



# Josephine County, Oregon

Board of Commissioners: Dwight F. Ellis, S. Cassanelli, Dave Toler

## COMMUNITY CORRECTIONS

H. Abe Huntley, Director

ELECTRONIC HOUSE ARREST PROGRAM

510 NW 4<sup>th</sup> Street / Grants Pass, OR 97526

(541) 474-5168 / FAX (541) 474-5173

### ADULT HOME DETENTION CONDITIONS

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

- \_\_\_\_\_ 1. Start date cancellation or adjustments will be assessed a \$25.00 rescheduling fee if not made 24 hours in advance.
- \_\_\_\_\_ 2. I will not change my address or phone number without prior approval from the Home Detention Department.
- \_\_\_\_\_ 3. I will allow the Home Detention Officer or designee to install, maintain, and inspect the Home Detention equipment.
- \_\_\_\_\_ 4. I understand my phone line must not have call waiting, call block, an active alarm system, voicemail, or an answering machine (basic phone line only).
- \_\_\_\_\_ 5. I will not have guests without prior approval of the Home Detention Officer or designee.
- \_\_\_\_\_ 6. I am fully responsible for Home Detention Equipment assigned to me.  
Costs: Transmitter = \$400.00; Receiver = \$800.00; Vicap = \$1250.00; Br = \$800.00
- \_\_\_\_\_ 7. I will wear a waterproof and tamper-proof transmitter twenty-four (24) hours a day.
- \_\_\_\_\_ 8. At any time directed by the receiver or upon return to my residence, I will not use the phone for at least ten (10) minutes.
- \_\_\_\_\_ 9. I will cooperate with monitoring agency and equipment as directed.
- \_\_\_\_\_ 10. In case of medical emergency, I will seek medical attention immediately, but will notify the Home Detention Officer or designee as soon as possible. Documentation of the medical emergency and services will be required.
- \_\_\_\_\_ 11. All activities outside the assigned residence must be pre-approved by the Home Detention Officer or designee. (Activities permitted per week with approval include: fifty (50) hours per week verifiable employment; addiction treatment; a single religious service, physicians' appointments; required supervision reporting; and two (2) hours food/shopping time.)
- \_\_\_\_\_ 12. I will contact the Home Detention Officer or designee twenty-four (24) hours in advance to make schedule changes. This includes working late.
- \_\_\_\_\_ 13. I will pay fees as follows: Sentences six (6) days or less = \$100.00 Sentences 7 days or greater = \$15.00 per day

**Bench probation or out-of-county offenders:** Entire amount must be paid prior to inception of program, unless prior arrangements have been made.  
**Supervised offenders:** Minimum payment of \$105.00 on or before program start date; minimum payment of \$105.00/week until fees are paid in full.

#### **FAILURE TO PAY FEES AS SET WILL RESULT IN TERMINATION FROM THE ELECTRONIC HOUSE ARREST PROGRAM.**

I have read, or have had read to me, and fully understand and acknowledge the conditions under which I will be governed while subject to Electronic House Arrest. I further understand and acknowledge that non-compliance with the conditions set forth above or by the releasing authority will result in loss of all good time credits, if any, earned by me prior to this date; as well as the possibility of additional incarceration.

Client \_\_\_\_\_ Date \_\_\_\_\_ Witness \_\_\_\_\_

Brian Sorensen, (541) 474-5168

TRANS. #: \_\_\_\_\_ VICAP #: \_\_\_\_\_

HMU #: \_\_\_\_\_ BR # \_\_\_\_\_

*"We are committed to protecting our community by providing accountability for adult offenders, opportunity for reformation, and justice for victims."*