



**San Francisco Sheriff's Department
Electronic Monitoring Program Rules
Pre-Sentenced Participants**

Name: _____ DOB: _____ Court No: _____

We want you to succeed in this opportunity to remain out of custody during your court involvement. **Please review and indicate by initialing after each item that you understand your obligations.** If you do not follow the rules, you may be taken into custody by order of the court for any of the following reasons:

- Failure to follow program rules and/or regulations
- Failure to call or come in when instructed to either replace or return troublesome or problematic equipment
- Any articulable adverse behavior that prevents your successful completion of the program

Program Rules-Participant to review and initial each requirement

1. I shall obey all orders given by any sworn employee or EM employee. _____
2. I shall obey all laws. _____
3. I shall notify an SFSD sworn employee of any arrest, citation or peace officer contact no later than the day after it occurs. _____
4. I shall immediately notify an SFSD sworn employee of any change in address or phone number _____
5. I shall submit to a search of my person, residence, automobile or property by any peace officer at any time. _____
6. If I am court ordered to enroll for alcohol monitoring, via a urine sample and/or breath alcohol test, I will do so as instructed by sworn SFSD or EM staff. _____
7. I shall not possess any illegal weapons or drugs. If I am enrolled in alcohol monitoring, I will not possess any alcohol. _____
8. I shall not tamper with, remove or cause the equipment to malfunction. Any of these acts is considered as an overt attempt to avoid monitoring or detection. Violation of this rule may result in a court order for my return to secure custody and filing of additional criminal charges. _____
9. I am responsible for all issued equipment.
 - a. I may be criminally charged with theft for failure to return any issued equipment. _____
 - b. I may be criminally charged with vandalism for damage to any issued equipment. _____
10. All participants must live within 50 driving miles of the San Francisco Sheriff's Department Community Programs office located at 70 Oak Grove Street, San Francisco, CA. Absent permission by SFSD I shall not travel farther than 50 driving miles from 70 Oak Grove Street, San Francisco, CA. _____
11. I am responsible to keep the device charged. Failure to do so is a violation the program. _____
12. I shall call in and report as directed to the office located at 70 Oak Grove Street, San Francisco, CA. Failure to do so is a violation of the program. _____

**Community Programs Office Phone Number: 415-575-6461 – 24 HOURS A DAY
Location: 70 Oak Grove, San Francisco, CA, 94103 – 24 HOURS A DAY**



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Program Rules continued - Participant to review and initial each requirement

- 13. I acknowledge that my EM data may be shared with other criminal justice partners.
14. I agree to respond to all telephone calls from the Sheriff's Department and/or the Electronic Monitoring Program.

The Following Home Detention/Curfew Considerations do not apply to participants who are on EM Tracking only

- 15. I must remain within the interior premises of my residence during designated curfew hours.
16. I may engage in only pre-approved activities per the court order.
17. I am granted 2.5 hours per week of errand time to attend personal needs such as church services or grocery shopping.
18. I may attend counseling, 12-step meetings and programmatic groups if they are scheduled and verified.
19. I must request any change in schedule 48 hours in advance.
20. Any approved days spent out of zone will not be counted towards any calculation of credit for time served by the court.
21. A hearing may be convened for three incidents of non-compliance that may result in a court ordered return to custody.
22. An affidavit for return to custody will be submitted to the court and may result in a warrant for one incident of serious non-compliance.

I have read and initialed each item to indicate understanding. I agree to comply with these rules and conditions of the SFSD Electronic Monitoring Program.

Participant Signature: X _____ Date: _____

Sworn Staff Name: _____ Star: _____

Sworn Staff Signature: _____ Date: _____

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