelet \$ 1300.00
Charger \$ 50.00

9. I understand that if I or someone else intentionally destroys or damages the device or charger, I must immediately notify my officer or agent. I may be held civilly and criminally responsible for any damaged equipment. I may be held responsible for the full replacement cost of the device or charger.
10. I will not in any way remove, tamper with, circumvent, or damage the GPS device.
11. I understand that my location is being tracked 24 hours per day and that my tracking data can be used against me if I fail to comply with the conditions of release or if I commit a crime while being monitored.
12. It is my responsibility to immediately report to my officer or agent with the device and charger as soon as my charges are resolved. I understand that I am being tracked until the monitor is removed.
13. I understand that only a Judge can change the conditions of release—including curfew hours, the location of the curfew, or any territorial restriction(s). If I need to change my address, I will contact my officer or agent prior to moving.

Initial Here

Health and Safety Notice:

WARNING. Improper installation of this device may cause injury. Refer to Health and Safety Notice at end of document and follow instructions to avoid injury.

I verify that I read the Health and Safety Notice at the end of this document and my officer or agent has given me the opportunity to ask questions. I agree to consult a doctor if I have any pre-existing medical conditions related to my legs, ankles, or feet. Such conditions include, but are not limited to circulation problems, neuropathy, deep-vein thrombosis, leg ulcers, tendonitis, diabetes, pregnancy, a history of swelling, or nickel or metal allergies. If my doctor believes that a pre-existing condition prevents me from wearing the bracelet, I will immediately notify my agent.

Initial Here

In the event of a severe side effect such as sores, open wounds, bruising, or severe irritation or redness, I agree to immediately contact my agent for further instructions and seek medical attention if needed. In the event of a medical emergency or safety issue, I agree to cut the strap and remove the bracelet then contact my agent.

Health and Safety information is available at <https://www.lizadavisbailbonds.com/>.

Initial Here

Occupation and Work Hours:

I understand that I am to provide my agent with my current employment, occupation, and work hours, and to also inform them of any changes to this information.

Initial Here

Personal Hygiene:

To reduce the likelihood of side effects, I agree to clean around and underneath the bracelet each day as part of a shower using mild soap and water, to rinse thoroughly and dry, and to inspect the area for skin redness, sores, or bruising.

Initial Here

Monitoring Technology:

Collection and Use of Information and Purpose: The GPS Bracelet contains technology that records the wearer's geographical location at all times and detects device tampering. The purpose of the collection and use of information obtained from the device is to determine if the wearer of the device is complying with the conditions of his/her release and/or if the wearer of the device has tampered with the device in an attempt to interfere with the devices' ability to record the wearer's geographical location. Identification information you provide will be used by the Systems, its subsidiaries, contracting agencies, and providers for the purpose of determining your compliance or non-compliance with court-ordered electronic monitoring. The Systems will not use or disclose your personal identification information for any other purpose without your consent.

Initial Here

Retention and Destruction of Personal Identification Information:

The Systems will retain all personal identification information obtained from you in a manner consistent with federal and state laws. The Systems will destroy your personal identification information when it is no longer required to (a) document your compliance with the terms of your court-ordered geographical location monitoring or (b) document The Systems' performance of such monitoring in furtherance of its legal obligations or to resolve disputes, whichever is longer, or unless another retention timeframe is required by law.

Initial Here

Consent to the Collection and Use of Personal Identification Information:

I understand that The Systems will collect and use my personal identification information during the period in which I am monitored by the GPS Bracelet for the purpose stated above, and I hereby consent to the collection and use of this information by The Systems.

Initial Here

Consent to Retention and Destruction:

I understand that The Systems will retain and destroy my personal identification information as stated above and I hereby consent to this retention and destruction and waive any rights I may have to request destruction of my personal identification information during this timeframe.

The Systems Privacy Policy: <https://www.lizadavisbailbonds.com/>

I acknowledge that I have received a copy of this 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 probation officer or pre-trial services agent. I agree to call my officer or agent immediately if I have any questions about this Agreement or if I experience any problems with the GPS Bracelet.

I understand that any violation of these conditions is a violation of my conditions of release or sentencing which could cause my bond or probationary sentence to be revoked and I could be arrested. I also understand that I should consult my attorney if I have any additional questions regarding my conditions of release or sentencing.

Participant

Date

Field Representative/Witness

Title

Date

Return Equipment To:

Liza Davis Bail Bonds
21 Oak St. Suite 308
Hartford, CT 06106

Health and Safety Notice for the GPS Monitoring Systems Products

MEDICAL WARNINGS

- Certain medical conditions may prevent you from wearing a Continuous Alcohol Monitoring® (CAM®), House Arrest®, or GPS® bracelet. If you have experienced or been diagnosed with any of the following conditions, you should consult a doctor before attempting to wear any Monitoring Systems bracelet:
 - Circulation problems
 - Neuropathy
 - Deep Vein Thrombosis
 - Leg ulcers
 - Tendonitis
 - Diabetes
 - Pregnancy
 - History of Swelling
 - Nickel or other metal allergies
- Some side effects may occur when beginning to wear a bracelet even if you have not experienced any of the conditions above. If you experience any of the following conditions, you should immediately contact your supervising authority for further instructions and seek medical help if needed.
 - Sores
 - Open wounds
 - Bruising
 - Severe irritation or redness

MEDICAL EMERGENCIES

- Immediately **cut the strap** and remove the bracelet if a medical emergency or safety issue occurs. Then contact your supervising authority.

COMPATIBILITY WITH MEDICAL DEVICES

- These products may not be compatible with medical devices such as pacemakers or other implanted medical devices. Consult with your healthcare provider before using any of the product. Technical specifications are available upon request.
- MRI and other medical equipment may produce magnetic fields that may not be compatible with any of the products. Always inform the medical equipment operators if you are wearing any Monitoring Systems bracelet.
- Medical alert systems may not function or call for help when a the Base Station is used. Consult your medical alert system provider to determine if the wired Base Station or wireless Base Station will affect it. Technical specifications are available upon request.

GENERAL SAFETY INSTRUCTIONS

- Do not use any of the products in environments where explosive vapors may exist.
- Follow your employer's rules to avoid any hazards of wearing a Monitoring Systems bracelets when working around machinery or ladders.
- Immediately **cut the strap** and remove the bracelet if you suspect its battery has leaked. Wash affected area and clothing. Then contact your supervising authority.
- Do not submerge the Bracelet under water.

PERSONAL HYGIENE

- If you are wearing any Monitoring Systems bracelet, clean around and underneath the bracelet each day as part of a shower. Use mild soap, rinse thoroughly, and dry. Inspect the area for skin redness, sores, or bruising. Do not submerge the Bracelet under water.
- Breath tubes for the Remote Breath® come sealed in sanitary packages. Do not use a breath tube if not received in a sanitary package. Clean breath tubes periodically with soap and water or in a dishwasher. Obtain new tubes as needed from your supervising authority.

PRECAUTIONS AND INSTRUCTIONS FOR INSTALLERS

- Wear gloves and a facemask when installing bracelets or when handling bracelets that have not been cleaned and disinfected. This will minimize the risk of contracting communicable diseases.
- Do not install Monitoring Systems bracelets too tightly. The wearer should easily be able to insert their fingers between the bracelet and skin in order to clean underneath.
- Properly clean and disinfect all Monitoring Systems bracelets before installation using instructions provided on the Help Page.
- Replace the CAM and the House Arrest bracelet batteries as recommended by the Monitoring Systems Customer Service. Always use 3V lithium CR2 batteries in the CAM or the House Arrest Bracelets.
- Do not reuse or attempt to recharge the CAM or the House Arrest Bracelet batteries.
- Replace wired Base Station, wireless Base Station, and the Remote Breath batteries when they no longer hold a charge. Always use replacement batteries provided by Monitoring Systems.
- Do not attempt to replace a GPS bracelet battery.

Participant: _____

Date: _____